

**A FRAMEWORK TO FOSTER INTRAPRENEURSHIP AMONGST UNIT MANAGERS  
WORKING AT THE THREE PUBLIC HOSPITALS IN MANGAUNG, FREE STATE**

**BY**

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## DECLARATION

I declare that the research report hereby submitted is in compliance with the requirements for the degree Doctor of Philosophy in Nursing to the University of the Free State is my own independent work and has not previously been submitted by me to another University. I furthermore cede copyright of this dissertation in favour of the University of the Free State.

.....

T.M Letsie

October 2013

## DEDICATION

This work is dedicated to the following people in my life; my husband Jeffrey Letsie, my two daughters Thabi and Hlodi who continuously supported me in the most daunting academic journey, and my late parents Donald and Belina Mahamo who did not only instil enormous confidence in me, but also very strong Christian values at a very tender age. This enabled me to always remember that *“I can do everything through him who gives me strength” Phillipians 4:13.*

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## ABSTRACT

**Introduction and background:** Dynamic environmental challenges compel different organizations such as the health sector to focus on innovative changes to address difficult health care challenges. The aim of the study was to develop a framework to support the fostering of intrapreneurship within unit/operational nurse managers working in three public hospitals situated in Mangaung, Free State. The objectives of the study were to analyse the concept of intrapreneurship using Walker and Avant's framework for concept analysis; to explore the conduciveness towards intrapreneurship of unit/operational managers within the hospital working environment, to explore the intrapreneurial characteristics of unit/operational nurse managers as well as their understanding and view of intrapreneurship within the hospital working environment.

**Methodology:** A convergent parallel mixed method design that included a concept analysis, exploratory qualitative research methodology in the form of focus groups and the application of a quantitative-type descriptive survey using Hill's Intrapreneurial Index questionnaire III (2003) were used. Reliability was determined through the use of a pilot case study, split-half and test-retest reliability.

An exploratory pilot study lead to the adaptation of a number of concepts in the survey to suit the population better. Purposive sampling was used to select participants for the qualitative data collection process that included five focus groups managed by an expert facilitator. In the quantitative data collection process, all members of the population (N=104) had a chance to participate. Ethical clearance was obtained from the Faculty of Health Sciences, University of the Free State. The ethical principles of beneficence, respect for human dignity, and justice were considered. Participation in the study was voluntary, participants were informed of the risks and benefits of the study and homogeneity of the group was maintained at all times.

**Findings:** The concept analysis process underlined the complexity of the multifaceted concept of intrapreneurship and highlighted critical attributes such as innovation, creativity and risk-taking. The majority of the antecedents were located within the organization whilst the consequences highlighted innovative ventures, the identification of opportunities and improved performance.

A total of 42 participants attended the focus group sessions with 8 to 9 participants per group. The participants were mostly women (89.7%) and between 50-59 years (55.3%). The focus group discussions yielded a number of interesting results. Participants considered the concept to relate to a business venture, innovation, involvement and of being valued. Factors that were considered conducive to intrapreneurship included for example training and development, planning, quality improvement initiatives and a business focus in the organization. They considered the infrastructure, limited resources, poor security, communication, limited respect for rights and lack of incentives as detrimental to intrapreneurship.

Within the quantitative data collection process the response rate was 40% (n=42). Findings from the survey indicated a primarily low intrapreneurial intensity index. Five of the six intrapreneurial indexes as postulated by Hill scored low (leadership, policies, culture, structure and task) whilst only the employee index scored relatively high, indicating participants' self-valuing of own innovative vision, and courage to embrace change.

**Conclusion:** The analysis and triangulation of data provided the conceptual data to develop a framework to support intrapreneurship in this context. The framework hinges on the external and internal environment – highlighting the positive and negative influences that come to play. The positive external environmental factors included environmental dynamicity and uncertainty as compared to negative factors such as limited organizational ownership and legislative obstacles. The internal environment outlines the importance of organizational wellbeing, organizational leadership, support and communication. Attributes within the intra-environment include innate, personal attributes of unit/operational managers, demographic and situational attributes.

Recommendations from the study focussed on the enhanced teaching and learning of intrapreneurship principles and practices in the public hospital environment, the utilization of the intrapreneurship framework in nursing management programmes (formal and non-formal), the support of intrapreneurial activities at national and provincial level and the inculcation of a paradigm shift to embrace the intrapreneurial approach within health care services. The use of transformational leadership style and the capacity building of nursing teams seem to be pivotal in this process.

**Limitations:** The small sample size in the quantitative survey was a cause of concern, whilst the participants' limited knowledge and understanding of the concept of intrapreneurship may have influenced the meaningful identification of factors that hinder or foster intrapreneurship in the public hospital work environment – this might have led to a focus on challenges they face from day-to-day. The current health care services context was seen to create uncertainty and fear of cutting positions. This may have resulted in insecurity amongst unit/operational nurse managers and their willingness to freely disclose matters of concern.

## SAMEVATTING

**Inleiding en agtergrond:** Dinamiese omgewingsuitdagings loop verskillende instellings soos die gesondheidssektor om te fokus op innoverende veranderinge wat moeilike gesondheidsorg uitdagings aanspreek. Die doel van die studie was om 'n raamwerk te ontwikkel vir ondersteuning van bevordering van ondernemingskap intrapreneurskap by eenheids/operasionele verpleegbestuurders wat werkbaar is in drie staathospitale in Mangaung, Vrystaat. Die doelwitte van die studie was om die konsep "intrapreneurskap" te ontleed deur gebruik te maak van Walker en Avant se raamwerk vir konsepanalise; om die intrapreneurskap-eienskappe van eenheids/operasionele verpleegbestuurders te verken; insluitend hul begrip en siening van intrapreneurskap binne die hospitaal se werksomgewing.

**Metodologie:** 'n Gelyktydige parallel gemengde metode ontwerp is gevolg wat 'n konsepanalise, verkennende kwalitatiewe navorsingsmetodologie in die vorm van fokusgroepe en die toepassing van 'n kwantitatiewe beskrywende opname wat Hill se Ondernemer Indeks Vraelys III (2003) insluit. Hill het die betroubaarheid van die instrument bevestig deur gebruik te maak van 'n loods gevallestudie, gedeelte half en toets-hertoets betroubaarheid.

'n Verkennende loodsstudie het tot die aanpassing van sekere konsepte gelei wat beter by die navorsingspopulasie pas. 'n Doelgerigte steekproef seleksie is gedoen om deelnemers vir die kwalitatiewe data versamelingsproses te verkry. Vyf fokusgroepe, gelei deur 'n kundige fasiliteerder is gehou. In die kwantitatiewe data insamelingsproses

het al die lede van die navorsingspopulasie (N=104) die geleentheid gehad om deel te neem. Etiese goedkeuring om die navorsing uit te voer is vanaf die Fakulteit Gesondheidswetenskappe, Universiteit van die Vrystaat verkry. Die etiese beginsels van om aan ander goed te doen, respek vir menswaardigheid en regverdigheid. Is gehandhaaf. Deelname aan die studie was vrywillig en die deelnemers was ingelig oor die risiko's en voordele van die studie. Die homogeniteit van die groep was deurgaans behou.

**Bevindinge:** Die konsepanalise proses het die kompleksiteit van die multi gefasetteerde konsep van intrapreneurskap onderskryf en kritiese eienskappe soos innovasie, kreatiwiteit en neem van risiko's beklemtoon. Die meerderheid van die voorafgaande was gelokaliseerd binne die organisasie terwyl die gevolge van intrapreneurskap innovasie, risiko's, die identifikasie van geleenthede en verbeterde werkverrigting beklemtoon het.

Twee-en-veertig deelnemers het die fokusgroepessies bygewoon met 8 tot 9 deelnemers per groep. Die deelnemers was hoofsaaklik vroue (89.7%) tussen die ouderdom van 50-59 jaar (55.3%). Die fokusgroepbesprekings het 'n aantal interessante resultate gelewer. Deelnemers het die konsep as verwant aan 'n besigheidsonderneming, innovasie, betrokkenheid en van waarde beskou. Faktore wat intrapreneurskap bevorder, het opleiding en ontwikkeling, beplanning, gehalte-verbetering inisiatiewe en 'n besigheidsgerigtheid in die organisasie, ingesluit. Deelnemers het infrastrukture, beperkte bronne, swak sekuriteit, kommunikasie, min respek vir regte en die gebrek aan aansporing as nadelig vir intrapreneurskap beskou.

In die kwantitatiewe data-insamelingproses was die responssyfer 40% (n=42). Bevindinge van die opname het hoofsaaklik 'n lae intrapreneursintensiteit-indeks aangedui. Vyf van die ses intrapreneusindekse soos deur Hill voorgestel, het lae waardes behaal (leierskap, beleide, kultuur, struktuur en taak), terwyl slegs die werknemersindeks 'n relatief hoë waarde behaal het. Die resultaat was aanduidend van die deelnemers se eie waarde rakende hul eie innoverende visie en moed om verandering aan te gryp.



**Gevolgtrekking:** Die analise en triangulasie van die data het die konseptuele data voorsien om 'n raamwerk te ontwikkel om intrapreneurskap in hierdie konteks te ondersteun. Die raamwerk sluit die eksterne en interne omgewing in met 'n beklemtoning van positiewe en negatiewe invloede wat 'n rol speel. Die positiewe eksterne omgewingsfaktore het omgewingsdinamiek en onsekerheid ingesluit, in teenstelling met negatiewe faktore soos beperkte organisatoriese eienaarskap en wetlike struikelblokke. Die interne omgewing dui die belang van organisatoriese welstand, organisatoriese leierskap, ondersteuning en kommunikasie aan. Eienskappe binne die intra-omgewing sluit ingebore, persoonlike eienskappe van eenheid/operasionele bestuurders, demografiese asook situasionele eienskappe in.

Die aanbevelings van die studie het gefokus op die bevordering van onderrig en leer van intrapreneurskapsbeginsels, verbeterde praktyke in die publiekehospitaalomgewing, die benutting van die intrapreneurskapraamwerk in verpleegbestuursprogramme (formeel en in-formeel), die ondersteuning van intrapreneurskapaktiwiteite op nasionale- en provinsiale vlak en die teweeg bring van 'n paradigmaskuif wat die intrapreneurskapbenadering binne gesondheidsorgdienste insluit. Die gebruik van transformasie leierskapstyle en die ontwikkeling van kapasiteit in verpleegspanne blyk deurslaggewend in hierdie proses te wees.

**Beperkinge:** Die klein steekproef in die kwantitatiewe opname was 'n bron van kommer, terwyl die deelnemers se beperkte kennis en begrip van die konsep van intrapreneurskap die betekenisvolle identifikasie van faktore wat intrapreneurskap in die werksomgewing van publiekehospitale beperk of bevorder, mag beïnvloed het. Hierdie tendens mag gelei het tot 'n beperkte fokus op die uitdagings wat hulle van dag tot dag die hoof moes bied. Deelnemers was ook deel van die onsekerheid binne die huidige gesondheidsorgdienste met 'n moontlike vrees vir die vermindering van poste. Dit mag gelei het tot onsekerheid by eeheids/operasionele verpleegbestuurders en gepaardgaande vrymoedigheid om vrylik apekte van ongemak of kommer te opper.

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## **ABBREVIATIONS**

**ANC:** African National Congress

**AIDS:** Acquired Immune Deficiency Syndrome

**CEO:** Chief Executive Officer

**COHSASA:** Council of Health Service Accreditation of Southern Africa

**CNS:** Clinical Nurse Specialist

**CPD:** Continuous Professional Development

**CNN:** Cable News Network

**GDP:** Gross Domestic Product

**HIV:** Human Immune Virus

**HOD:** Head of Department

**ICN:** International Council of Nurses

**IOL:** Independent Online

**MEC:** Member of the Executive Council

**NDOH:** National Department of Health

**NHI:** National Health Insurance

**OSD:** Occupation Specific Dispensation

**PDMS:** Performance Development Management System

**SANC:** South African Nursing Council

**SD:** Standard Deviation

**TB:** Tuberculosis

**USAID:** United States Agency for International Development

**UFS:** University of the Free State

**USA:** United States of America

**WHO:** World Health Organization



## CHAPTER ONE: ORIENTATION TO THE STUDY

### 1.1 INTRODUCTION

This chapter provides an introduction to the study. The following sections are included: introduction; background to the study; problem statement; aim and objectives; guiding framework and overview of the research methodology used.

Central to this study is the concept intrapreneurship, which refers to initiatives by employees employed within large organizations such as the public sector, who undertake new and innovative initiatives which increase productivity and develop new services or programmes within such organizations (Bosma, *et al.*, 2010:8).

Entrepreneur- and intrapreneurship have been often described as making a tangible difference in leadership and management, especially within the context of private businesses and the corporate world (Sayeed and Gazdar, 2003:76). Mack, Green and Vedlitz (2008:234) concur that *“no innovation of significant magnitude can be introduced into a stable policy domain without champions who advocate its introduction and use”*. Such champions must have the ability to directly and indirectly motivate others to accept innovation. Shukla (2009: Online) strongly believes that the novel way of performance within a company should be engrained within intrapreneurship principles.

Within health care, some examples of entrepreneur- and intrapreneurship initiatives that involve clinical practice innovations have been mentioned by a number of institutions, e.g. the International Council of Nurses (ICN) (2004: Online). When taking into consideration the current complex and seemingly disconcerting world of nursing leadership and management, such approaches and skills are critical to truly address the complex realities of modern-day clinical practice (Dayhoff and Moore, 2002:274).

Within the public health care fraternity, Dayhoff and Moore (2002:275) are of the opinion that quality health care survival depends on the entrepreneurial development of the Clinical Nurse Specialist (CNS) whose innovative ideas can be turned into real

life actions that may truly benefit the health care systems they lead. Dayhoff and Moore (2002:274) further state that the CNS entrepreneur has capabilities to transfer research findings from internal evidence and evidenced-based product evaluation, into practice. The unit/operational nurse manager, who is similar to the CNS and works at the delivery platform of health care, is in an ideal position to apply intrapreneurial principles aimed at transforming clinical practice.

Reflecting on the cost of health care, Herzlinger (2008: Online) indicates that wealthy nations, such as the United States of America (USA), face many health care challenges due to the high costs of health care. Health care in the USA amounts to 17% of the Gross Domestic Product (GDP), compared to 10% of all other developed nations. Herzlinger (2008:Online) proposes that the way to improve health care in America is through adopting an innovative and entrepreneurial approach to cut escalating health care costs, thereby improving productivity. Nurse-specialists, who are health care team leaders in the USA, are applying a range of innovative and creative approaches as entrepreneurs to improve clinical practice and nursing education - often through the integration of research findings in their areas of specialization (Dayhoff and Moore, 2002:275).

With reference to the public health sector, Knight, Effron, Renda, Mannino and Williams (2007:Online) agree that through public sector entrepreneurship, innovation and health preventative initiatives, which are often non-profit bearing in nature, may be beneficial to both, the health care systems and the public at large. These authors provide examples of community initiative projects, such as campaigns on non-smoking and nutrition, which are considered preventative and innovative initiatives. Such initiatives may curtail the escalating health care costs caused by lengthy hospitalizations of patients. This study aims to contribute to the understanding and development of intrapreneurship, especially of unit/operational nurse managers who often are responsible for the provision of quality health care in public hospitals.

## **1.2 BACKGROUND**

### **1.2.1 International context of health care**

A number of challenges, inclusive of the treatment of chronic diseases, burden health care systems worldwide. Yack, Hawkes, Gould, and Hofman (2004: Online) indicate that chronic diseases are one of the largest causes of death in the world. In 2002 alone, 29 million deaths were caused by chronic diseases such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes. In addition, acute health care treatment is considered expensive. Borins (2001:311) affirms the need to incorporate intrapreneurial nursing care in order to help curb escalating health care costs that may result from treating patients in a wide range of health care settings.

Reflecting on modern diagnostic technology, Borins (2001:311) confirms that the public sector is often lagging behind in comparison to the private sector. The transformational challenges that such institutions face include poor assimilation of new technology for diagnoses and treatment options, as well as the poor maintenance of records (Pearson and Woods, 2009:121). The authors also believe that the incorporation of technology will be an indispensable investment that organizations need to look into. It potentiates and supports global networks through, for example, internet communication. Therefore, the critical importance of unit/operational nurse managers in public hospitals, leading teams that utilize different technological initiatives to improve health care, cannot be overemphasized.

### **1.2.2 Transition of the South African Health care system post-apartheid**

According to Kroukamp (1999:328), transformation of the South African public health sector demands leadership that embraces innovative change that rests at the heart of intrapreneurial practices. Connolly (2002: Online) emphasises that the major health care system that the South African government enacted post 1994, was to limit fragmentation. According to Benatar (1997:891), prior 1994, the Health Care System in South Africa was enveloped in racial discrimination, poor coordination of services, as well as duplication of services. The predominant focus was hospital-based care instead of on primary health care. In order to adequately address the multiple

challenges, one Department of Health was established in 1994 under the stewardship of the Minister of Health.

Health care was further decentralized to provincial and district levels. Every provincial department is being led by a Member of the Executive Council (MEC) (Connolly, 2002: Online). In an attempt to mitigate socio-economic concerns, the government put into place the Reconstruction and Development Plan as well as the Primary Health Care Programme. These initiatives operate as the District Health System to improve the health care and living conditions of the majority of South African citizens previously disadvantaged (Kroukamp, 1999: 328). The unit/operational nurse managers, as first line managers in public hospitals, are faced with the challenge of embracing innovative changes and to operate the transformed health care policy.

### **1.2.3 Challenges facing the South African Health Care System**

Currently, the South African population still experiences a number of health care challenges. Bateman (2010:785) highlights the immense impact of the Human Immune Deficiency Virus (HIV), Acquired Immune deficiency syndrome (AIDS) and Tuberculosis (TB) on the health system. In South Africa, the life expectancy has plummeted from 63 years in 1990 to 45 years in 2007. Therefore, one of the challenges facing post-apartheid South Africa is the establishment of programmes aimed at managing Tuberculosis (TB) and HIV/AIDS pandemics (Connolly, 2002: Online). Concerted multi-disciplinary innovative initiatives are required to tackle the HIV and TB pandemics meaningfully.

The widespread increase of HIV/AIDS and TB are a huge concern to the South African government. According to Karim, Churchyard, Karim, and Lawn (2009:921), South Africa households are 0.7% of the world's population but they carry 17% of the global burden of HIV/AIDS infection, as well as having one of the world's worst tuberculosis epidemics. The statistics also reflects a rising tendency in multi-drug resistance and HIV co-infection. Al-Bader, Frew, Essajee, Liu, Daar, and Singer (2009:427), underline the plight of South Africans as a result of a number of socio-economic problems ranging from unemployment, poverty and an economic burden brought about by disease (both communicable and non-communicable). In such a

context, Al-Bader *et al.*, (2009:427) emphasize the need for intrapreneurial practices and talented leadership to effectively tackle the endless health care problems. Such innovative practices cannot be realistic if the organizational culture does not provide space for employees to be intrapreneurial. Ahmadi (2010: Online) emphasizes that the organizational culture is a determining factor that influences the maturity of each organization, which in turn affects the behaviour of its employees.

Seedat, Van Niekerk, Jewkes, Suffla, and Ratele (2009:1011) confirm that violence and injuries are the second leading causes of death and disability in South Africa. According to Seedat *et al.*, (2009:1011) the overall injury death rate of 157.8 per 100 000 of the population, is nearly twice the global average. The authors indicate that the rate of homicide of women by intimate partners is six times the global average. Extensive injuries sustained during violent crimes usually call for a lengthy stay of casualties in hospital, resulting in an increase in health care costs. In the light of such serious and frequent injuries, it is considered important that unit/operational nurse managers in public hospitals have to be conversant with regard to more cost-contained measures.

#### **1.2.4 Quality improvement measures**

According to South Africa Department of Health, Quality Assurance policy document, (2007: Online), attainment of quality health care requires a national commitment to measure, improve and maintain quality health care for citizens. In both public and private health care settings some of the following problems, that affect delivery of quality health care, have been identified: under or over use of services, avoidable errors, variation in services, lack of resources, inadequate diagnoses and treatment, drug shortages, disregard for human dignity and poor record keeping. Such inadequacies pose as major challenge not only to the senior management of public hospitals, but also to the front line managers.

According to Bateman (2010:785), a strong South African economy does not necessarily reflect positive health care outcomes. The author compares the financial health resources in South Africa with similar health care spending systems in countries such as Brazil, Mexico and Thailand. These countries are considered to

have better health outcomes than South Africa. The South African public sector is charged with the responsibility of transforming poor practices by, for example, incorporating financial management reforms to create internal funding for innovation, instead of returning unused revenue back to the treasury (Borins, 2001:311). Ahmadi (2010: Online) argues that a positive culture of an organization allows employees to be creative, to develop an organizational identity, accept risks, function as a team and accept accountability.

The USAID report by Marawa and Maverenge (2005: Online) reviewed the accreditation of health services in South Africa and list at least four institutions that provide accreditation of health care services. Such organizations do not only assist the government in quality control within the health sector, but also act as public “watch dogs”. The USAID report, by Marawa and Maverenge (2005: Online) confirm that a large responsibility lies with the public leadership sector to embrace innovative practices in order to implement the recommendations of such bodies. The unit/operational nurse managers’ role in this regard becomes critical in overseeing the daily delivery of clinical care.

Further attempts to improve client-centred care by the South African government includes implementing the “Batho-Pele” principles (meaning ‘People first’) - a notable milestone since the dawn of democracy (Muller, 2009:19). The programme aims at putting the client at centre-stage and expects professionalism from public servants, especially within the caring professions such as nursing. According to Muller (2009:20), the ethos of “caring” in nursing signifies outstanding professional behaviour as expected from a nurse who is serving the public. Such caring behaviour should embrace compassion, competence, confidence, conscience and commitment (Newman and Gaffney, 2002:17). Intrapreneurial nursing leaders, as co-custodians of health care services, should support their teams to operate such attributes.

In South Africa, similar to other countries, delivery of quality care is further hampered by the current shortage of nurses. The South African Nursing Council report on the geographical distribution of the South African population versus nursing manpower reveals gross disparity between professional nurses and the population they serve. A total population of 49 991 300 people is served by only 1 152 244 professional

nurses. The current nursing population ratio is 431:1 (SANC Geographical Distribution, 2010: Online). A significant percentage of highly skilled practitioners, doctors and nursing managers immigrated to developed countries. Evidently, such a shortage poses a serious challenge to the envisaged quality of nursing care that the citizens of South Africa are entitled to receive (Muller, 2009:78). Therefore, unit/operational nurse managers need to devise innovative strategies to mitigate the present staff shortage. However, Ripoll, Rodriquez, Barrasa and Antonio (2010:881), raise a critical concern that the non-entrepreneurial nature of most of the public sector organizations, being managed according to bureaucratic principles, tends to limit the manager's authority and control decisions that have to be taken within the limits of organizational policies, rules and procedures.

#### **1.2.5 Legislation**

The South African Constitution remains the cornerstone of the country's democracy (Nel, Werner, Haasbroek, Poisat, Sono, and Schultz, 2008:75). Within the constitution, the fundamental human rights of all persons are entrenched, forming the basis for any Human Rights charter. Therefore, access to health care remains a constitutional right of South Africa citizens, and it is a right to be protected by health care leadership at all times (Muller, 2009:79). Other legislation, such as the Basic Conditions of Employment act 1997 (No 75 of 1997), Labour Relations Act 1995 (No 66 of 1995), and the Employment Equity Act 1998 (No 55 of 1998), have to be visible in different institutions to empower employees and consumers of health care services (Hattingh, and Acutt, 2003:51-71). The South African National Department of Health (NDoH) is creating partnerships with civil society to empower members of the communities about their rights (Muller, 2009:79). Hospital unit/operational nurse managers need to support such initiatives, for example, through community partnerships and health promotive initiatives. Booyens (2008:7) also emphasized the need for nursing managers, as custodians of health care services, to keep abreast with legislative changes. Only by obtaining this, health care providers will be able to act as true advocates for both the employees and health care consumers. Borins (2001:310) highlights the need for the frontline, middle and executive managers in any organization to lead innovative initiatives.

Unfortunately, the South African Nursing Council disciplinary hearing sittings from July 2003 to June 2008 painted a different picture. Between July 2003 and June 2008, SANC dealt with 262 different Professional Misconduct cases. Common offences included patients' assaults, poor basic nursing care, sexual abuse and forgery (SANC Report on Professional Misconduct cases, July 2003 - June 2008). This data is a challenge to nursing leadership that needs to continue with innovative performance management initiatives. A focus on educating junior nursing personnel to embrace client centred-care is pivotal. Cullinan (2006: Online) agrees that more stringent and innovative quality assurance measures need to be put into place to ensure that effective delivery of quality care and the adequate protection of the public, are at centre stage. In this regard, unit/operational nurse managers, as custodians of clinical care, need to play a significant role to ensure and support the professional conduct of nurses.

#### **1.2.6 Crucial positioning of nurses within the health care team**

SANC Geographic Distribution statistics, (2010: Online) highlights that the pivotal positioning of South African nurses within the health care system, is similar to other countries. Nurses in the South African health care system are the major contributors of public health care as they constitute more than 50% of the health care workforce. In April 2007, according to the above-mentioned Report, there were 196 914 nurses of various categories registered with the South African Nursing Council. In 2010, the number of nurses, including other categories, but excluding student nurses registered with SANC, increased to 231 086. This represents approximately a 0.07% increase which is considered too low to impact on the poor patient-nurse ratio that currently exists. Creative and innovative staffing practices need to be employed by public hospitals and nursing managers have to effectively address the existing disparities in nurse-patient ratios.

#### **1.2.7 Gender politics and Nursing**

The reality of gender disparities within the health care system remains a global concern (Salvage and Smith, 2000:1019). According to the SANC report on Geographical Distribution of nurses (2010: Online), 107 029 female professional



nurses were registered in comparison with only 215 male nurses. In the same year, 82 215 male doctors registered with the Medical Council (SANC Geographical Distribution statistics, 2010: Online). Despite the significant presence of South African female nurses within the health care system, gender issues in health care delivery remain a concern. Salvage and Smith (2000:1019) ascribe the long-standing gender disparities between nurses and doctors, to the difference in power, perspective, education, salary, status, class and gender. Salvage and Smith (2000:1019) believe that a more positive stance is required from different members of the health care team to limit gender politics and to collectively find intrapreneurial ways to address a range of pressing health care challenges.

Reflecting further on the issue of gender, Salvage and Smith (2000:1019) interrogate the historical superior-inferior relationship between a doctor and a nurse. For many decades, both the nursing and medical professions were seen as a conventional nuclear family with the doctor as father, the nurse as mother and the patient as a child. Despite the long standing gender realities in health care, Cullinan (2006: Online) confirms the critical leadership role of nurses to spearhead transformation in health care.

In the South African context, the history of Nursing in South Africa displays ample examples of gender-based challenges intertwined with racial and political segregation which existed during the apartheid regime (Marks, 1994: 117). The author describes the significant milestones in South African Nursing history according to the two icons, Henrietta Stockdale and Charlotte Searle. During the Stockdale era, Marks (1994: 117) uses the description of patriarchal British imperialism and the Searle-era as being the so-called male-dominated product of apartheid. The result was a profession that accepted subordination to the authoritarian medical profession. Nurses received poor wages and worked in wear down conditions, often similar to working women. These conditions were reinforced by class and race hierarchies (Marks, 1994: 117). This environment was not conducive to innovation, but supported routine work and submissiveness.

Faugier (2005:50) also concurs that nursing is a gendered profession that has not viewed itself as intrapreneurial, but rather as subservient to the other male-gendered

professions of medicine and management. The author emphasises the need to understand the history of the profession in order to be able to assist nurses in adopting new roles demanded by demographic changes, new workforce patterns and service delivery challenges. The new roles would require a unit/operational nurse manager who are concerned about a range of problems and therefore aiming at bringing innovative change to clinical practice.

### 1.2.8 Intrapreneurial characteristics of Managers

Managers, as leaders of their organizations, are expected to have a strategic vision and a change orientation for their organization. They perform a set of activities and practices that are aimed at providing quality services for citizens (Zampetakis and Moustakis, 2007:7). According to Shetty (2004:54) and Teltumbde (2006:129), intrapreneurs are typically defined as *“entrepreneurs within an established organization”*. They are further described as *“intra-organizational revolutionaries who challenge the status-quo and fight to change the system from within”*. Unlike corporate entrepreneurship which often uses a top down approach, intrapreneurship offers people, at any level, the opportunity to initiate plans and decisions that will bring about meaningful change (Bosma, Stam and Wennekers, 2010:8). The contemporary public health care sector demands an inquisitive unit/operational nurse manager who defies the status quo and does not always conform to the bureaucratic principles that are routine-based, but continuously engages in creative and innovative thoughts and actions in order to bring about positive change within the clinical setting.

Shukla (2009: Online) supports the view of intrapreneurship as *“the practice of entrepreneurship by employees within organization”*. Leong (2005: Online) adds that nursing entrepreneurs have to display the attributes of being *“a visionary, decision maker, problem solver, risk taker, self-starter, and a good communicator.”* As a result, an intrapreneur should think and act like entrepreneur by looking for opportunities that will benefit the organization they serve. Leong (2005:Online) is of the opinion that the perceived limited perception of the concept “entrepreneurship”, that tends to be applied to private enterprises, is a cause for concern. A mind-shift pertaining to a broader conceptualization of entrepreneurship to include public sector institutions is advocated.

An attempt by International Council of Nurses (ICN) (2004: Online) is made to bring the concept “entrepreneurship” closer to home for the nursing fraternity. The ICN defines a nurse intrapreneur, as *“a salaried nurse who develops, promotes and delivers an innovative health nursing program or project within a given care setting”*. According to the ICN (2004: Online) a nurse entrepreneur *“is a proprietor of a nursing business that offers nursing services of a direct care, educational, research, administrative and/or consultative nature.”* Successful entrepreneurs are autonomous and want to achieve and create wealth for their own sake (Sankelo and Ankerbland, 2008:830). This kind of intrapreneurial spirit is also needed amongst unit/operational nurse managers to engage with and continue innovative ventures aimed at improving health care services within their institutions.

The ICN (2004: Online) states that the success of a health care system depends on creative team leaders who embrace intrapreneurial principles. Pillay (2008:Online) also affirms the need for public hospital health care managers to incorporate modern management and business practices anchored within intrapreneurial principles, coupled with clinical and health care knowledge and skills to improve the delivery of health care. Bosma *et al.*, (2010:8) allude to the fact that intrapreneurship is a special type of entrepreneurship that shares many key behavioural characteristics such as taking initiative, pursuing opportunities and bringing some element of “newness”. The authors highlight the major activities imbedded in intrapreneurship that include opportunity perception, idea generation, new product design, internal coalition building, persuading management, resource acquisition, planning and organizing. Therefore, unit/operational nurse managers in public hospitals are well positioned to initiate change in different clinical settings.

Bosma *et al.*, (2010:8) identify the distinct key behavioural aspects of intrapreneurship as being: “personal initiative, information search, out of the box thinking, voicing, championing, taking charge, finding a way and some degree of risk taking.”

The similarities and differences between intrapreneurship and entrepreneurship according to (Zwemstra, 2006: Online), (Boyett, 1997:6) and (Bosma *et al.*, 2010:9)

are summarized in Table 1 below. Furthermore, a concept analysis of intrapreneurship (Chapter 3) will provide further scientific depth to the meaning of this concept, its use and application.

**Table 1.1: Comparison between intrapreneurship versus entrepreneurship**

| <b>INTRAPRENEURSHIP – Usually:</b>                                                                                                                                                                                                                                                                                                                                       | <b>ENTREPRENEURSHIP – Usually:</b>                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Differences:</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |
| Concept more used in the context of large public service organizations                                                                                                                                                                                                                                                                                                   | Concept more used in the private and corporate business world                                                             |
| Service orientation - mainly not for profit                                                                                                                                                                                                                                                                                                                              | Service and/or product orientation – mainly for profit                                                                    |
| Works in a conservatism inclined organization                                                                                                                                                                                                                                                                                                                            | Works in a liberally inclined organization                                                                                |
| Salaried employee of a large organization - salary may be linked with bonus and/or other incentives                                                                                                                                                                                                                                                                      | Usually own business or business partner – salary may be linked with a bonus and/or other incentives                      |
| Focus more on services, programs, quality management initiatives.                                                                                                                                                                                                                                                                                                        | Focus more on products, systems - expansion of product lines, selling points and contexts (e.g. example globalization)    |
| Remuneration based on position in organization - may have financial incentives for success/ good work                                                                                                                                                                                                                                                                    | Aim at generating maximum profit and being at the cutting edge of line of business (better than competition in the field) |
| Difficult to enact change (slower moving).                                                                                                                                                                                                                                                                                                                               | Change critical to stay “ahead of the game”                                                                               |
| Take substantial risk to change the status-quo - often within large organizations                                                                                                                                                                                                                                                                                        | Passion for aiming at the best - taken calculated risks.                                                                  |
| <b>Similarities:</b> <ul style="list-style-type: none"> <li>*View organizational matters in a novel way</li> <li>*Engaged in on-going innovation and creativity</li> <li>*Conviction, zeal and insight</li> <li>*Pro-activeness, self-renewal and/or transformation</li> <li>*Competitive aggressiveness</li> <li>*Strategy, autonomy</li> <li>*Team building</li> </ul> |                                                                                                                           |

\*Source: (Zwemstra, 2006: Online), (Boyett, 1997:6) and (Bosma *et al.*, 2010:9)

### **1.2.9 Management of educational programs at institutions of higher learning**

Faugier (2005:51) states that good nursing education management is crucial to influence the graduate in acquiring innovative attributes that will positively influence health care services in future. Dhliwayo (2008:331) criticizes the current South African higher education programs in management. He indicates that universities utilise 80% class time (theory) and only 20% outside class room methods in teaching entrepreneurship. Dhliwayo (2008:331) believes that balance in time will be required to stimulate students' innovative and creative abilities. Hjorth (2003:643) views the current education management programmes at institutions of Higher Education to be offering limited creative opportunities for a student. Such practices lead to a rather more passive and receptive student - with less room for innovation and creativity.

On the other hand, Drayton, Brown and Hillhouse (2006: Online) believe that, in order to be a successful manager, one needs more than core skills acquired through education. These authors emphasize the need for a manager to have determination, adaptability, excellent communication skills, ability to work in a team, ability to galvanise other people to work with you and to foster an institutional spirit. Pillay (2008: Online) views managerial competencies to be anchored in an individual's knowledge, skills, behaviour and attitudes. Such positive intrapreneurial attributes, according to Pillay (2008: Online), enable the effective management of a wide range of responsibilities.

Faugier (2005:50) states that one turnaround strategy that could avert the prevailing situation in health care in the public sector could be achieved through changing the culture from conservatism to one in which innovation would flourish. The author proposes that the profession moves towards reflection to engage nursing in world issues, thus becoming less introspective. Faugier (2005:50) also considers the development of intrapreneurship in nursing as a challenge to the intellectual elite of the nursing academia that focuses more on qualifications and in the process stifling creativity and participation of other cadres of nursing.

### 1.2.10 Organizational culture and leadership

The culture of an organization is perceived by Sarros, Cooper and Santora (2008:292) to be a deep structure rooted in the values, beliefs and assumptions held by its members. Organizational culture is rooted in the meanings inherent within actions, procedures and protocols of organizational life. The culture of an organization therefore makes it unique.

Strydom (2010:308) describes the qualities of a good leader to be positive, well adjusted, realistic, self-confident, group-orientated, being a team builder, seeking solutions, motivating people, delegating responsibilities to people and giving credit for achievements. The complexities of for example an acute care hospital setting require unit/operational nurse managers who exhibit such attributes to lead their teams effectively.

Organizational innovation is encouraged through adoption of appropriate cultural norms and support systems. Organizational culture is a primary determinant of innovation; therefore, innovation is an engine of change in every organization (Sarros, *et al.*, 2008:294). The authors strongly believe that the degree of support and encouragement which an organization provides its employees in taking initiative in exploring innovative approaches, is predicted to strongly influence the degree of actually initiating innovation in that particular organization.

Sarros *et al.*, (2008:294) believe that to change non-entrepreneurial organizational cultures into entrepreneurial ones, a transformational leadership style needs to be put in place. Cultural change requires enormous energy and commitment to be able to achieve the required outcomes. The authors strongly believe that, for organizational cultures to become more transformational, top management must articulate the changes that are required. Through a transformational leadership, managers can help to build a strong organizational culture that will contribute to a positive climate that fosters innovation.

On the issue of good leadership, Strydom (2010:308) argues that there is a positive relationship between entrepreneurs and transformational leaders in that they both

have a dynamic style of leadership, induce dramatic changes in their organizations and have a clear and well-developed vision for the future. The author identifies eight common characteristics found in both leaders and entrepreneurs - vision, risk-taking, achievement orientation, motivation, creativeness, flexibility and patience. Therefore, the success for unit/operational nurse managers to initiate intrapreneurial change in public hospitals will be influenced to an extent by the type of senior leadership that either embraces transformation or not in such institutions.

### **1.3 PROBLEM STATEMENT**

According to Faugier (2005:50) global health care challenges are brought about by a complex range of realities, for example, the incorporation of new technologies into the health system, new drugs, shrinking workforces and changes in public attitudes towards health care delivery. These challenges compel health care professions to reinvent their work through the adoption of intrapreneurial principles to meet the dynamic health care needs of the communities they serve.

The South African health care system faces similar challenges, irrespective of the range of positive initiatives taken. Bateman (2010:785) outlines the complex disease burden, consisting of the twin epidemics of HIV and Tuberculosis, as well as non-communicable diseases and injuries. Therefore, the need for a pro-active and innovative public sector leadership is considered critical. Added to these, reports on other health concerns are disconcerting. Cullinan (2006: Online) highlights the following issues of concern: poor hygiene and infection control measures; abuse and neglect of patients; poor levels of care; overcrowding of patients; understaffing and poor working conditions of health care workers; malfunctioning of equipment and theft of linen and medicines to mention but a few. These concerns are only the tip of an ice berg in comparison with the general problems that still overshadow the South African public health care sector. Such issues, according to Cullinan (2006: Online), pose a major challenge to the management of public health care institutions, especially for the unit/operational nurse manager who is at the fore-front of care delivery. Unit/operational nurse managers may need to engage in more intrapreneurial initiatives to bridge the gap of poor health care service delivery.

The African National Congress (ANC) Today (2009: Online) also concurs that, despite the dramatic socio-economic changes which a number of South Africans strived for in the post-apartheid era, unemployment, crime, HIV/AIDS and poor service delivery remain outstanding concerns for the government. The Minister of Health, Aaron Motsoaledi equally acknowledges the endless health care challenges to be tackled as a team. In a statement on the National Leaders retreat held on the 26<sup>th</sup> January 2010, the Minister alluded to the collapse of health care services in South Africa due to a lack of good managerial skills, failure to act on known deficiencies and of management not accepting responsibility. As a result, the Minister of health finds it imperative for government to improve public sector health care management.

To make a difference in many of these concerns, strengthening unit/operational nurse managers with regard to intrapreneurship is considered important, thereby providing an opportunity for a bottom-up approach aimed at enhancing quality of care.

The researcher is also not aware of any such previous studies that seek to develop an intrapreneurship framework for unit/operational nurse managers, especially in public hospitals in Mangaung, Free State.

#### **1.4 AIM**

The aim of the study is to develop a framework of intrapreneurship for unit/operational nurse managers practicing in the three public hospitals situated in Mangaung, Free State.

#### **1.5 OBJECTIVES**

- Analyse the concept of intrapreneurship using Walker and Avant's framework for concept analysis. Within Mangaung public hospitals (objectives 1.5.2, 1.5.3 and 1.5.4):



- Explore the understanding and view of intrapreneurship of unit/operational nurse managers within the hospital working environment.
- Explore the conduciveness towards intrapreneurship in the environment of the hospital.
- Explore the intrapreneural characteristics of a unit/operational nurse manager.
- Develop a framework to foster intrapreneurship amongst unit/operational nurse managers.

## **1.6 RESEARCH STUDY FRAMEWORK**

The research study framework is depicted in Figure1. The development of a framework to foster intrapreneurship for unit/operational nurse managers allocated in public hospitals in Mangaung, Bloemfontein, is illustrated by the concept analysis of “intrapreneurship” using the methods of Walker and Avant’s; concept analysis (objective 1 of the study); an exploration of unit/operational nurse managers’ understanding and view of the conduciveness of the environment towards intrapreneurship within their public health care settings (focus group discussions; objectives 2 and 3); the intrapreneural characteristics of unit/operational nurse managers and the conduciveness of the environment towards intrapreneurship (validated instrument developed by Hill, 2003; objectives 3 and 4).

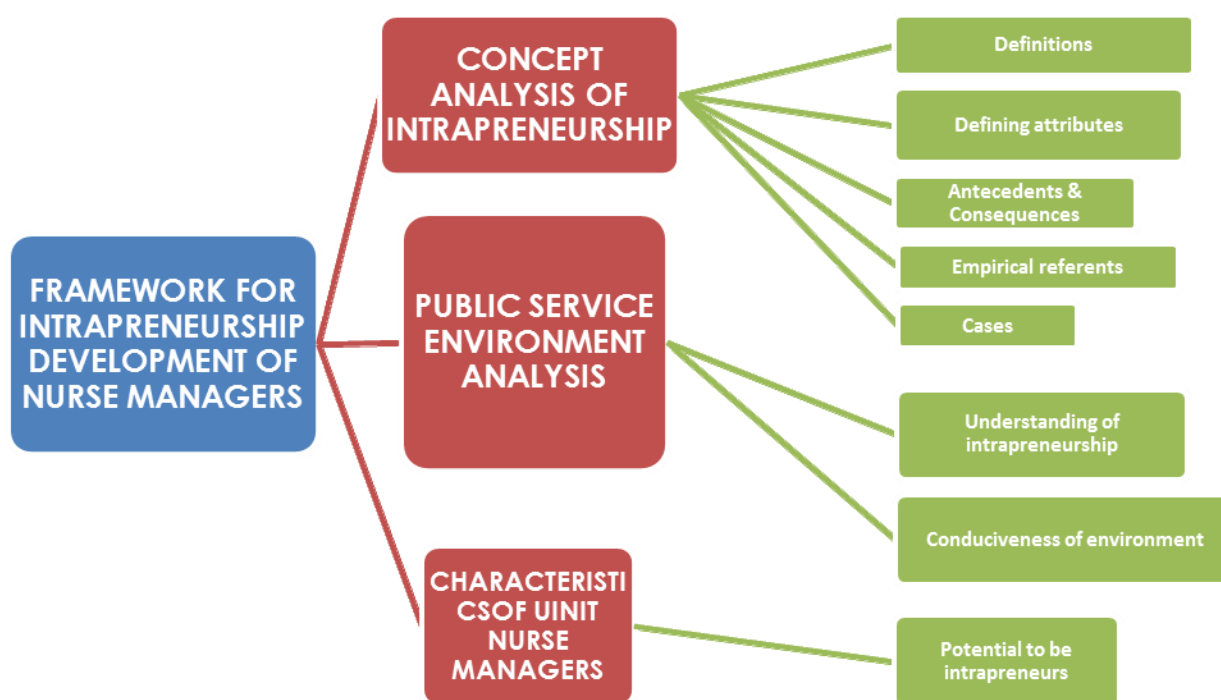


**Figure1.1:** Framework of the Study

## 1.7 DEFINITION OF CONCEPTS

### 1.7.1 Entrepreneurship

Refers to the practice of creating something new of value, for example, starting a new product, service or organization or revitalizing an existing one-generally in response to identified opportunities (Pearson and Woods, 2009: 118). Furthermore, an entrepreneur is an individual who takes risks to create something new. Such an entrepreneur benefits from the results of such an endeavour if successful, for example, the individual gains personal satisfaction, monetary or societal benefits (Oganisjana, 2010:28).

### 1.7.2 Intrapreneurship

Refers to initiatives by employees, usually within large organizations, to undertake new and innovative business or service activities (Bosma, *et al.*, 2010:8). Intrapreneurship is related to corporate entrepreneurship, however, the two concepts

differ in that corporate entrepreneurship is usually defined at the level of an organization and refers to a top down approach. On the contrary, intrapreneurship relates to the individual employee level and it is about a bottom up, pro-active work-related initiatives of individual employees.

### **1.7.3 Public hospital**

A health care institution where healthcare users are admitted to receive acute health care. The health care institution is the responsibility of the state (Criel, 2000: Online). The three Mangaung public hospitals in the Free State that were utilized in this study are the National, Universitas and Pelonomi hospitals.

### **1.7.4 Unit/Operational Nurse Manager**

A nurse who manages a unit in a health care institution for example, a clinic or a hospital (Hawkins, daughty and Mcdonalds 2002:368). According to the current nursing organizational structure in the Free State Provincial hospitals, the unit nurse managers, who are also called “operational managers” in the three public hospitals, are answerable to an Assistant Director who is in charge of a call centre that comprises different units. In this study, only unit/operational nurse managers in the three Mangaung public hospitals constituting the first level of nursing management participated in the research. The use of “operational manager” and “unit nurse manager” were therefore used interchangeably.

### **1.7.5 Characteristics**

Are features that help to identify, tell apart or describe recognizably, or a distinguishing mark or trait in a phenomenon (Google Free Online 2012: Online) In this study, characteristics were interpreted as unique individual qualities or attributes which make them stand out in a group.

## 1.8 RESEARCH METHODOLOGY – A MIXED METHOD DESIGN

According to Teddlie and Tashakkori (2009: 21), research methodology is a broad approach towards a scientific inquiry specifying how research questions should be asked and answered. Included within the research methodology, is world view considerations, general preferences for designs, sampling logic, data collection, analytical strategies, guidelines for making inferences and the criteria for assessing and improving quality.

In this study, the researcher integrated three different methodologies in an attempt to elicit a better understanding of the concept of interest “intrapreneurship”.

A Convergent, parallel mixed method approach that incorporates qualitative and quantitative methods was used to address objectives 2, 3 and 4 of this study. Mixed methodology stands firmly in a pragmatist paradigm or paradigm relativism - believing in the value of combining research methodologies. Convergent, parallel mixed method design was used in this study. To address objective 1 of the study, the researcher applied the concept analysis framework of Walker and Avant which seeks to explore multiple literature sources on different dimensions of a concept of interest, such as the different meanings and unique characteristics of an intrapreneur. According to Walker and Avant (1988: 35), *“concept analysis is a formal, linguistic exercise to determine those defining attributes.”*

The Convergent, parallel mixed method research design that was used to address objectives 2, 3 and 4 of this study, was applied in two stages. Creswell (2009: 208) highlights that data collection for a convergent, parallel mixed method design can either be collected sequentially or concurrently. Botma, Greeff and Mulaudzi (2010: 255) described the mixed method design as *“a class of research where the researcher mixes or combines quantitative and qualitative research approaches, techniques, methods, concepts or language into a single study”*. Amaratunga, Baldry, Sarshar and Newton (2002:19) confirm that qualitative and quantitative methodologies are not divergent towards one another, but rather focus on different dimensions of the same phenomenon to compensate for possible weaknesses of a single method.

## 1.9 RESEARCH STRATEGY - OBJECTIVE 1

Objective 1 focused on concept analysis of intrapreneurship using the framework of Walker and Avant. Walker and Avant (1995), as cited by MacCance, McKenna and Boore (1997:241), define concept analysis “as a strategy that allows us to examine the attributes or characteristics of a concept”. MacCance *et al.*, (1997: 241) further perceive the process of concept analysis as a technique or mental activity that requires critical approaches to uncovering subtle elements of meanings that are embedded in a concept.

## 1.10 RESEARCH STRATEGY- OBJECTIVES 2 AND 3

### 1.10.1 Use of focus groups

Objective 2 explored the view and understanding of intrapreneurship by unit/operational nurse managers in the working environment, whilst objective 3 explored their view of the conduciveness of the hospital work environment towards promoting intrapreneurship. The researcher conducted focus group discussions with unit/operational nurse managers at each of the three hospitals. The three trigger questions used were:

- What is your understanding of the concept intrapreneurship/entrepreneurship?
- Also, the concept intrapreneurship might not have been well-known to the participants. Thus the researcher agreed to use the concepts interchangeably only to facilitate participants’ understanding of the questions and participation in the discussions.
- The researcher accepted that it was necessary to use the concepts, entrepreneurship and intrapreneurship, as quasi- synonymous in this context, which is in line with the understanding of Bosma *et al.*, (2010:8) who considers intrapreneurship as a special type of entrepreneurship.
- In what ways does your hospital work environment foster intrapreneurship? **Please provide examples.**

- In what ways does your hospital work environment hinders intrapreneurship?
- What can be done to make your hospital work environment more conducive to intrapreneurship?
- What can be done to remove hindrances to intrapreneurship in your hospital work environment?

### 1.10.2 Unit of analysis and sampling

#### 1.10.2.1 Unit of analysis

In qualitative research, the term “unit of analysis” is used instead of the concept “population”, which is commonly used in quantitative studies. Botma *et al.*, (2010:291) definition: *“a unit of analysis is a group of people documents, events, or specimens the researcher is interested in collecting information or data from”*. Teddlie and Tashakkori (2009:169) emphasize the unit of analysis as *“the individual case or group of cases that the researcher wants to express something about when the study is completed.”* In this study, groups of unit/operational nurse managers from Universitas, Pelonomi and National hospitals in Mangaung, Free State formed the unit of analysis. These three main public hospitals positioned within the Free State district health care system, operate at different levels of Primary Health Care, and therefore offer different health care services. The total number of unit/operational nurse managers in these three hospitals is about 104. Therefore, this number of unit/operational nurse managers from the three different public hospitals in Mangaung, Free State, constituted the unit of analyses in this study.

### 1.10.2.2 Sampling

According to Teddlie and Tashakkori (2009: 169), sampling involves the “selection of unit of analysis, (e.g. people, groups), artefacts, settings in a manner that maximizes the researcher’s ability to answer research questions”. Burns and Grove (2009:42) further define sampling as “a process for selecting a group of people, behaviours, or other elements with which to conduct a study”.

In qualitative studies, purposive sampling techniques are primarily used, and it is defined as *“selection of units based on specific purpose associated with answering research study’s question”* (Teddlie and Tashakkori, 2009: 22,171). Through purposive sampling, the researcher consciously selects certain participants, elements or events, or incidents to include in the study. According to Teddlie and Tashakkori (2009: 22,179), purposive sampling in a convergent, parallel mixed method design, generates a sample that will address the research questions meaningfully and seek a form of generalization (transferability) in the study.

According to Bless and Higson-Smith (2000: 92) and Burns and Grove, (2009:355) purposive sampling method is based on the judgement of the researcher regarding the characteristics of a representative sample. Therefore, in this study, a purposive selection of unit/operational nurse managers, allocated to the three public hospitals in Mangaung, was carried out by the researcher. The actual sample of unit/operational nurse managers, who participated in the qualitative research stage of this study, was approximately 42 - constituting more than a third of the accessible population. Focus group discussions continued until no information came to the fore and all themes identified, were fully explored.

### 1.10.3 Pilot Study/Exploratory interview for stages 1 and 2 of the study

According to Teddlie and Tashskkori (2009:203), a pilot study or a feasibility study is either a small scale implementation of the research strategies or a set of steps that are taken to ensure quality of future data collection procedures. In this study, the researcher used the same participants to pilot test the focus group questions and the Intrapreneural Intensity Index (III) Questionnaire (2003) by Hill, (Annexure A).

#### 1.10.3.1 Pilot study/ exploratory interview for focus groups

The researcher used a small group of unit/operational nurse managers and students, doing their Masters degree, who were not part of the accessible population to pilot test the focus group questions. Feedback from the group concerning questions and processes was discussed with two experienced researchers and incorporated as agreed.

#### 1.10.3.2 Pilot study with the Hill's instrument

A similar group of unit/operational nurse managers and students, doing their Masters degree, were used to pilot test focus group questions and to test the instrument Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill, (see Annexure A). The researcher invited feedback from the group. Feedback included aspects such as clarity of questions in Hill's questionnaire and any typographical errors. Feedback from this group was then discussed with two experienced researchers to facilitate the necessary adjustments.

#### 1.10.4 Data Collection

The principles and practices of focus group management were applied, for example, relevant ethical considerations, comfort with language used, audio-taping conversations, use of pseudonyms, etc. A skilled facilitator (who was not the researcher) was appointed and a suitable venue was organized. Informed consent was obtained from the participants (Annexure C). Groups consisted of 5 to 10 participants and group sessions of about two hours duration, were held in the three hospitals. Focus group discussions at these three hospitals continued until saturation of data was reached (Burns and Grove, 2009:513-14). A total of five focus groups were held over a period of three months. The researcher attended all sessions as an observant and note-taker.



### 1.10.5 Entry into the research setting

Entry into the research setting is quite pivotal to a convergent, parallel mixed methodology researcher. Polit and Beck (2008:69) emphasize that gaining entry into the site involves negotiations with gatekeepers who have the authority to permit entry. Therefore, in the qualitative data collection phase of this study, the researcher sought approval from the Ethics Committees of the UFS (Annexure K). Furthermore, permission for entry to the three public hospitals was sought from the Head of Department of Health (HoD) in the Free State (Annexure E).

Permission was also obtained from the management of the relevant institutions (Annexures F1, F2 and F3). The researcher also used information sessions at the various sites to request voluntary participation.

### 1.10.6 Measurement To enhance trustworthiness

Trustworthiness in convergent, parallel mixed qualitative design relates in some ways to reliability and validity of the data as is traditionally used in quantitative designs. Lincoln and Guba (2004: Online) agree that trustworthiness can be ensured through credibility, dependability, conformability and transferability.

#### 1.10.6.1 Credibility

Credibility refers to confidence in the truth of data and their interpretation which is enhanced by prolonged engagement with participants (Polit and Beck, 2008: 539; and Botma, *et al.*, 2010:234, 292). Teddlie and Tashakkori (2009:209) define credibility as *“whether or not the researcher’s writings are credible to the constructors of the original multiple realities.”* The duration of the focus group discussions, clarification of meaning within groups, the search for data saturation and the truthful transcription and analysis of data, contributed to credibility. The field-notes and detailed documentation of observations, done by the researcher, further supported credibility.

#### 1.10.6.2 Dependability

There is an inherent relationship between dependability and credibility in qualitative research; dependability being also linked to careful description of research processes and procedures so that others can replicate the study in same or different contexts. However, according to Teddlie and Tashakkori (2009:209), dependability is concerned “*with the extent to which variation in a phenomenon can be tracked or explained consistently using the human instrument across different contexts.*” In this study, data was obtained from three different sites through as many focus groups as was necessary. Dependability was also achieved through carefully describing the data collection process, analysis and inference making processes.

#### 1.10.6.3 Confirmability

Confirmability is comparable to objectivity. The utmost care was taken to ensure that the findings rest on the understandings and views of the unit/operational nurse managers and not those of the researcher. Any researcher bias and predispositions were documented within the research report, inclusive of a reflective commentary as indicated. This also indicated that the value of triangulation was evident. In this study, the sections of the Hill’s Intensity Index (III) questionnaire (2003) provided further information on, for example, the organization and its conduciveness to intrapreneurship.

Conformability also refers to congruence between several people (Polit and Beck, 2008: 539) and (Botma *et al.*, 2010:292). In this study, two experienced independent reviewers listened to samples of the audiotapes, reviewed the transcriptions and reflected on the categories and themes developed to ensure congruency between the data collected and the eventual analysis and report.

#### 1.10.6.4 Transferability

The delicate balance between contextual truth versus the ability to transfer findings with ease to other contexts and situations is complex. The researcher provided adequate contextual information for the reader to make such transfer of findings and

inferences or to be able to repeat the study in other contexts. Examples of such compacted descriptions include a detailed description of sampling, research design, data collection and analysis (Botma *et al.*, 2010:292).

#### **1.10.7 Ethical Considerations**

In this study ethical considerations for both the qualitative and quantitative stages were handled simultaneously. Research methodologies differ to the extent of intrusion into participants' lives. However, qualitative research often may intrude even more (Punch, 2000:281). Teddlie and Tashakkori (2009:190) also concur that the qualitative component of the convergent, parallel mixed method design, requires greater sensitivity to the feelings of participants due to the nature of the research involving highly personal data.

##### **1.10.7.1 Principle of beneficence**

Polit and Beck (2008:143,170) highlight the potential risks which research carries for participants. The researcher made known the risks and benefits to participants prior to commencement of focus group discussions and completion of the questionnaires. Participants were assured that data elicited from the results would only be used for the purpose of this research study (Polit and Beck, 2008: 145). The participants were informed about the potential benefits of participation, which would result in the development of a framework fostering intrapreneurship within unit/operational nurse managers through, for example, formal and informal education in public hospitals (Polit and Beck, 2008: 145).

In this study, some of the potential concerns, which participants voiced, related to the protection of their identity. Participants were therefore assured of anonymity. No names were used and the nature of the questionnaire limited identifying data.

##### **1.10.7.2 Principle of respect for human dignity**

Brink, Van Der Walt and Van Rensburg (2006:32) argue that research participants have the right to self-determination. Therefore, the researcher informed the participants that participation in the study was voluntary. They were also made

aware of the fact that they could withdraw from the study at any time and that they could refuse to give information without the risk of penalty and prejudice.

Within the accompanying documentation, the researcher fully described the nature of the study, the participants' right to refuse taking part in the study, the researcher's responsibilities and the likely risks and benefits prior to conduction of focus groups and completion the questionnaires (Polit and Beck, 2008: 147).

One of the possible inherent risks would be whether or not the nursing management would be informed about individual comments during focus group discussions. Participants were assured of the confidentiality of the audiotapes, the use of pseudonyms or codes for identification and of collating various corresponding parts of data as a collective finding, for example, themes.

#### 1.10.7.3 Justice

Treating participants fairly and equitably before, during and after participation in this study was very important (Polit and Beck, 2008: 149). The researcher selected a homogenous group of unit/operational nurse managers, thus participating in the comfort of peers. Participants were also treated the same by respecting their inputs during the conversations by providing fair and equal opportunities for participation. The researcher ensured that participants are protected from exploitation, for example, data elicited would only be used for the purpose of this research study (Polit and Beck, 2008: 145). Researcher and participants agreed on venues where the interviews would take place. Such venues were comfortable and facilitate meaningful interaction.

In the quantitative stage of the study, participants were also assured fair and equitable treatment before, during and after participation (Polit and Beck, 2008: 149). All the unit/operational nurse managers responded to the same questionnaire and similar logistical arrangements were adhered to by the researcher at all times. Participants were assured that data would be kept in the strictest confidence (Polit and Beck, 2008: 149). Participants' names were not used in a questionnaire. Instead, codes were used. Participants were assured that the completed

questionnaires would be destroyed after the study has been completed. Burns and Grove (2009: 200) concur that research participants have the right to anonymity and the right to be assured that collected data will be kept confidential. In the research report, the participants would also not be identifiable.

#### 1.10.7.4 Preparation of the researcher

The researcher, as a lecturer in health care service management at the School of Nursing, University of the Free State, has been formally prepared in research methodology. During this study, the researcher was supported by two experienced supervisors, especially with regard to convergent, parallel mixed method research.

#### 1.10.8 Data Collection

In this study, qualitative and quantitative strands of data collection occurred in a parallel way. Thereafter, inferences would be made on the basis of the results obtained from each strand and it was integrated or synthesized to form meta-inferences (Teddlie and Tashakkori, 2009: 266).

#### 1.10.9 The process of data analysis

In this study, the researcher used convergent parallel mixed method data analysis. This method involves two separate processes namely, quantitative analysis of data using descriptive/inferential statistics for the appropriate variable and qualitative analysis of data, using thematic analysis related to the relevant narrative data (Teddlie and Tashakkori, 2009: 266). Although the two sets of analyses are relatively independent, each provides an understanding of the phenomenon under investigation.

Creswell (2009:192) suggests steps in the analysis of qualitative data and this have also been applied to the study at hand, but are not limited to transcription of raw data (inclusive of field notes). These included; immersion in data, clustering and coding of data, description of categories and development of themes.

Lastly, qualitative data analysis involves making an interpretation or meaning of data, answering questions such as lessons learned, personal interpretations, interpretations affirmed or not by literature and insights added by other sets of data in the same study. To strengthen the data analysis process, a co-coder with substantial experience in qualitative data analysis was used to analyze the data concurrent but independently. Thereafter, both the researcher and the co-coder met to discuss the categories and themes identified.

## **1.11 DATA COLLECTION OBJECTIVE 3 AND 4**

### **1.11.1 Research strategies**

In quantitative studies the design determines the intervention used by the researcher; methods used to control extraneous variables, timing and location of data collection, and information to be provided to subjects (Polit and Beck, 2004:196). One setback raised by Teddlie and Tashakkori (2009:25) about consistency of participation in quantitative studies, is that it could result in attrition of the sample size. Hence it could pose a threat to the external validity/generalization of results.

Objective 3 explored the conduciveness of hospital environments to intrapreneurship, whilst objective 4 explored the intrapreneurship attributes of unit/operational nurse managers. In this study, a descriptive survey using an established instrument was conducted to achieve these objectives. The Intrapreneurial Intensity Index (III) Questionnaire (2003) (Annexure A) was developed by Hill within a South African setting. Tushman and Nadler's (1997) 'Congruence Model for Organizational Analysis' was used as a conceptual framework, supported with current literature. Hill created six constructs and related criteria (inclusive of Tushman and Nadler's four elements). These six constructs were conceptualized and defined by Hill as *"task, myself as an employee, about the organization and its systems, about rewards, about leadership in the organization and organizational culture"*.

The questionnaire was tested for validity and reliability using a sample size of more than 500 individuals across large organizations in South Africa that consider themselves to be forward thinking. Hill used reliability measures such as Test-Retest,

split-half, a pilot case study and a final sample of 30 different organizations inclusive of large corporations, governmental organizations, schools, universities and hospitals. Permission to use the instrument was obtained from the relevant University and study leader (Annexure J). Due to the public health care setting where the questionnaire was used, some adaptation was necessary. Concepts such as “products” (versus “services and/or programs”) were adapted.

Permission was sought from the institutions that participated in this part of the study (Annexure F1, F2 and F3). Prior to completion of the questionnaire, a consent form (Annexure C) was also to be completed by participants. Participants were requested to complete the questionnaire in their own time within one week, and the researcher collected completed questionnaires from different hospitals thereafter. Contact details of the researcher were included in the questionnaire for participants to contact the researcher if they needed any clarification.

### **1.11.2 Population and Sampling**

#### **1.11.2.1 Population**

In quantitative studies, the term ‘population’ is used to describe the participants taking part in a study. According to Burns and Grove (2009:42), a population refers to all the elements individuals, objects, or substances that meet the criteria for inclusion in a given universe. Polit and Beck (2004:289) also define population as the entire aggregate of cases which a researcher is interested in. A total number of 104 unit/operational nurse managers were employed in this capacity at these three public hospitals and thus comprised the population.

#### **1.11.2.2 Sampling**

In quantitative, convergent, parallel mixed methods probability sampling is predominantly used. According to Teddlie and Tashakkori (2009:179), it generates a sample that will address research questions and seeks a form of generalization. Probability sampling often applies mathematical formulae and a formal sampling frame. Finally, it focuses on numeric data that can generate tough narrative data.

Attrition of the sample in any study is likely to occur due to different reasons. In this study, the population of unit/operational nurse managers was only 104 - quite small. As a result, the researcher did not use a probability sampling technique, but endeavoured to use the entire population of unit/operational nurse managers as a sampling frame. This implied that, participants who have participated in the focus groups also became part of the sample for the quantitative stage of the study.

### **1.11.3 Validity and Reliability**

#### **1.11.3.1 Validity**

Polit and Beck (2004:422), Bless and Higson-Smith (2000:127), concur that validity is the degree to which the instrument measures what it is supposed to measure. Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill has been validated as part of the researcher's Master of Arts studies in Industrial Psychology where approximately 500 participants, from different organizations, participated. Validity measures included face, content, construct and predictive validity.

#### **1.11.3.2 Reliability**

Burns and Grove (2009:43) Bless and Higson-Smith (2000:127) infer that reliability relates to the consistency of measurements obtained when using a particular instrument. Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill underwent a number of reliability assessments, inclusive of a pilot case study, split-half and test-retest reliability, with satisfactory results.

## **1.12 DATA ANALYSIS**

In analysing data, the researcher remained true to the paradigm of convergent, parallel mixed data analysis involving two separate processes of quantitative and qualitative data analysis. Although the two sets of analyses are independent, each provides an understanding of the phenomenon under investigation. The



understandings are linked, combined, or integrated into meta-inferences (Teddlie and Tashakkori, 2009: 266).

For qualitative data analysis, thematic analysis, related to the relevant narrative data, was used. For quantitative data analysis, descriptive statistical method was used. Descriptive methods are used to summarize data with the intention of discovering trends and patterns and to summarize results for the ease of understanding (Teddlie and Tashakkori, 2009: 256-257). Expert input from the Department of Bio-statistics was used.

### **1.13 VALUE OF THE STUDY**

Large, modern organizations may need intrapreneurship in complex and difficult times, but intrapreneurship, as a critical concept in organizations, has not been well researched, especially within the health care context and within nursing management in particular. The analysis of the concept and researching unit/operational nurse managers' understanding and view of intrapreneurship in their unique context, would contribute to this perceived gap in knowledge and understanding.

The study is wide-ranging through the inclusion of concept analysis, focus groups and the use of a tested instrument to measure aspects of intrapreneurship. Reflecting on the results of all three plus a thorough literature review and scaffolding to generate a usable framework intrapreneurship within nursing managers, is strengthened, be it by using educational means, supporting organizational leadership and/or providing contextually specific recommendations in this regard.

In reflecting on the limitations of the study, generalization of the findings is of concern if one considers purposive sampling as applied to three health care institutions that are geographically linked. The limitations of focus groups such as participants confirming to conversations that are socially or professionally acceptable, was considered important. The fact that descriptive statistics are generally considered superficial and at times over-simplified, it also allows for the limited manipulation of data.

## **1.14 CONCLUSION**

In this chapter an introduction and overview of the study was provided – highlighting an important, but relatively under-researched area of nursing leadership and management in South Africa. The specific convergent, parallel mixed research methodology and approach to data collection was summarized, not forgetting an outline of managing ethical concerns.

Chapter 2 will provide a more detailed description of the research methodology as applied in this study.

## **1.15 OUTLINE OF CHAPTERS**

Chapter 1 is the general overview of the study. This includes an introduction, background to the study, problem statement, aim and objectives, framework guiding the study and research methodology.

Chapter 2 provides a detailed description of the convergent, parallel mixed method research methodology. The research design, unit of analysis/population inclusion criteria, research techniques (pilot study, data collection) and data analysis process for both qualitative and quantitative methods are discussed.

Chapter 3 describes the process and findings of the concept analysis of intrapreneurship (objective 1) using Walker and Avant's framework for concept analysis.

Chapter 4 discusses the focus groups findings to meet the second and third objective of this study. These findings relate to unit/operational nurse managers' understanding and view of intrapreneurship in the working environment and the conduciveness of environments to promote of intrapreneurship.

Chapter 5 presents the survey findings from the Intrapreneural Intensity Index (Hill, 2003) – addressing both the third and fourth objectives of the study.

Chapter 6 summarizes literature findings related to intrapreneurship in general, as well as in the health care context, both internationally and nationally.

In chapter 7 the process and outcome of the meta-inference are described through integrating and triangulating the literature review, concept analysis, focus group findings and descriptive study outcomes.

In Chapter 8 the development of a framework that fosters intrapreneurship development of unit/operational nurse managers is put forward based on the above-mentioned meta-inference. The conclusions, relevant recommendations, and limitations of this study are discussed.

## **CHAPTER TWO: RESEARCH DESIGN AND METHODOLOGY**

### **2.1 INTRODUCTION**

Chapter 1 of this report provides an introduction to the study; outlining the background, proposing the aim and objectives thereof and present an introduction of research methodology. This chapter provides an in-depth description of the research methodology and data collection process. Chapter 3 will provide both the methodology and outcome of the concept analysis using the framework of Walker and Avant.

Chapter 2 reflects on the research design and methodology used. A convergent parallel mixed methods design was used where quantitative and qualitative data collection were conducted separately – merging the sets of data at the point of interpretation, comparison and meta-inference only. Both sets of data were considered equally important and it were expected that both sets of data would provide a better and more complete understanding of the phenomenon being studied.

The convergent, parallel mixed method design used in this study includes both exploratory qualitative research through focus group discussions and a descriptive survey using the adopted Intrapreneural Intensity Index (III) Questionnaire (2003) by Hill. Therefore, Chapter two of this report provides, apart from this introduction, background to the convergent, parallel mixed method design, philosophical framework, research design, units of analysis, ethical considerations, population and sampling, piloting, validity and reliability. Reference to data collection, quantitative and qualitative data analysis, quality of the study and initial conclusions, are presented.

### **2.2 BACKGROUND**

Teddlie and Tashakkori (2009:21) perceive a research methodology as “*a broad approach to a scientific inquiry specifying how research questions should be asked and answered*”. On the contrary, the perception of a methodology by Creswell and Clark (2007:4) is that it constitutes “*the philosophical framework and the fundamentals of research*”. Included within the research methodology is a

consideration of world view or philosophical underpinnings, general preferences for designs, sampling logic, data collection, analytical strategies, guidelines for making inferences and the criteria to assess and improving quality (Teddlie and Tashakkori, 2009:21). The methodology utilized is a framework that relates to the entire process of research.

Proponents of the convergent, parallel mixed method design perceive it as a solution to strengthen comprehensiveness in a research study (Teddlie and Tashakkori, 2009:33). Creswell (2009:70) concurs that mixed method researchers use theory in research either deductively (as in quantitative research) or inductively as in (qualitative research). Such depth in the diverse schools of thought produces a transformational and emancipated convergent, parallel mixed method design.

Buber, Gadner and Richards (2004:2) raise a concern that 'mixing' of the two methodologies may be nothing more than a side by side or sequential use of different methods. It could also be an integration of different methods into a single study. Buber *et al.*, (2004:2) concur that the two strands of the convergent, parallel mixed method research designs are independent from each other. Therefore, mixing qualitative and quantitative phases is like running two separate studies which happen to be about the same topic (Buber *et al.*, 2004:2).

In this study the inherent depth, common to a convergent, parallel mixed method research design, provided the necessary approach to better address the aim of the study and to understand that the public health care intrapreneurship among the population studied, are multifaceted.

### **2.3 RESEARCH DESIGN**

The research design according to Creswell and Clark (2007:4) is "*the plan of action that links philosophical assumptions to specific method*". Thus, the convergent, parallel mixed method research design involves philosophical assumptions that form the umbrella for and guides data collection and analysis, inclusive of the blending of qualitative and quantitative approaches. The research methodology refers to the actual data collection and analysis approaches of both the quantitative and qualitative data within this single study.

Botma, et al., (2010:255) described the mixed method design “a class of research where the researcher mixes or combines quantitative and qualitative research approaches techniques, methods, concepts or language into a single study”.

In this study, the researcher integrated both qualitative and quantitative research designs as well as a concept analysis in an attempt to develop and present a better understanding of the concept “intrapreneurship” within a specific context. A convergent, parallel mixed method approach that incorporated qualitative and quantitative designs, was used to address objectives 2, 3 and 4.

According to Creswell (2009:208) data collection for the mixed method design can either be collected sequentially or concurrently. Such an approach is confirmed by Amaratunga, Baldry, Sarshar and Newton (2002:19) who believe that qualitative and quantitative methodologies are not divergent towards each other, but rather that the focus is on different dimensions of the same phenomenon to compensate for possible weaknesses of a single method.

### **2.3.1 Philosophical Framework**

In reflecting on intrapreneurship, the lean towards individual creative abilities and actions coupled with organizations that make use of such social capital availed to them seems to be two central tenets. The presence of both meaningful organizational processes and intrapreneurial individual or project teams strengthen an organization’s performance and its ability to be innovative and provide a better service (Gapp and Fisher, 2007; Un, 2010).

Sun and Pan (2011:274) adds the importance of a market orientation that seeks to truly understand and meet the needs of customers or consumers. A necessary feedback loop and regenerative strategy relate to employee satisfaction – employee satisfaction positively associated with intrapreneurship (Antoncic and Antoncic, 2011). Figure 2.1 portrays the main assumptions possible relationships between these assumptions. The main assumptions relate to meeting client needs, putting

organizational processes in place and fostering individual and group intrapreneurial initiatives.

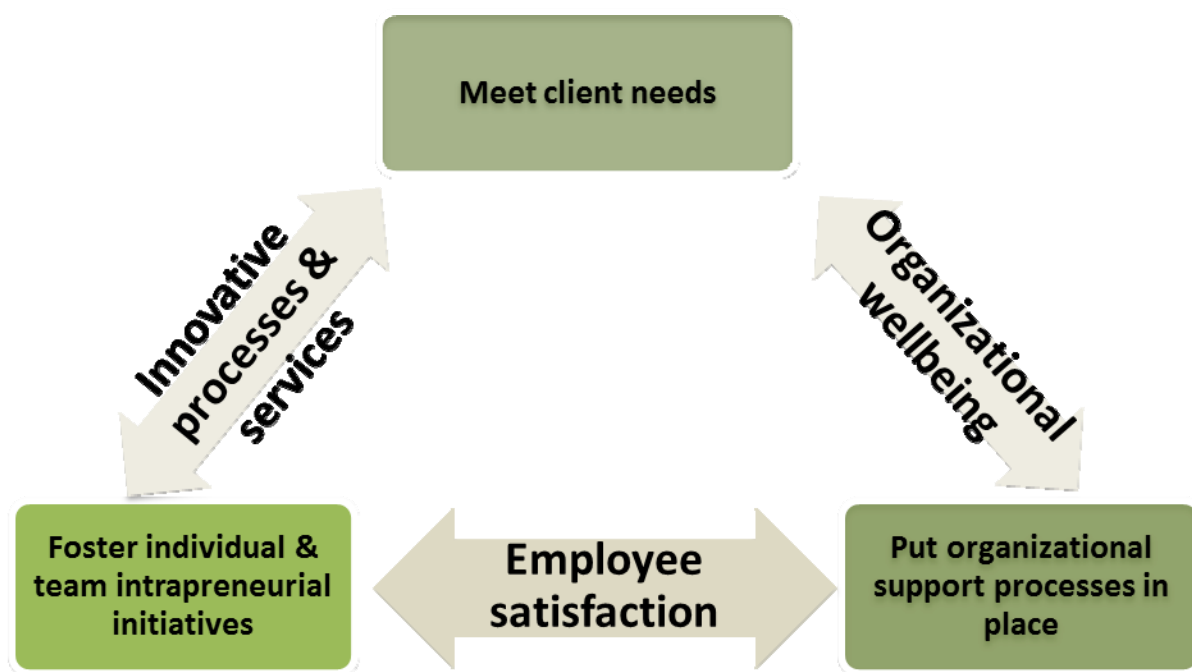


**Figure 2.1: Assumptions on meeting clients' needs, organizational support processes fostering individual and team intrapreneurial initiatives**

#### 2.3.1.1 Pragmatism

The paradigm debate, or as some call it, the paradigm “war”, has been reigning for many years since Popper in the late 1930s and Thomas Kuhn in the 1960s. They clearly delineated the essence and attributes of a paradigm, especially in the realm of Science. A paradigm delineates a theoretical or thought framework or, more simply stated, it delineates a set of beliefs that guides action. These relate to knowledge (epistemology), reality (ontology), axiology (ethics) and inquiry (methodology) (Bazeley, 2004; Hammersley, 2007; and Mertens, 2010). The quantitative paradigm is generally considered to be post-positivistic – emphasizing reductionism, determination, empirical observation as well as measurement and theory verification. The qualitative component is considered to be interpretive – oriented toward the real

world, real problems and the consequences of actions (Creswell, 2003; Sale, Lofeld and Brazil: 2002: Online).

The American philosophers, Charles Sanders Peirce, William James and John Dewey, introduced the world to pragmatism as a philosophy (Johnson and Christensen, 2008:1). The philosophy of pragmatism as defined by Teddlie and Tashakkori (2009:342) is a *“deconstructive paradigm that debunks concepts such as ‘truth’ and ‘reality’ and focuses instead on what works as the truth regarding the research questions under investigation”*. Teddlie and Tashakkori (2009:342) purport that pragmatism rejects the choices associated with paradigm wars.

### 2.3.1.2 Pragmatism and the mixed method research design

The convergent, parallel mixed method research methodology is for those firmly rooted in the pragmatic paradigm. This recent research method movement that developed over the last 20 plus years, is received comfortably by the inherent pragmatist attributes of being practical, flexible and multi-perspective (De Lisle, 2011). Creswell and Garrett (2008) underline the need to better define, for example, implicit philosophical assumptions.

Researchers accept the pragmatist paradigm to advocate a research design and methodology that is truly fit for a purpose – the approach or approaches that will best answer the research question, refusing to join the quantitative or qualitative research paradigm (Creswell, 2003). Within the arena of management and education, research with such an approach, makes sense. Here the harmony between design, data collection and applicability of the findings, is considered important. The pragmatism school of thought is centred on the premise that the researchers should use the research approach that works best in situations in the real world. The pragmatists believe that *“what works is what is useful and should be used regardless of any philosophical assumptions or paradigm assumptions”* (Johnson and Christensen, 2008:1).

According to Teddlie and Tashakkori (2009:98), the pragmatist approach is distinguished from the quantitative approach. This approach is primarily based on a



philosophy of positivism and the purely qualitative approaches that are primarily based on a philosophy that is interpretive or constructive. They emphasize that the relevance of a pragmatic approach, within the convergent, parallel mixed method design, rests on the premise that it shares meanings and a joint action among researchers, rather than focusing on one philosophical stand point as is the case with single or mono strand research studies.

In an attempt to assist our understanding of pragmatism, Creswell (2009:10-11) highlights the characteristics thereof as follows:

- Pragmatism is not committed to any one system of philosophy and reality. Creswell considers this to be applicable to the mixed method research in that researchers draw freely from both qualitative and quantitative assumptions.
- The researcher has a freedom of choice with regard to research methods, techniques and procedures that best meet their needs and purposes.
- Pragmatists do not see the world as an absolute unity. Instead, they reflect on many approaches for collecting and analyzing data rather than subscribing to only one way. According to pragmatism, the truth is what works at the time.
- Pragmatism does not operate or support a dual between a reality independent of the mind or within the mind. Thus, investigators use both qualitative and quantitative data to provide the best understanding of the research problem at hand.
- A pragmatist researcher looks at both the “what and how” to do the research study.
- In an effort to clearly establish a purpose for the “mixing” of methods - a rationale for the reasons why both qualitative and qualitative data need to be used in the first place.
- Pragmatists agree that research always occurs in social, historical, political and other context. If one accepts this premise, then mixed method studies according

to Creswell (2009:10-11), may include “a *postmodern turn, a theoretical lens that is reflective of social justice and political aims*”. Through the acceptance of pragmatism, more doors are opened to a number of positive research practices such as multiple methods, different world views and different assumptions, as well as different forms of data collection and analysis (Creswell, 2009:10-11).

Another unique attribute which is common in the mixed method design according to Teddlie and Tashakkori (2009:26), is that researchers apply both deductive and inductive logic in a quite unique sequence described as an inductive-deductive research cycle. What can be observed is a movement from grounded results (observations and facts) through inductive inference, to that which are general (theory, conceptual framework and model). The authors highlight that the general inferences stimulate deductive inference which in turn determine the prediction of the hypotheses.

The mixed method design provides for a range of detailed and design descriptions or strands. In this study the convergent parallel mixed method design was considered appropriate where quantitative and qualitative strands of study occur in a parallel manner, either starting simultaneously or with some time lapse (Teddlie and Tashakkori 2009:27). With merging and interpretation of the findings of this study, a framework to foster intrapreneurship within unit/operational nurse managers, will emerge.

### **2.3.2 Advantages of the mixed method design**

The convergent, parallel mixed method research design is considered meaningful for a number of reasons, e.g. in this research study, the ability to explore the meaning of a construct when applying this design, results in a range of perspectives. This study focused on a real-world problem: The understanding, presence and reality of intrapreneurship within unit/operational nurse managers - considering contextual realities and personal accounts thereof.

The researcher selected a pragmatic and exploratory approach – accepting that both qualitative and quantitative data would contribute to the understanding of the

problem. In the research study, results from both processes were linked to explore how quantitative data extended qualitative data and vice versa. It was considered meaningful. Understanding was further deepened by a controlled process of analyzing the concept of intrapreneurship.

Teddlie and Tashakkori (2009:33,318) and Denscombe (2008:272) further highlight a number of advantages of the mixed method design compared to a single method used in research. The mixed method design:

- simultaneously addresses a range of confirmatory and exploratory questions, using both qualitative and quantitative approaches;
- avoids intrinsic bias towards a single-method approach – this method is effective to develop a meaningful analysis and the building of initial findings using contrasting kinds of data or methods;
- can be utilized as an aid to sampling, for example, questionnaires used to screen potential participants for inclusion in the research study;
- improves the accuracy of data being collected by producing a more complete picture - combining information from a range of complementary kinds of data sources, thus, eliciting more dependable data;
- creates an opportunity for a greater assortment or range of divergent views and provides room for stronger inference;
- offers greater options for data analysis - hence creating more opportunities for making credible and meaningful inferences.

### **2.3.3 Disadvantages of the mixed method design**

The quantitative and qualitative research paradigms are not compatible in their philosophic essence. Sceptics lift out the difficulty of conducting convergent, parallel mixed method research due to its, supposedly, incompatible world views (Teddlie and Tashakkori 2009: 318). Major criticism according to Teddlie and Tashakkori

(2009:316), relate to the purist's perspective that views this method as a threat to (their) traditional methodologies. Other critics view the design as time consuming and therefore quite expensive.

It may be difficult for any researcher to be comfortable with, and to execute both qualitative and quantitative research methodologies, especially if done concurrently. The ability to effectively mix methodologies in a way that is convincing, scientifically sound and dealing amicably with, for example, conflicting or unrelated findings, is difficult (Johnson and Christensen, 2008:4). Due to its contemporary nature there is still limited literature available and therefore also a possibility of limited understanding (Johnson and Christensen 2008:4).

#### **2.3.4 Convergent parallel mixed method design**

The convergent, parallel, mixed method design in research is considered to improve integration of quantitative and qualitative methods within the same research project (Denscombe, 2008:272). This method creates a research design that clearly specifies the sequence and priority that is given to both the quantitative and qualitative elements of data collection and analysis. Within a convergent, parallel mixed method design, data collection takes place within the same phase of the research process and equal attention and priority is given to both. Both sets of yielded data are analysed independently - "mixed" or "integrated" data within the final stage during an overall interpretative and transformative phase (Bazeley, 2004; Hammersley, 2007). This phase could also be considered as the triangulation of data.

Currently, triangulation is considered an abused concept. Initially it was applied to parallel studies with different methods used to compare and contrast evidence pertaining to a singular phenomenon or construct. It is not a synonym for the mixed method design (Bazeley, 2004). Triangulation is most often defined as a way to increase confidence in the research data collected – providing a better understanding (Thurmond, 2001:254). However, Hammersley (2007) summarizes the view of Flick (1998:230); and Sale *et al.*, (2002) in stating that there has been a strong shift

towards seeing triangulation as merely a way to enrich and complete knowledge - to somehow acknowledge and overcome the limited *“epistemological potential of the individual method”*. Hammersley classifies this type of triangulation as epistemological dialogue or juxtaposition.

The convergent, parallel mixed method design was considered relevant to adequately address stated objectives of the study. In this study, the focus group and survey data collection took place simultaneously and analysed separately with “mixing or integration in the final stage. To address objective 2 and 3 of the study, qualitative data was elicited through the use of focus group discussions. This method was applied in order to obtain an understanding of intrapreneurship and the view of unit/operational nurse managers with regard to the conduciveness of the environment towards intrapreneurship. Discussions within the focus groups gave the researcher an opportunity to observe participants as they interact and to make meaningful notes in this regard. The focus group process also enabled the researcher to gain access to the participants’ verbalization of their general and specific interests, attitudes and experiences (Teddle and Tashakkori, 2009:203).

To address objectives 3 and 4 in this study, a descriptive survey design was used. The Intrapreneurial Intensity Index questionnaire (2003 developed and tested by Hill was applied (See Annexure A). Burns and Grove (2009:237) concur that descriptive quantitative designs are used to gain more information, and understanding of the characteristics of the group studied. Creswell (2009:10-11) emphasises that *“survey research provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population.”*

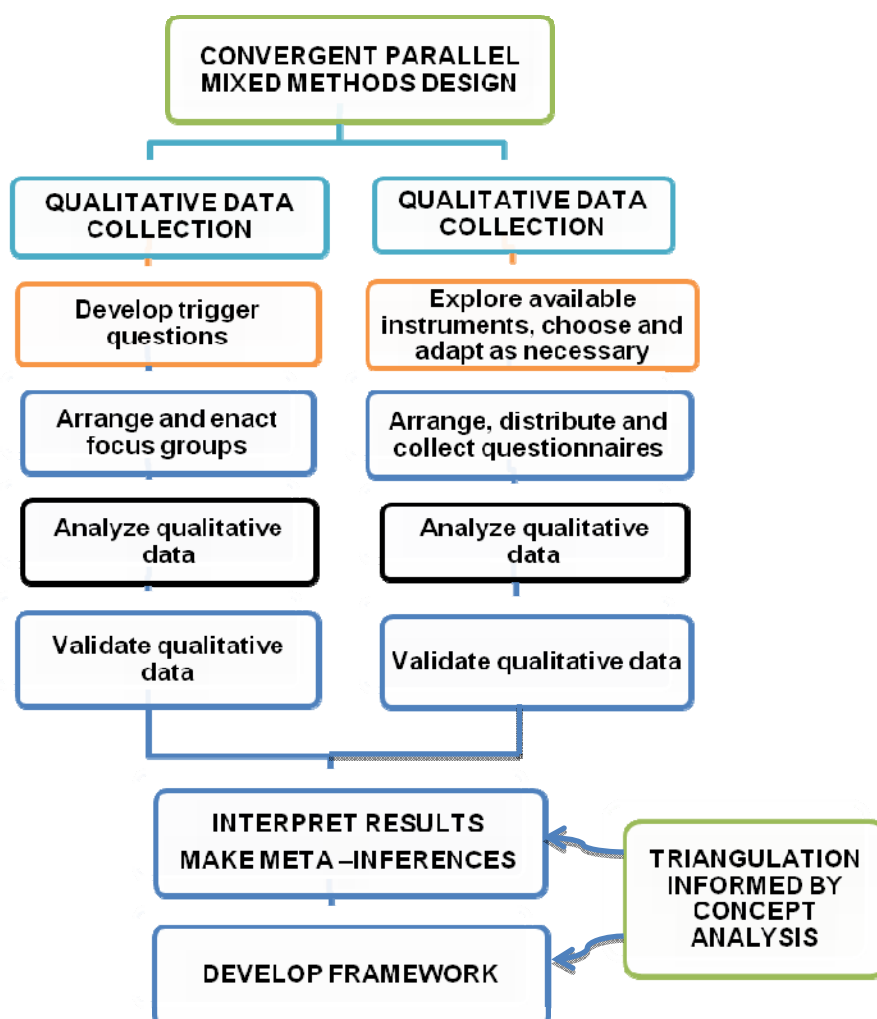


**Figure 2.2: Diagrammatic presentation of methodology**

## 2.4 RESEARCH STRATEGY – OBJECTIVE 2 AND 3

Research methods/strategies or techniques are “more specific techniques of data collection, such as a quantitative standardized instrument or a qualitative theme analysis of text” (Creswell and Clark 2007:4). In the qualitative phase of the study, focus group discussions, as a strategy, were used to collect data.

Objective 2 of the study explored the understanding and view of intrapreneurship by unit/operational nurse managers in the working environment, whilst objective 3 explored their views on the conduciveness of the working environment in facilitating intrapreneurship.

### **2.4.1 Focus groups discussions**

As proponents of focus group discussions, Morgan and Krueger (1993: Online) emphasise the significant role of the moderator in leading meaningful discussions through creating and sustaining the atmosphere which promotes meaningful interaction between the participants. The authors insist that such discussions should convey humane sensitivity, willingness to listen without participants being defensive, and the participants respect for opposing view.

“Focus groups” according to Teddlie and Tashakkori (2009: 335), “is a data collection strategy that occurs in an interactive interview setting in which a small number (preferably six to eight) engage in discussion in response to the moderator’s questions”. Botma, et al., (2010: 205) state that both the interview and focus groups discussions (qualitative data collection strategies) are social relationships designed to exchange information between the researcher and the participant(s). In such discussions the quantity and quality of information exchanged during these discussions, is often a direct outcome of the creativity of the interviewer or focus group facilitator.

In order to convene an effective focus group, Burns and Grove (2009:513) recommend that the following aspects be carefully considered;

- aim and objectives to be achieved;
- number of groups to be assembled as well as the number of individuals in each group;
- recruitment strategies and the possibility of locating sufficient people per group;
- appropriate venues that fits the needs of the participants
- Facilitator, interaction with participants, types of questions to be asked and how the data would be analyzed.

In this study, cognizance of the circumstances which could influence the success or failure of focus group discussions, were considered. To address objectives 2 and 3 of the study, an experienced facilitator in Mental Health Nursing Science led the focus group discussions with unit/operational nurse managers from the three

hospitals concerned. The researcher, being co-lecturing in Nursing Management at the university, was well known to the unit/operational nurse managers. As this might have influenced the participants and the results of the discussions, the researcher played the role of an observer and a note-taker. This arrangement enabled the participants to engage freely in the discussions with a facilitator who was not known by them in this context.

#### **2.4.2 Strengths of focus group discussions**

Focus group discussions provide a source of well grounded, rich descriptions and explanations of processes/systems (Amaratunga *et al.*, 2002:21). Bless and Higson - Smith, 2000:110), emphasize that rich data could be obtained from focus groups if conducted in an unstructured or semi-structured way. This will stimulate a rich or in-depth discussion among participants involved in the research study.

Another important requirement is the creation of a non-threatening and relatively permissive environment (Burns and Grove, 2009:513). Therefore, groups of participants in this study were relatively homogeneous, comprised of unit/operational nurse managers only. The researcher supported meaningful interaction by ensuring that members were comfortable with the language. The researcher also ensured that the participants had similar levels of professional education and status (Bless and Higson–Smith, 2000:110).

Focus groups are useful in the exploration of ideas. During focus group discussions, the participants interacted and conversed with one another to explore the questions at hand. The interaction enabled participants to acquire a deeper understanding of the issues under discussion. Focus group discussions also provide participants with an opportunity to learn from one another and to reflect on important dilemmas that they are confronted with (Teddlie and Tashakkori, 2009: 339).

Botma *et al.*, (2010:213) further indicate that such discussions through focus groups create a situation where the participants feel empowered and supported in a group situation. Participants share experiences with those whom they view similar to them. Teddlie and Tashakkori (2009:339) agree that focus groups allow the facilitator an opportunity to observe how the participants react to one another during these



discussions. This strategy also allows probing from the facilitator, thereby providing the opportunity to elicit rich information on the issue being discussed.

### **2.4.3 Limitations of focus group discussions**

Teddlie and Tashakkori (2009:339) identify that some of the key weaknesses of focus group discussions is that of being expensive in terms of time and possible cost. At times, discussions may be dominated by one or two participants and/or the facilitator could be considered biased. In order to overcome such identified pitfalls, the facilitator should allow equal opportunities for contribution to all members of the group - within an agreed time frame. Another possible concern according to Polit and Beck (2004:343) is that the dynamics of a group session may develop a group culture of ‘group think’. This could inhibit individual expression (and) determine who takes dominance during discussions. Skilled facilitation provides opportunities for all to participate by inviting other views and/or contributions consistently.

### **2.4.4 Trigger questions for focus groups**

Facilitators use a set of trigger questions to facilitate discussion, focus and to ensure adequate attention to all relevant aspects of the phenomenon under study.

The five trigger questions that were used are the following:

- What is your understanding of the concepts ‘intrapreneurship’ and ‘entrepreneurship’?
- The need to use the concepts entrepreneurship and intrapreneurship synonymous or interchangeably in this context, was in line with the understanding of Bosma *et al.*, (2010:8) who indicated that intrapreneurship could be viewed as a special kind of entrepreneurship. It was also accepted that participants may be not that familiar with the concept of intrapreneurship per se;
- In what ways does your hospital work environment foster intrapreneurship?  
Please provide examples.

- In what ways does your hospital work environment hinder intrapreneurship?  
Please provide examples.
- What can be done to make your hospital work environment more conducive to intrapreneurship? Please provide examples.
- What can be done to remove hindrances to intrapreneurship in your hospital work environment? Please provide examples.

#### **2.4.5 Focus group discussions in this study**

Before commencing with focus group discussions, the researcher ensured, that all participants were informed about the aim, benefits and relevant ethical considerations related to the study. Groups, consisting of five to ten participants, were held at the three hospitals. The duration of these sessions were about two hours. Focus group discussions continued until no new information emerged (Burns and Grove, 2009:513-14).

The selected participants received written confirmation of being selected for this research study. They were also informed about the study. Written, voluntary consent from the participants were obtained. To facilitate attendance, they were assured of a telephonic reminder a day prior to the beginning of the group discussions (Burns and Grove, 2009:513-14).

The researcher arranged a suitable venue, known to all participants, two weeks prior to commencement of group discussions. The researcher ensured that the selected venue was easily accessible, comfortable and that it would allow sitting arrangement in order to facilitate a better interaction between participants and the facilitator. Written consent was obtained and measures to maintain confidentiality were put into place, e.g. the use of pseudonyms. Audio tape quality recordings were made of all the group discussions.

Group discussions were meaningful due to facilitation that aimed at ensuring a safe and supportive communication environment. It is important to assure participants that all inputs and everyone's point of view are important. The facilitator ensured that all group members got an equal opportunity to contribute to and express ideas freely (Bless and Higson – Smith, 2000:111).

In order to further enhance focus group discussions, Botma *et al.*, (2010:213) suggest that the researcher should be on the lookout for trends and patterns that appear in either a single or various groups. Furthermore, aspects such as specific words, as well as in what context, it were used; internal consistency; frequency; extensiveness and specificity of comments. 'What was and what was not' should be closely observed and documented (Botma *et al.*, 2010:213).

#### **2.4.6 Unit of Analysis**

Botma *et al.*, (2010:291) define a unit of analysis as "a group of people, documents, event, or specimens that the researcher is interested in for collecting information or data from". In this study, the units of analysis included the population of unit/operational nurse managers allocated to the three public hospitals in Mangaung (Universitas, National, and Pelonomi hospitals). These hospitals were considered eligible for the focus group discussions. The total number of nursing unit/operational managers in these three public hospitals was 104. Therefore, this group of managers constituted the unit of analysis for this study.

#### **2.4.7 Sampling**

Teddlie and Tashakkori (2009:169) define sampling as "the selection of the unit of analysis (e.g. people, groups, artefacts, settings) in a manner that maximizes the researcher's ability to answer research questions". Burns and Grove (2009:42) on the other hand, perceive sampling as "a process for selecting a group of people, behaviours or other elements with which to conduct a study". Embedded within the second definition by Burns and Grove, the researcher has to go through the preliminary order, although it provokes initiative, to select the ideal sample.

#### 2.4.7.1 Purposive sampling

The purposive sampling technique is primarily used in qualitative studies. Purposive sampling is defined as the “*selection of units based on specific purpose associated with answering research study’s question*” (Teddlie and Tashakkori, 2009:22,171). Through purposive sampling the researcher includes consciously selected participants, elements, events or incidents in a study. According to Bless and Higson-Smith (2000:92) and (Burns and Grove, 2009:355), the purposive sampling method is based on the judgement of the researcher regarding the characteristics of a representative sample. Through the purposive sampling technique, the researcher might decide to select the participants, who are regarded as being typical of the population or those that are perceived to be knowledgeable about the issues being studied (Polit and Beck, 2004:294).

A homogenous purposive selection of unit/operational nurse managers working in the three Mangaung hospitals was carried out. Qualitative studies, unlike quantitative studies, do not focus on the number of participants per se, but rather on the quality of data obtained. The principle of data saturation was applied. Therefore, the number of unit/operational nurse managers who eventually participated in the qualitative research phase of this study was influenced by the saturation of data obtained within the focus group discussions (Teddlie and Tashakkori, 2009: 22,179).

According to Teddlie and Tashakkori (2009:22,179), purposive sampling, in the convergent, parallel mixed method design, has specific characteristics. It is not limited to the generation of a sample that will address the research questions and the search for a form of generalizability (transferability) of the study. The author emphasises that the sample size is small (usually 30 or fewer cases) and focuses on the depth of information generated.

#### 2.4.7.2 Sample size

Burns and Grove (2009:361) purport that quantitative studies emphasise the need to use larger samples in order to identify relationships among variables or to determine differences between groups. On the contrary, the main focus of qualitative studies

are set on the quality of information from the participant, situation or even of documents (Burns and Grove, 2009:361). The size of the sample required in qualitative studies is determined by the depth of information that is required in order to gain insight into the phenomenon of interest, to describe the cultural element, to developing a theory or a description of a historical event (Burns and Grove, 2009:361).

According to Burns and Grove (2009:361), the important factors to be considered in determining the sample size in order to achieve saturation of data, are the scope of the study; the nature of the topic; quality of data and the design of the study. Mason (2010: 2) on the other hand, indicated that the following seven factors may affect the size of a sample:

- heterogeneity of the population;
- number of selection criteria;
- extent to which nesting of criteria is needed;
- groups of special interests that require intensive studying;
- multiple samples within the study;
- types of data collection methods used ;
- the budget and resources available.

The three hospitals utilized in this study had an average of 35 unit/operational nurse managers. The researcher convened focus group discussions with a minimum of nine unit/operational nurse managers in every hospital.

Qualitative studies are anchored in the depth of information rather than the largeness of the sample size (common to quantitative studies). This is further extrapolated by Burns and Grove (2009:361) when they indicate that in qualitative studies “*the number of participants is adequate when saturation of information is achieved in the study area*”. In this study the researcher applied a similar principle of saturation. Therefore the completion of the entire focus group discussions, exercised at the different hospitals, was influenced by this principle (saturation of data).

### 2.4.7.3 Eligibility/Inclusion criterion

Polit and Beck (2004:290) define the eligibility/inclusion criterion as “*the criterion that specifies population characteristics*”. Significance of the eligibility/inclusion criterion, according to Botma *et al.*, (2010:124), is based on its ability to determine who should be included in the population of the study. Polit and Beck (2004:290) expand further on the importance of inclusion criteria in that “*it reflects considerations - other substantive or theoretical interests.*”

Expanding further on the inclusion criteria, Polit and Beck (2004:290) highlight some of the following issues that should be considered; costs, practical concerns, people’s ability to participate in a study and the research design. Some of the issues that were considered to be relevant inclusion criteria, in the selection of the participants, included homogeneity of the group of unit/operational nurse managers from the three public hospitals. In terms of being professional nurses, the position they occupy the use of English as the commonly spoken language in these specific care contexts, the selected sample agreement to participate in the study. The category of unit/operational nurse managers was quite relevant due to their frontline position in the organizational structure of the public health care sector responsible for the delivery of quality nursing care even in complex situations.

### 2.4.8 Exploratory pilot study

According to Teddlie and Tashakkori (2009:203), a pilot study or a feasibility study is either a small scale implementation of the research strategies or a set of steps that are taken to ensure quality of future data collection procedures. Through a pilot study the researcher sets a stage for the project whereby a small amount of data is collected, using a limited number of participants to “test drive” the inherent approaches, procedures and instruments. This exercise helps the researcher to identify possible problems in data collection protocols and for the actual study.

The researcher conducted an exploratory pilot study for stage one by selecting a small group of professional nurses from the post graduate class who might not necessarily be unit/operational nurse managers. The researcher ensured that the

participants in the exploratory pilot group were not allocated to any of the three hospitals which form part of the three study sites. The researcher introduced the purpose of the study to these post graduate students and invited their participation in the exploratory focus groups. The participants were made aware that the focus group discussions will be audio taped. Ten students agreed to participate in the focus group discussions and appointments which were suitable to the prospective participants, were made.

A follow up reminder for the exploratory pilot focus group session was sent to participants through e-mail, by phone and cell phone text messages. Before starting with the discussions, participants were requested to sign informed consent. One focus group session was conducted by an experienced qualitative researcher who recently completed her doctorate studies. The selected venue within the facilities of the School of Nursing allowed discussions to take place without any interruptions. Feedback received from the groups was discussed with two experienced researchers in order to facilitate adjustments to questions - if any were necessary.

In line with the policy of the University of the Free State which aims at protecting students from any harm, the researcher sought permission from the following University authorities:

- Head of the School of Nursing (Annexure G)
- Vice Chancellor Student Affairs (Annexure H)
- Dean of the Faculty of Health Sciences (Annexure I)

Permission was granted by above mentioned University of the Free State authorities before commencement of exploratory pilot study (See Annexure(s): G, H, and I).

#### **2.4.9 Data Collection**

Data collection for stage 1 was conducted in the three different public hospitals situated in Mangaung, Free State. This process took approximately two months and was influenced by the availability of participants. The researcher made appointments with the Nursing manager in charge of each hospital concerned. In one hospital in particular, the focus group discussions were convened during the same afternoon but

at different times, because that was the only time available for the different units. However, in other hospitals, one focus group session was convened. The discussions were held from 1400 to 1600 hours while most of the routine work was completed – participants found this arrangement suitable. Focus groups were held in every one of the three hospitals and continued till data saturation was reached.

During the focus group discussions, the facilitator used relevant communication skills to encourage the participants to freely engage in the discussions without feeling intimidated, e.g. communication skills such as paraphrasing, probing and reflecting were used. The facilitator for the study had successfully completed a doctoral degree in Nursing Education and Mental Health Nursing, therefore, her psychotherapeutic skills and understanding of qualitative research assisted her in managing focus group sessions. Audio tape recorders were also used to record discussions and to give evidence that ethical principles of confidentiality and anonymity were met at all times.

#### 2.4.9.1 Entry into setting

Teddlie and Tashakkori (2009:190) emphasize the importance of setting the stage before collecting data. The researcher needs to take a number of actions into account in order to increase the chances of success in acquiring permission and resultant opportunities needed for data collection.

Polit and Beck (2004:69) emphasize that gaining entry into the site involves negotiations with gatekeepers who have the authority to permit entry. Therefore, at the qualitative data collection stage of this study, the researcher sought permission from the Head of the Department of Health (HoD) in the Free State for initiating the research project (Annexure E). Permission was also sought from the management of the concerned institutions (Annexure F1, F2 and F3). Formal communication sessions were arranged with participants requesting their participation (Annexure(s) C and D). Approval was granted by the Ethics Committee: Faculty of Health Sciences of the UFS (Annexure K).

Permission granted by the Free State Department of Health was forwarded to the Management of the institutions, selected for the research study, for their information. A telephonic reminder to participants and the management of the relevant hospitals



followed with regard to the appointment for data collection (date and time). The managers arranged meetings with the training coordinators to provide the researcher with a list of unit/operational nurse managers. A meeting, where the researcher presented all the details of the study to all the unit/operational nurse managers, was organized.

In some hospitals, e.g. the Universitas Academic Hospital, the hospital manager personally organized the meetings. In such meetings, the purpose of the research study was presented to the unit/operational nurse managers and thereafter, the researcher requested them to participate in the study. The unit/operational nurse managers, who agreed to participate in the study, were given consent forms to sign. Thereafter, appointments were made with the relevant participants. Participants were assured that the consent signed, was not binding and that they were free to terminate their participation at any stage of the research, if they wish.

Prior to the commencement of the focus group discussions, participants were informed of the aim of the study and approaches that will be used (Annexure(s) C and D). The participants were also ensured that anonymity and confidentiality would be maintained throughout the research study. Participants were made aware that the focus group discussions might last up to two hours in the appointed venue. The venue selected, offered the needed privacy and was free from human and electronic distractions - thus enhancing meaningful group discussions.

Burns and Grove (2009:430) emphasize that data collection in qualitative studies occurs simultaneously with data analysis. This involves the researcher as a whole person who directly perceives, reacts, interacts, reflects, records and attaches meaning to interactions. In focus group discussions, the researcher's good communication skills, knowledge background on the subject matter, friendliness and humor are great assets that determine the success of the discussions (Botma *et al.*, 2010:212-213).

#### 2.4.10 Measures to enhance trustworthiness

Shenton (2004: Online) states that “trustworthiness in qualitative research more often than not questioned by positivists because their concepts of validity and reliability cannot be addressed in the same way in naturalistic work”. In this study, data elicited through focus group discussions would be considered trustworthy by adhering to expected standards of convening, documenting and analyzing of such discussions. Lincoln and Guba, 2004: (1985) agree that trustworthiness can be ensured through credibility, dependability, confirmability and transferability. Therefore, in order to enhance trustworthiness in the focus groups discussions on “intrapreneurship”, the researcher adhered to these qualitative research principles.

Lincon and Guba (1985) also acknowledge Merriam’s (2009) strategies to promote trustworthiness of the results to include:

- triangulation , or multiple sources of data as evidence;
- members checks, or arranging for those who provided data to evaluate the conclusion;
- saturation, or continuous data collection to the point where more data add little to regularities that have already surfaced;
- peer review, or consultation with experts;
- audit trail, or the detailed record of data collection and rationale for important decisions;
- thick description, or providing rich detail of the context of the study;
- plausible alternatives, or the rationale for ruling out alternative; explanations and accounting for discrepant (negative cases).

##### 2.4.10.1 Credibility

Credibility refers to confidence in the truth of data and its interpretation which is enhanced by prolonged engagement with participants (Polit and Beck 2008:539; Botma, *et al.*, 2010:234,292). Teddlie and Tashakkori (2009:209) define credibility as *“whether or not the researcher’s writings are credible to the constructors of the original multiple realities.”*

Measures aimed at ensuring credible results in qualitative studies are based on the similar principle of validity and reliability common to quantitative studies (Lincon and Guba, 1985). The authors acknowledge the daunting task of qualitative researchers in handling massive data elicited, and its transformation into credible information. However, according to Lincon and Guba, (1985). credible results depend on the background and creativity of the qualitative researcher in. Nevertheless, interpreters of data are tasked with organization of data in order to yield credible results, through coding and modifiable system of categorizing information so that data 'speaks' to the reader.

As recommended by Lincon and Guba (1985) as cited by Shenton (2004: Online), in convening focus group discussions, the researcher adhered to the following measures which ensure realization of credible results:

- adoption of research methods well established in qualitative investigation and in information science;
- development of an early familiarity with culture of participating organizations;
- triangulation;
- sensitive strategies to help ensure honesty in informants when contributing data;
- interactive questioning;
- negative case analysis;
- frequent debriefing sessions;
- peer scrutiny of the research project.

Furthermore, the following measures also assisted the researcher in improving credibility of the study:

- the relatively long duration of the focus group discussions;
- clarification of meaning within groups;
- the search for data saturation;
- the truthful transcription and analysis of data;
- field-notes and the detailed documentation of observations made by the researcher.

#### 2.4.10.2 Dependability

There is an inherent relationship between dependability and credibility in qualitative research - dependability also being linked to careful description of the research processes and procedures so that others can replicate the study in similar or different contexts. However, according to Teddlie and Tashakkori (2009:209), dependability is concerned “with the extent to which variation in a phenomenon can be tracked or explained consistently using the human instrument across different contexts”. In this study, dependability was strengthened by the use of data from three different sites and through the number of focus groups conducted. Dependability was also enhanced through a careful description of the data collection, analysis and inference processes.

#### 2.4.10.3 Confirmability

Confirmability is comparable to objectivity and the utmost care needs to be exercised to ensure that the findings rest on the understanding and views of the unit/operational nurse managers and not those of the researcher (Shenton, 2004: Online). Any researcher bias and predispositions were documented in the research report, inclusive of a reflective commentary. It is also at this point that the value of triangulation was important – the data obtained from the Hill’s Intrapreneurship Intensity Index questionnaire (2003) provided more or differently structured information on, for example, the organization and its conduciveness to intrapreneurship (Annexure A).

Other measures of confirmability obtained by the researcher included:

- saturation of data;
- thick description yielded from the participants’ discussions; and
- using purposive sampling.

Confirmability also refers to congruence between several individuals or groups (Polit and Beck, 2008:539); Botma *et al.*, 2010:292). In this study, two experienced independent reviewers listened to samples of the audiotapes, reviewed the transcriptions and reflected on the categories and themes developed to ensure congruency between the data collected, the analysis process and the eventual description and reporting of findings.

#### 2.4.10.4 Transferability

In this study, the researcher provided adequate contextual information for the reader to make such the transfer of findings and inferences, was possible. It would also be possible to repeat the study in other contexts. Examples of such wide-ranging descriptions would be a detailed report on the research design, sampling, data collection and analysis processes (Botma *et al.*, 2010:292).

#### 2.4.11 Ethical Considerations

##### 2.4.11.1 Competence of researcher

The researcher is a lecturer in Health care Service Management at the Free State University School of Nursing. The researcher was formally prepared in research methodology and was supported by two experienced supervisors in this study, especially as related to qualitative research methodology.

##### 2.4.11.2 Competence of facilitator of focus groups

Burns and Grove (2009:515) agree that the importance of selecting a competent facilitator as being quite crucial to be able to elicit the quality of data that is required, thereby improving the trustworthiness of the results. A good facilitator powerfully influences the process of interaction among the participants during the discussions. Such influence could either be positive or negative. A successful facilitator encourages the participants to interact with one another by formulating new ideas and drawing out cognitive structures that were not previously articulated (Burns and Grove, 2009:515).

In this study, an experienced researcher on qualitative data collection methods was selected to facilitate focus group discussions. The facilitator holds a Doctoral degree and has supervised a number of post-graduate students in qualitative research.

##### 2.4.11.3 Respect for human dignity and autonomy

Brink, Van Der Walt and Van Rensburg (2006:32) argue that research participants have a right to self-determination. To be able to allow this, participants were fully

informed with regard to the nature of the study before the process of data collection even began. This included the right to refuse participation, the researcher's responsibilities, and the possible risks and benefits of participation (Polit and Beck, 2008: 147).

Further, prospective participants had the right to decide voluntarily whether they would like to participate in this study or not. The researcher did not apply any form of coercion (Polit and Beck, 2008:147). The participants were informed that they could withdraw at any time from this study. The participants were also made aware that they could refuse to give information to the researcher without the risk of penalty and prejudice.

Participants were also assured of the confidentiality of the audiotape recordings, therefore the use of pseudonyms or codes for identification and of collating various pieces of data as a collective finding (e.g. themes) was done. Participants were also informed that the audio tape recordings will be securely conserved and would be destroyed as soon as the report and study process were completed.

#### 2.4.11.4 Justice

Treating participants fairly and equitably before, during and after participation in this study, was important (Polit and Beck, 2008:149). The researcher selected a homogenous group of unit/operational nurse managers which afforded them the opportunity to participate in the comfort of members of their peer group. Participants were also treated equally by respecting their inputs during the conversations and allowing fair opportunities for participation. The researcher took care that participants were protected from any form of exploitation, for example, data elicited from focus groups discussions was only used for the purpose of this research study (Polit and Beck, 2008:145). The researcher, facilitator and participants agreed on venues where the discussions would take place. Such venues were comfortable and facilitated meaningful interaction.

#### 2.4.11.5 Informed consent and permission

According to Teddlie and Tashakkori (2009:199) informed consent refers to “a participant’s agreement to participate in a research study, with explicit understanding of the risks involved”. In this study, the researcher generated and distributed consent forms to the potential participants prior to the commencement of focus groups discussions (Annexure C). Detailed information which covers different facets of the study was also provided to the participants before they signed any consent to participate (Polit and Beck, 2008:151). The researcher sought permission from the participants (Annexure D) after the go-ahead had been granted by the Free State Department of Health.

#### 2.4.12 Data Analysis

Data analysis is the systematic organization and synthesis of research data into smaller and more manageable units in order to facilitate understanding (Burns and Grove, 2009:61). In this study, qualitative and quantitative strands of data collection occurred in a parallel way. Thereafter, inferences were made on the basis of the results obtained from each strand and it were integrated or synthesized to form meta-inferences at the end of the study (Teddlie and Tashakkori, 2009:266).

##### 2.4.12.1 The process of data analysis

In this study, the researcher used a parallel mixed method data analysis. This method involves two separate processes; a quantitative analysis of data (using descriptive statistics for the appropriate variables) and in the case of qualitative analysis of data (using a thematic analysis relevant to and embedded in the narrative data), according to Teddlie and Tashakkori (2009:266). Although the two sets of analysis were relatively independent, each provided an in-depth understanding of the phenomenon under investigation.

##### 2.4.12.2 Analysis of qualitative data

Creswell (2009:192) suggests the following steps in the analysis of qualitative data and they were applied to the study at hand:

The researcher organized raw data from transcripts and field notes. This involved transcription of the focus group discussions, typing field notes and arranging data into different types - depending on the source.

- The researcher immersed herself in the data to firstly get a general sense of it all. An example would be the identification of recurring thoughts or general ideas as verbalized by the participants, the tones used expressing such ideas, the depth of information as shared or not shared by others and other observations.
- The process of coding entails the organization of material into chunks or segments. In this study, data was clustered into categories or nodes and was then labeled appropriately. Each of these clusters was supported by verbatim quotes from the participants. Creswell (2009:192) emphasizes that careful review of transcribed material is critical to identify new categories or sub-categories emerging.
- The researcher created or affirmed the final categories (concepts to be used) and linked material that belonged to each category. Where necessary, the researcher recoded already coded data when new insights emerged.
- The researcher described the interconnected themes and categories in a rich narrative, supported by quotes from participants. This was followed by an interpretation of the meaning of the data as analyzed.
- The researcher also generated a description of the setting, the participants and the context/setting in which the focus groups took place.
- Creswell (2009:192) affirms that qualitative data analysis involves making an interpretation of data, answering questions such as lessons learned, personal interpretations, interpretations affirmed or not by literature and insights added by other sets of data in the same study.

To strengthen the data analysis process, a co-coder with substantial experience in qualitative data analysis was used to analyze a sample of the data concurrently, but independently. Thereafter, the researcher and the co-coder discussed the categories



and themes identified. The two engaged in conversation to reach consensus. The co-coder was a PhD student who is experienced in qualitative data analysis.

## **2.5 RESEARCH STRATEGY – OBJECTIVE 4**

Objective 3 explored the conduciveness of the environment to intrapreneurship, whilst objective 4 explored the intrapreneurship attributes of unit/operational nurse managers. In this study a descriptive survey, using an established instrument, was conducted to reach these objectives.

### **2.5.1 Research strategy**

Quantitative survey research design is a systematic method for data collection, with the goal of predicting population attributes or behaviours. Predetermined questions are presented in a prearranged order to a sample that is usually representative of the population of interest (Teddle and Tashakkori, 2009:25). In quantitative studies, the design determines the intervention used by the researcher, the methods used to control extraneous variables, the timing and location of data collection and information to be provided to participants (Polit and Beck, 2004:196).

Teddle and Tashakkari (2009:233) indicate that when questionnaires are used in mixed method research, the researcher is employing a strategy in which participants use self-reports to express their attitude, beliefs and feelings towards a topic of interest. Burns and Grove (2009:44) concur that in quantitative research, data collection involves obtaining numerical data to address research objectives, questions, or hypotheses. Polit and Beck (2004:318) also emphasize that data for quantitative studies are often collected according to a structured plan that indicates, for example, *“what information needs to be gathered, how to gather and how to analyse it”*.

### **2.5.2 The Instrument**

The instrument used in this study was the Intensity Index (III) questionnaire (2003) by Hill (Annexure A). This instrument was developed as part of a Masters' Degree study in Industrial Psychology, using a South African setting. The model of Tushman and Nadler (1997), called the Congruence Model for Organizational Analysis, was used

as a conceptual framework in the instrument design process, supported by current literature. Hill conceptualized six constructs and related criteria (inclusive of Tushman and Nadler's four elements).

These six constructs, as defined by Hill (2003:84), are;

- **Task:** What the organization does in the context of intrapreneurship, inclusive of the basic or inherent work activities or functions that are performed by the organization and its sub-units;
- **Myself as an employee:** The individuals that make up the organization and perform various tasks in the organization;
- **About the organization and its systems:** Refers to structure and the formal configuration of individuals and groups in terms of tasks, responsibilities and authority;
- **About rewards:** Reflects on organizational policies that provide incentives and motivation to employees to do well;
- **About leadership in the organization:** Focuses on the characteristics of individuals that direct and inspire an organization;
- **About organizational culture:** Refers to the set of shared and often implicit assumptions that the group hold thereby influencing thoughts, values and reactions to the environment.

The original instrument consists of 60 items using an ordinal rating scale. Participants have to rate each of the above six constructs within ten items, indicating an option that best reflects their opinion. The scale allows directional rating from; strongly agree to strongly disagree, with a total of five options.

The questionnaire was tested by Hill for validity and reliability using a sample size of more than 500 individuals that consider themselves as forward thinking, across large

organizations in South Africa. Hill used the following reliability measures: Test-Retest reliability, split-half reliability and a pilot case study. With the test-Retest reliability, a measuring instrument was administered to the same group at two different times. The results were analysed using item analysis after which the instrument was redesigned in electronic format.

A pilot case study was then conducted to test the reliability of the instrument, and in the final instance, the questionnaire was redistributed to a sample of six organizations that are considered to be 'intrapreneurial' and two that are so-called 'non-intrapreneurial'. The data from this sample was used to test the validity of the Intrapreneurial Intensity Index and to demonstrate its application. The final sample consisted of 30 different organizations that included large corporations, governmental organizations, schools, universities and hospitals. Preliminary permission was sought from the relevant university and study leader for which permission was granted (Annexure J).

Within this study, limited adjustments to the questionnaire were made by the researcher to suit the public health care setting. The researcher needed to use concepts more familiar, for example, not "products" but "services and/or programmes". Further pilot testing of Hill's questionnaire was performed by the post-graduate nursing students from the School of Nursing who were requested to check it for, e.g. typographical errors and clarity of questions. Feedback that was received led to a few adjustments which were made on the questionnaire.

The researcher also organized an introductory section that briefly explained the questionnaire and the time it would take to complete. Biographical data from the participants was also obtained in a total of eight questions. These related to, for example age, gender, length of service and were considered valuable to better describe the realization of the sample.

### **2.5.3 Seeking Permission And Distributing Questionnaire**

Permission was sought from the institutions that participated in this part of the study (Annexure F1, F2 and F3). Permission was sought from Hill who unfortunately could not be reached, and the supervisor at Rhodes was instead contacted. He granted

permission on the grounds that he participated significantly in the study (Annexure J). Permission was also sought from the different authorities of the University of the Free State, namely; Head of School of Nursing (Annexure G); Dean of Faculty of Health Sciences (Annexure I); Vice Chancellor of Academic affairs (Annexure H). Prior to completion of the questionnaires, consent forms (Annexure C) were completed by participants. Participants were requested to, in their own time; complete the questionnaire within one week. Thereafter, the researcher collected completed questionnaires from participants themselves at different hospitals. Contact details of the researcher were included in all questionnaires to allow participants to contact the researcher if they needed further clarity on the questions.

## **2.5.4 Population and sampling**

### **2.5.4.1 Population**

In quantitative studies, the term “population” is used to describe the entire community of participants in a study. According to Burns and Grove (2009:42), a population refers to “*all the elements, individuals, objects, or substances that meet criteria for inclusion in a given universe*”. A total number of 104 unit/operational nurse managers were employed in this capacity at the three public hospitals used in the study, thus comprising the population of the study.

### **2.5.4.2 Sampling**

Burns and Grove (2009:42) define sampling as a process for selecting a group of people, behaviours or other elements with which to conduct a study. In quantitative convergent, parallel mixed methods, probability sampling is predominantly used. According to Teddlie and Tashakkori (2009:179), some of the following characteristics are evident in probability sampling: Probability sampling;

- generates a sample that will address research questions and seek a form of generalizability,
- uses basic techniques with modifications that include the selection of cases that are collectively representative of the population. Such cases need to be large enough to establish representativeness (usually at least 50 units),

- focuses on the breadth of information generated by sampling units,
- often applies mathematical formulas, and a formal sampling frame,
- focuses on numeric data that can generate tough narrative data.

Unlike qualitative studies whose focus is mainly on the quality of data elicited, quantitative studies appreciate relatively large sample sizes to enhance generalizability and reliability. Attrition of the sample in any quantitative study is likely to occur due to different reasons. In this study, the population of unit/operational nurse managers was only 104, thus, relatively small. As a recommendation from the Bio-statistician, the researcher did not utilize a probability sampling technique. Instead, the entire population of unit/operational nurse managers was used as the sampling frame. This implied that participants, who had already participated in the focus groups, also took part in the quantitative stage of the study.

#### **2.5.5 Validity**

Burns and Grove (2009:43) emphasise that the selection of an instrument requires extensive examination of its reliability and validity. According to Burns and Grove (2009:380), the validity of an instrument determines the extent to which it actually reflects the abstract construct being studied. Polit and Beck (2004:422); Bless and Higson-Smith (2000:127) concur that validity is the degree to which the instrument measures what it is supposed to measure. The Intensity Index (III) questionnaire (2003) by Hill was validated as part of the researcher's Master of Arts study in Industrial Psychology, where approximately 500 participants from different organizations were used. Validity measures included face, content, construct and predictive validity. Hill (2003:90) identified different types of validity that include:

##### **2.5.5.1 Face validity**

According to Polit and Beck (2004:422) face validity refers to "*whether the instrument looks as though it is measuring the appropriate construct*". The authors emphasise that even though face validity should not be considered as the primary evidence for

the instrument, it is equally important to include face validity in an instrument - to add its authenticity which will have some influence for participation in the study.

The questionnaire was given to individuals with limited specific knowledge of intrapreneurship and they considered the questionnaire to appear valid. The use of a logo on the questionnaire also suggested that the study was legitimate, professional and therefore worthwhile (Hill, 2003:90). In this study, the researcher attached the logo of the University of the Free State on the adopted Intensity Index (III) questionnaire (2003) by Hill to improve the face validity.

#### 2.5.5.2 Content validity

According to Polit and Beck (2004:426) content validity concerns *“the degree to which the instrument has an appropriate sample of items for the construct being measured”*. This form of validity is relevant for both affective (relating to feelings, emotions, and psychological traits) and cognitive measures. For cognitive measurement, the questions asked include *“How representative are the questions on this test of the universe of questions on this topic?”* Furthermore, the relevance of content validity according to Polit and Beck (2004:423) should be reflected in the development of affective measures when designing an instrument. The questionnaire was reviewed by experts in the field of intrapreneurship, who confirmed its validity.

#### 2.5.5.3 Construct validity

According to Polit and Beck (2004:714), construct validity is the degree to which the instrument measures the construct under investigation. In this study, the different aspects of intrapreneurship were measured by applying the different categories of the Intensity Index (III) questionnaire (2003) by Hill. Burns and Grove (2009:380) perceive validity as a single method of measurement which is referred to as construct validity, also including content and predictive validity. Construct validity according to Polit and Beck (2004:425) seeks to answer this question as: *“What is this instrument really measuring? Does it adequately measure the abstract concept of interest?”*

Different approaches of construct validation have been used by several authors. Polit and Beck (2004:425) discuss the known-group technique which involves the application of an instrument to groups that are expected to differ in critical attributes. Furthermore, Polit and Beck (2004:426) identify another method of construct validation which involves examination of relationships based on the theoretical predictions. Construct validity involves the correlation and comparison of two statistical curves. If the curves highly correlate, it can be accepted that the instrument measured the same thing. The known-group technique was utilized on the intrapreneurial Intensity Index resulting in a correlation co-efficient of .80. This confirms construct validity of the instrument (Hill 2003:91).

#### 2.5.5.4 Predictive validity

According to Polit and Beck (2004:425), predictive validity refers to *“the adequacy of the instrument in differentiating between people’s performance on some future criterion”*. The known-group technique was used by Hill to measure predictive validity of the instrument. In addition, an exploratory factor analysis was also conducted on the data (Hill, 2003:92). According to Burns and Grove (2009:484), factor analysis *“examines interrelationships among large numbers of variables and disentangles those relationships to identify clusters of variables that are most closely linked together”*.

#### 2.5.5.5 Concurrent validity

Polit and Beck (2004:425) define concurrent validity as *“the instrument’s ability to distinguish individuals who differ on a present criterion”*. The authors emphasise that the difference in predictive and concurrent validity need to be based on the timing of obtaining measurements of a criterion. Only predictive validity was tested in this study.

### 2.5.6 Reliability

Reliability assesses how consistently the instrument measures a certain concept. According to Burns and Grove (2009:43), Bless and Higson-Smith, (2000:127) reliability denotes the consistency of measures obtained in the use of a particular measure. Reliability also measures quality and accuracy, for example, an instrument

that always gives the same score when used to measure an unchanging value, can be trusted to give an accurate measurement (Polit and Beck, 2004:416). Reliability indicates how many errors contribute to the observed score - the lower the score, the higher the chances of reliability (Salkind, 2008:111).

The instrument as designed underwent a number of reliability assessments, inclusive of a pilot case study, split-half and test-retest reliability.

#### 2.5.6.1 Test-Retest reliability

According to Teddlie and Tashakkori (2009:211), test-retest reliability is “based on the assumption that a test is reliable if the results of its repeated administration differentiate the members of the group in a consistent manner”. Test-retest reliability is evaluated by calculating the correlation coefficient in two tests administered to the same group. If the two tests accurately measure the same attributes, the correlation between the two should be strong (close to 1.00). Polit and Beck (2004: 416) emphasise that, in order to test the instrument’s stability, procedures that evaluate test-retest reliability are used. Researchers then administer the same measure to a sample on two different occasions and thereafter compared the scores.

Hill (2003:85) conducted two different tests to check the reliability of the questionnaire in discussion, using Test-Retest reliability. The statistical correlation of test 1 and 2 on the 6 different categories of the instrument, were conducted at different times and revealed the following results:

##### (a) Task innovation index

The results of the Test–Retest conducted on task innovation index indicated a high correlation between the answers given in test 1 and test 2. The reliability co-efficient (r-values) for every item is equal to or exceed 0.72. A total score of the two tests in this category provided a perfect correlation of  $r = 1.00$ .



**Table 2.1 Test – Retest Reliability Coefficients Task Innovation Index**

| ITEMS   | 1    | 2    | 3    | 4    | 5     | 6    | 7    | 8    | 9    | 10   | Total |
|---------|------|------|------|------|-------|------|------|------|------|------|-------|
| r-value | 0.81 | 0.85 | 0.72 | 0.84 | 0.887 | 0.98 | 0.84 | 0.74 | 1.00 | 1.00 | 1.00  |

**\*Source:** Hill 2003:85

(b) Intrapreneurial employee index

A Test–Retest conducted on the intrapreneurial employee index, indicated a high correlation between the answers given in test 1 and test 2. The r-values of items were very high, except item 6 which provided an r-value of 0.66. A high correlation of 0.86 in the total score of the two tests, were obtained.

**Table 2.2: Test–Retest Reliability Coefficients Intrapreneurial Employee Index**

| ITEMS   | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | Total |
|---------|------|------|------|------|------|------|------|------|------|------|-------|
| r-value | 0.95 | 0.95 | 0.78 | 0.83 | 0.72 | 0.66 | 0.99 | 0.97 | 0.87 | 0.92 | 0.86  |

**\*Source:** Hill (2003:86)

(c) Structural flexibility index

Results of the Test–Retest conducted on structural flexibility index, indicated a high correlation between the answers given in test 1 and test 2. All 10 items, except item 5, demonstrated r-values equal to or exceeding 0.74. A correlation of  $r=0.86$  was obtained between the two tests.

**Table 2.3: Test – Retest Reliability Coefficients Structural Flexibility Index**

| ITEMS   | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | Total |
|---------|------|------|------|------|------|------|------|------|------|------|-------|
| r-value | 0.98 | 0.98 | 0.96 | 0.96 | 0.65 | 0.75 | 0.74 | 1.00 | 0.93 | 1.00 | 0.91  |

**\*Source:** Hill (2003:87)

(d) Incentive policies index

The results of the Test-Retest conducted on incentive policies index, indicated a high correlation between the answers given in test 1 and 2. All 10 items, excluding item 7 in this category, demonstrated r-values equal to or exceeding 0.87. Item 7

demonstrated a value of 0.74, which is seen as a more satisfactory correlation. An exceptionally high correlation,  $r=0.93$ , was obtained between test 1 and 2.

**Table 2.4: Test – Retest Reliability Coefficients Incentive Policy Index**

| ITEMS | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | Total |
|-------|------|------|------|------|------|------|------|------|------|------|-------|
| R=    | 0.98 | 0.98 | 1.00 | 1.00 | 0.98 | 0.98 | 0.74 | 0.98 | 0.87 | 0.90 | 0.93  |

**\*Source:** Hill (2003:87)

e) Intrapreneurial leadership index

The results of Test-Retest conducted in the intrapreneurship leadership index indicated a high correlation between test 1 and 2. All items, except 10, showed exceptionally high correlation between the two tests. The total scores showed an exceptionally high correlation of  $r=0.96$  between the two tests.

**Table 2.5: Test – Retest Reliability Coefficients Intrapreneurial Leadership Index**

| ITEMS | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | Total |
|-------|------|------|------|------|------|------|------|------|------|------|-------|
| R=    | 0.97 | 0.97 | 1.00 | 0.96 | 0.88 | 0.93 | 1.00 | 0.97 | 0.91 | 0.61 | 0.96  |

**\*Source:** Hill (2003:88)

f) Intrapreneurial culture index

The results of the Test-Retest conducted with regard to the intrapreneurial culture index, indicated a high correlation between the two tests. All items demonstrate  $r$ -values equal to or exceeding 0.72. Total scores of intrapreneurial culture index, revealed a perfect correlation  $r=1.00$ .

**Table 2.6: Test – Retest Reliability Coefficients Intrapreneurial Culture Index**

| ITEMS | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | Total |
|-------|------|------|------|------|------|------|------|------|------|------|-------|
| R=    | 0.81 | 0.85 | 0.72 | 0.82 | 0.87 | 0.98 | 0.84 | 0.74 | 1.00 | 1.00 | 1.00  |

**\*Source:** Hill (2003:88)

### 2.5.6.2 Intrapreneurial Intensity index

The table below indicates the total sub-index correlations between test 1 and test 2. According to Hill (2003:88-89), there was a high correlation between the total scores of the Intrapreneurial Intensity Index. These scores suggested that the instrument could be regarded as reliable.

**Table 2.7: Test–Retest Reliability Coefficients of Intrapreneurial Intensity Index**

| Sub-index                        | Total score |
|----------------------------------|-------------|
| Task innovation index            | 1.00        |
| Intrapreneurial index            | 0.86        |
| Structural flexibility Index     | 0.91        |
| Incentive policies index         | 0.93        |
| Intrapreneurial Leadership Index | 0.96        |
| Intrapreneurial Culture Index    | 1.00        |
| Intrapreneurial Intensity Index  | 1.00        |

**\*Source:** Hill (2003:89)

### 2.5.7 Split-Half Reliability

According to Teddlie and Tashakkori (2009:211), the split-half reliability is determined by calculating the correlation between two halves of a test. The degree to which the results obtained from the two halves, correlate is an indication of the reliability of each of the two half tests. The formula used is called: “Spearman-Brown correlation” (Teddlie and Tashakkori, 2009:211). Split-half reliability tests are utilized for internal consistency. This method estimates reliability by treating each of the two parts of the measuring instrument as a separate scale within the questionnaire. Hill separated each sub-index into two sets of 5 items, each by using odd number of questions for group A, and even numbers for group B. Each set of questions were treated separately and scored accordingly (Hill, 2003:82).

The total scores for each response were calculated for both groups. The mean of the total score were compared by calculating correlations between group A and group B.

The correlations between the two sets were then adjusted, using Spearman's Brown formula in order to compensate attenuation. The average values were very similar, but with a slight difference in both groups. The r-values indicated a high correlation between the two groups (r-values were equal to or exceeded 0.68), indicating that the two sub-indexes produced similar results (Hill, 2003:83).

**Table 2.8: Mean, Correlation and Attenuated Scores for the 6 Sub-indexes Indexes**

| Sub-Index                        | Means   |         | Correlation Scores | Attenuated Score |
|----------------------------------|---------|---------|--------------------|------------------|
|                                  | Group A | Group B |                    |                  |
| Task Innovation Index            | 20.00   | 18.60   | 0.68               | 0.72             |
| Intrapreneurial Employee Index   | 18.85   | 19.65   | 0.86               | 0.90             |
| Structural Flexibility Index     | 16.20   | 16.75   | 0.75               | 0.94             |
| Incentive Policies Index         | 15.85   | 16.40   | 0.71               | 0.76             |
| Intrapreneurial Leadership Index | 18.50   | 18.70   | 0.84               | 0.87             |
| Intrapreneurial Culture Index    | 18.20   | 18.40   | 0.75               | 0.89             |

**\*Source:** Hill (2003:83)

The two groups of items were then correlated and assessed by computing Cronbach's alpha (Ca), which measures how well a set of items measure a single construct. Cronbach's alpha is not a statistical test, but a coefficient of reliability or internal consistency. Hill (2003:83) indicates that the reliability co-efficient of 0.80 or higher is considered acceptable.

**Table 2.9: Cronbach's Alpha and Guttman's Split-Half Reliability Scores for the 6 Sub-Indexes**

| Sub-Index                      | Cronbach's Alpha |         | Guttman's score |
|--------------------------------|------------------|---------|-----------------|
|                                | Group A          | Group B |                 |
| Task Innovation Index          | 0.65             | 0.81    | 0.79            |
| Intrapreneurial Employee Index | 0.72             | 0.72    | 0.92            |
| Structural Flexibility Index   | 0.79             | 0.80    | 0.85            |

|                                  |      |      |      |
|----------------------------------|------|------|------|
| Incentive Policies Index         | 0.57 | 0.63 | 0.81 |
| Intrapreneurial Leadership Index | 0.86 | 0.64 | 0.90 |
| Intrapreneurial Culture Index    | 0.82 | 0.86 | 0.85 |

**\*Source:** Hill (2003:84)

### 2.5.8 Pilot Study

Hill's questionnaire has already been piloted electronically among 40 employees. In this study, the researcher conducted another pilot study using Hill's instrument in order to confirm its relevance to the study group. The pilot study assisted the researcher to verify the usability of some technical concepts used within the Intensity Index (III) questionnaire (2003) by Hill. The researcher utilized a group of 8 post-graduate nursing students at the School of Nursing.

The researcher ensured that the students were not unit/operational nurse managers allocated to any of the three public hospitals where the study would be conducted. Two academic staff members of the School of Nursing at the University of the Free State were also utilized as an expert reference group. Feedback received included issues such as clarity of questions and typographical errors.

The researcher made minimal adjustments, e.g. including biographical and changing words like "programme" to "service" to suit the context of the study and correction of a typographical error.

### 2.5.9 Ethical Considerations

Adhering to ethical principles forms a cornerstone of any good research study, and therefore is of utmost importance. During the quantitative phase of data collection, the researcher adhered to similar ethical obligations as explained in the qualitative phase of this study. Permission was granted by the Ethics Committee of the Faculty of Health Sciences at the University of the Free State (Annexure K); permission was also sought and granted by the supervisor of Hill at Rhodes University (Annexure J),

permission was also granted by the Head of Department (HoD) of Health in the Free State (Annexure E) and the Chief Executive officers (CEO) of the public health care institutions with regard to every stage of the study (Annexure F1, F2, and F3). Permission was sought from relevant authorities of the University of the Free State, e.g. the Vice Chancellor for Students' Affairs (Annexure H), the Dean Faculty of Health Sciences (Annexure I) and the Head of School of Nursing (Annexure G). Permission was therefore granted by similar UFS authorities (Annexure(s): G, H, and I).

#### 2.5.9.1 Principle of beneficence

Polit and Beck (2004:143,170) highlight the potential risks in research concerning participants. As a result, participants have the right to be protected from harm and discomfort, based on the ethical principle of beneficence or helping and not harming (non-maleficence). The researcher made known the risks and benefits of the study to all the participants prior to the completion of the questionnaire. Participants were assured that data elicited from the results of the study, would only be used for the purpose of this research study (Polit and Beck, 2004:145). The participants were informed about the potential benefits of this study - the development of a framework of intrapreneurship within unit/operational nurse managers through, for example, formal and informal education in public hospitals (Polit and Beck, 2004:145).

In this research study, some of the potential concerns which participants voiced related to the protection of their identity. Participants were assured of anonymity whereby their names were not requested and the nature of the questionnaire was such that it did not require any identifying data to be provided.

#### 2.5.9.2 Principle of respect for human dignity

Brink, Van Der Walt and Van Rensburg (2006:32) argue that research participants have a right to self-determination. Therefore, the researcher informed the participants about their voluntary participation in the study. The participants were also informed that they could withdraw from the study at any time. They were made

aware of the principle that they could also refuse to give information without the risk of penalty and prejudice from the researcher.

Prior to completion the of questionnaire the researcher fully described the nature of the study, the person's right to refuse participation, the researcher's responsibilities and the possible risks and benefits that the study may implied (Polit and Beck, 2004:147).

#### 2.5.9.3 Principle of justice

Participants received fair and equal treatment before, during and after participation to this study (Polit and Beck, 2004:149). All the unit/operational nurse managers responded to the same questionnaire and similar logistical arrangements were adhered to at all times.

Participants were also assured that data would be kept in the strictest confidence (Polit and Beck 2004:149) by not demanding participants' names in the questionnaire. Instead, codes were used. Participants were also assured that the completed questionnaires would be destroyed after completion of the study. Burns and Grove (2009:196) concur that research participants have the right to anonymity and the right to be assured that collected data will be kept confidential. Participants were also assured that they would not be identifiable in the research report.

#### 2.5.9.4 Seeking permission

Similar permission seeking protocols, utilized by the researcher during the qualitative data collection process, were adhered to. Permission was sought from the Head of Department (HoD) of Health in the Free State and from the Chief Executive officers (CEO) of the public health care institutions concerned.

The research proposal was reviewed and accepted by the research evaluation committee of the School of Nursing (SON), University of the Free State (UFS). Thereafter, the proposal was submitted to the Ethics committee of the Faculty of Health Sciences UFS for ethical clearance (Annexure K). The questionnaire was reviewed by UFS Bio-statistician prior to commencing the data collection process.

#### **2.5.10 Quantitative data collection**

Almost similar proceedings, which occurred in arranging for the first process of data collection, occurred in the second stage of the study. The different processes of data collection ran parallel for two months. During the initial contact with participants, the purpose of study was introduced to them by the facilitator. The participants were made aware that this study would consist of two data collection processes. Thereafter, if they agreed to participate, they were requested to sign a consent form. The researcher incurred some challenges of finalizing focus group discussions due to reasons such as; some participants had to attend in-service trainings, participants being off duty and some being on night duty.

After completion of each focus group input, participants were immediately introduced to the second stage of the study. They were given the latitude to complete questionnaires at their own time. Some participants completed questionnaires immediately after focus group discussions, because they would not be available the next day. In the case of other participants, the questionnaires were left with them to complete in their own time and then it would be collected the next day or according to arrangement made between the researcher and specific participant. In certain instances the participants would opt to leave completed questionnaires in a sealed envelope at their senior nursing manager's office. A total of 42 questionnaires were collected from participants of the three hospitals concerned in the study.

#### **2.5.11 Data Analysis**

Quantitative data analysis refers to the analysis of numeric data using a variety of statistical techniques. Teddlie and Tashakkori (2009:256-7) discuss three, among many others, distinct quantitative methods. These are; descriptive versus inferential statistics, univariate versus multivariate statistics, parametric versus non-parametric statistics. Descriptive methods are used to summarize data with the intention of discovering trends and patterns and to summarize results for the ease of understanding and communication. This strategy is generally referred to as descriptive statistics and it includes displaying results with frequency tables, means



and correlations. The analysis of descriptive statistics was done with the assistance of expert input from the Department of Bio-statistics at the local university.

In analysing data from a descriptive survey the researcher remained true to the convergent, parallel mixed methods paradigm. Data analysis involved two distinct and separate processes. The quantitative analysis of data used descriptive statistics for the appropriate variables. For qualitative data analysis, thematic analysis related to the relevant narrative data, was used. Although the two sets of analyses are independent, each provided an understanding of the phenomenon under investigation. The understandings were then linked, combined and integrated into meta-inferences (Teddlie and Tashakkori, 2009:266).

#### 2.5.11.1 Quality of research

The corner stone of any good scientific study is the adherence to stipulated scientific standards - guided by a concrete research methodology. By using a convergent, parallel mixed method design, reasonable evidence was gathered by utilizing an integrative framework to infer quality. Two critical aspects, namely, design quality and interpretative rigor come to mind. In this study, design quality aspects addressed issues such as design suitability, design consistency. Analytic adequacy was illustrated in this chapter (Teddlie and Tashakkori 2009:339). According to Teddlie and Tashakkori (2009:301-302), interpretive rigor consists of a number of criteria which would be illustrated during the analysis and merging of data sets in this study. This includes the focus group and survey findings – in the final instance merged with the outcomes of the concept analysis. Criteria such as interpretive agreement, consistency, correspondence and distinctiveness between focus group participants, focus groups, the two sets of data (quantitative and qualitative) and the concept analysis will be reflected upon – looking for theoretical consistency and illustrating integrative efficacy in the process.

## 2.6 CONCLUSION

This chapter focused on the theory and application of the convergent, parallel mixed method research design used in this study. It addressed a number of aspects

relevant to this design, but is not limited to philosophical underpinnings, main tenets of the design, research methods to be used for data collection, ethical considerations, validity, reliability, trustworthiness, sampling and study quality. In chapter three a detailed concept analysis, using the framework of Walker and Avant, will be described.

## CHAPTER THREE: CONCEPT ANALYSIS OF “INTRAPRENEURSHIP”

### 3.1 INTRODUCTION

This Chapter provides an in-depth analysis of the concept “intrapreneurship” by using the framework for concept analysis by Walker and Avant (2011). This framework addresses objective 1 of the study which seeks to analyse the concept “intrapreneurship.” Montes-Sandoval (1999:935) emphasises that the *“strategic process of developing a conceptual analysis is a cognitive exercise of critical thinking applied to a very common, but complex and poorly understood experience”*. Haas (1999:728) views the purpose of concept analysis as *“one means of clarifying overused, vague concepts from one another”*. Nursing, as a discipline that is striving towards evidenced-based practice, has to establish a foundation for clear concepts and theories to positively impact on clinical practice (Wang, 2004: Online).

Accepting such a scientific stance to aid nursing practice in general, nursing management in particular, the analysis of the concept “intrapreneurship” will be conducted to benefit the nursing context - contrary to how it is commonly used in the business world. Montes-Sandoval (1999:935) alludes that a concept analysis is intended to provide a workable approximation from which the profession of nursing can draw and expand the clarification and utilization of such a concept. Such an analysis is part of the evolutionary process aimed at developing and strengthening the substantive knowledge of intrapreneurship among unit/operational nurse managers (Montes-Sandoval, 1999:935).

A concept analysis as a useful technique in promoting conceptual clarity becomes a formal linguistic exercise to examine, amongst others, the critical attributes of a particular concept (Walker and Avant, 2011:157). In this study the central concept, “intrapreneurship”, can best be defined through concept analysis by different scholars from a range of backgrounds, e.g. Business Economics, Nursing Science and Psychology. Haas (1999:729) confirms the need to look beyond the individual discipline and to determine all uses of the concept as crucial. The choice of embarking on a concept analysis of intrapreneurship in this study is underpinned by the limited evidence of the use and application of the concept in nursing literature and practice. Montes-Sandoval (1999:935) concurs that through a careful analysis of

intrapreneurship; distillation of its attributes will improve better understanding and will result in operational definitions that can better be assessed empirically.

### **3.1.1 Layout of the chapter**

In this chapter the researcher provides an introduction to the definition and philosophy of a concept and concept analysis, followed by a reflection on the advantages and disadvantages of the concept analysis process. Next is a historical overview and an analysis of definitions used in the literature which is further developed into the defining attributes of the concept. Antecedents, consequences and empirical referents are discussed. Finally, examples of three different cases, that include the model, borderline and contrary cases, will be highlighted according to the concept analysis framework of Walker and Avant.

## **3.2 DEFINITION AND PHILOSOPHY OF A CONCEPT AND CONCEPT ANALYSIS**

### **3.2.1 Definition and Philosophy of a concept**

A concept is essentially a social construct that conveys or/and is a vehicle for meaning. This meaning may vary across cultures and contexts of use. Walker and Avant (2011:157) define a concept as *“a basic building block in theory construction”*. Zulkosky (2009:93) adds to this view an explanation of the function of concepts as *“a word or a phrase that summarises ideas, observations and experiences”*. Zulkosky considers concepts as tools that *“provide mental images that can facilitate communication about and understanding of phenomena.”*

Critics, such as Paley (1996) and Rodgers (1989) as well as philosophers such as Quine (1953) and Wittgentein (1953) (as cited by Risjord (2008: Online), provide a different perception. They consider concepts to be “theory-formed” rather than being theory forming. This school of thought emanates from the philosophy of contextualism, often using the image of concepts as knots in the scientific theory net according to Carl Hempel (1966:94) (as cited by Risjord, 2008: Online). Hempel emphasises that *“as knots cannot exist without the cord, concepts cannot exist without the context”*. Contextualism has played an important role towards the development of concept analysis in Nursing. Risjord (2008: Online) indicates that the

method of Wilson (1963) was first used by nurses and it presupposed that context determine meaning. When concept analysis was adopted by nurse theorists, the method was transformed and committed to contextualism. The contemporary concept analysis initiative “sits”, uncomfortably, between the idea that concepts are theory-formed (contextualism) and theory forming (building blocks) (Risjord, 2008: Online).

According to Zulkosky (2009:93), concept development in Nursing is quite crucial within and towards the entire process of knowledge development. The author highlights a number of advantages of concept analysis initiative, including, but not limited to:

- the depth achieved through the naming and explication of the concepts influence what people notice and think about the concept of interest;
- through a concept analysis strategy, previously defined concepts are further developed and advanced to the next level of development;
- an in-depth analysis of a concept helps to clarify the meaning of the concept and elucidates any ambiguity surrounding a concept being reflected on.

### **3.2.2 Definition and Philosophy of Concept Analysis**

#### **3.2.2.1 Defining concept analysis**

Burns and Grove (2009:127) define concept analysis as *“a strategy that identifies a set of characteristics essential to the connotative meaning of the concept”*. Walker and Avant (2011:158) put emphasis on the process of examining the fundamental elements or parts of a concept. In essence, within the concept analysis process, a concept is broken down into the elements that constitute the concept, thus making it easier to see the similarities and differences of this concept as compared to other concepts of similar or close proximity.

Furthermore, a concept analysis exercise provides a more precise operational definition that helps to increase the validity of the concept of interest by precisely

reflecting its theoretical base. Walker and Avant (2011:158) emphasise that, despite both the rigorousness and preciseness of the concept analysis process, the end product is always tentative due to the fact that two people engaging in a similar initiative, may come up with somewhat different attributes for the same concept in their analysis. The goal of the concept analysis strategy according to Zulkosky (2009:93) is to provide a comprehensive meaning of the concept for future use in a relevant practice area or research field.

### 3.2.2.2 Reflecting on the philosophy of concept analysis

The primary purpose of a philosophical analysis according to Burns and Grove (2009:26,540) is to *“examine the meaning and to develop theories of meaning through concept analysis”*. The philosophical questions about concept analysis as perceived by a number of commentators such as; Hucey and Penrod (2005) and Paley (1996) (as cited by Risjord 2008: Online), are both epistemological and ontological in nature.

A fundamental problem within published concept analyses relates to the weak relationship between evidence and the result. Risjord (2008: Online) therefore raises the epistemological question of *“what is the evidence for concept analysis? And how should the concept analysis been justified?”*

On the basis of the subjectivity of a concept analysis initiative, Walker and Avant (2011:158) caution anyone, undertaking the initiative, to be aware of the dynamic quality of ideas. The words that express those ideas are highly influenced by cultural, contextual and societal changes. Therefore, the end product should never be viewed as a finished or final product, but instead be perceived as the beginning of further pondering into the core of the concept of interest.

### 3.2.3 Advantages and Disadvantages of Concept Analysis

As a process, concept analysis has numerous advantages. Walker and Avant (2011:169) are of the opinion that a concept analysis clarifies the symbols (words or terms) used in communication and renders very precise theoretical, as well as operational, definitions that can be used in theory and research. A concept analysis can assist in the clarification of nursing terminology - that has become catchphrases -

which then tend to lose their meaning. Furthermore, this initiative is also advantageous in tool and nursing language development. Finally, the rigorousness of this intellectual exercise helps towards the improvement of cognitive abilities through focussed analytical thinking.

Despite a strong appreciation of the value of concept analysis, some critics such as Morse (1995:2), Paley (1996:598), Hupcey and Penrod (2005:205) as well as Rogers (1989:331) (as cited by Risjord 2008: Online), put forward a different perspective. They are concerned that it may be an arbitrary and hollow exercise with the initiative failing to produce a useful theoretical base. Its potential contribution to the evolution of nursing science has been constrained and it is not fully clear how the concept analysis process, advocated by Walker and Avant, contributed to further intellectual progression.

### **3.3 THE PROCESS OF CONCEPT ANALYSIS**

The process of concept analysis usually includes the following steps:

- Selecting a concept.
- Determining the aims or purposes of analysis.
- Identifying all uses of the concept that can be discovered.
- Determining the defining attributes.
- Identifying and describing cases such as a model, borderline, related, contrary, invented and illegitimate cases.
- Identifying antecedents and consequences and defining empirical referents (Walker and Avant, 2011:160).

Within this study, the researcher only addressed the model, borderline and contrary cases as these three are considered to sufficiently reflect and illustrate the differences of importance to this study.

### 3.3.1.1 Agreement on the relevant concept and aim of Concept Analysis

Burns and Grove (2009:126) define a concept as “a term that abstractly describes and names an object, a phenomenon or an idea - thus providing it with a separate identity or meaning”. Walker and Avant (2011:160) emphasise the pivotal need to choose a concept that is important and useful to enable further theoretical development. Since the concept of intrapreneurship is not frequently used and probably least developed within the nursing context, its further interrogation is considered to increase the relevant body of knowledge.

For this study, it is postulated that a concept analysis would contribute to the understanding and use of the concept “intrapreneurship” in Nursing - more specifically nursing leadership and management. Antoncic (2003:7) acknowledge that intrapreneurship is a relatively new concept whose inception into the business management circles was achieved only two decades ago. Therefore, within the health care fraternity, the concept intrapreneurship is not only new, but is considered foreign with its relevance not well understood and/or accepted. In this study, the concept analysis initiative enabled the researcher to extrapolate the different dimensions of this concept, using a well-documented process of concept analysis as espoused by Walker and Avant.

According to Walker and Avant (2011:161), the second step of determining the aim of analysis helps the researcher to focus on exactly what was the intention to achieve from the results of this concept analysis exercise. In this study, the purpose of the concept analysis was to clarify the meaning of intrapreneurship through examining the way it is discussed and being used in recent theoretical and research literature. Haas (1999:731) agrees that concept analysis may be beneficial in identifying the commonalities among various definitions of a concept of interest.

### 3.3.2 The history, definition of/and surrogate terms for Intrapreneurship

#### 3.3.2.1 History of the use of the concept intrapreneurship

According to Haller (2012: Online), the terms “intrapreneuring” and “intrapreneurship” existed in organizations such as the “Lockheed” for many years before the 1985 article that was written in the Time magazine entitled “Here come the intrapreneurs”.



Intrapreneurship existed even before the management consultant, Gifford Pinchot, published his book "Intrapreneuring in 1985". In 1943 an engineer, Kelly Johnson, took charge of an intrapreneural group of engineers and manufacturing workers to urgently develop fighter aircrafts for the Lockheed Aircraft Corporation. This group became known as the famous "*Lockheed 'Skunk' Works*". According to Haller (2008: Online), the team approach and program implemented could be considered a classical intrapreneurship programme with creative problem-solving results.

Gifford Pinchot (1985), one of the founders of the term intrapreneurship, observed that intrapreneurs are people who dream of something unusual beyond their job jurisdiction (Teltumbde, 2006:129). Molina and Callahan (2009:389) agree that, despite intrapreneurship being a relatively new concept in different organizational spheres, it has been credited for improving organizational performance by increasing opportunities for success.

According to Hoge (2011:5), intrapreneurship originates from economic and management research. Since its inception, it has always focused on how to increase the organizational effectiveness and innovation. Hoge (2011:5) perceives intrapreneurship as "*one of the post-tayloristic organizational strategies which foster the development of the new type of employee*". Therefore, the author suggests that organizations planning to implement an intrapreneurship strategy must provide their employees with responsible autonomy that allows for self-organization and self-control.

Haller (2012: Online) also reflects on the background of intrapreneurship which was well established by the 1990's. He mentions the respected graduate Professor Rosabeth Moss Kanter of the Havard University School of Business who emphasizes the importance of intrapreneurship in her book entitled: "*When giants learn to dance*", published in 1990. In this book she gave advice to big corporations in the post-entrepreneurial age. She points out that entrepreneurial development in companies is crucial to ensure their survival (Haller, 2012: Online).

Within the last decade a number of research studies and publications focusing on intrapreneurship, saw the light. Examples of such studies done, are that of Seshadri

and Tripathy (2006:17) who, when reflecting on an organizations' success, affirm that the intrapreneurship process is one of the pathways organizations need to adopt in order to match the minute global challenges - mainly through unleashing the entrepreneurial spirit within its employees. The authors strongly believe that intrapreneurship is the major drive for organizational renewal or reinvention. The intrapreneurial path at any organization will enable the employees to carve new paths, initiate new ventures, defy the status quo, and break fresh ground.

Another example would be the multi-national study which was done by Bosma, *et al.*, (2010). This study included a total of eleven countries (low and high income). It was found, amongst others, that less than 5% of employees are intrapreneurs and that intrapreneurial activity is twice as high in high-income countries than in low-income countries.

### **3.3.3 Uses of the concept "Intrapreneurship"**

This section includes a reflection on a range of sources such as dictionaries, thesauruses, colleagues and available literature on the use of the concept "intrapreneurship". The researcher probed literature from various disciplines, for example; Nursing, Business studies, Management and Education. The purpose of this probing was initiated to develop a deeper understanding of the concept and its utilization and application in a range of contexts. A thorough distinction between the normal, ordinary language usage of the concept and its scientific usage assists the researcher to achieve the aim of analysis (Walker and Avant, 2011:161).

#### **3.3.3.1 Dictionary definitions of an intrapreneur**

According to the Google Free Dictionary (2012:Online) an intrapreneur (noun) is "a person within a large corporation who takes direct responsibility for turning the idea into a profitable finished product through assertive risk taking and innovation". This website describes intrapreneurship as "the practice of a corporate management style that integrates risk taking and innovation approaches as well as the reward and motivational techniques."

The novel way of thinking that is considered inherent to an intrapreneur, is confirmed by the Collins Discovery Encyclopedia (2005: Online) in which intrapreneur is perceived as *“a person who, while remaining within a larger organization, uses entrepreneurial skills to develop a new product”*. In business context, an intrapreneur is perceived as a person who invents new initiatives aimed at improving work performance and profit gaining. An example of this would be the definition from Investopedia that highlights the intrapreneur who would develop a project like an entrepreneur would, but from inside the company (Investopedia, 2012: Online).

Risk-taking, assertiveness, innovation and creation of a new product are some of the universal characteristics of an intrapreneur according to different dictionaries that are congruent in its perception of this concept. The inherent reward and motivation of employees by the intrapreneur, as highlighted by the Google Free Dictionary (2012: Online) reflects the presence of good management practices that are part and parcel of an intrapreneurial organization.

### 3.3.3.2 Literature definitions of intrapreneurship

Wang (2004: Online) agrees that a careful analysis of the literature assists the analyst in defining cases - a later step in the process of concept analysis. The literature search in this study covered dictionary definitions and the work of several authors from different scientific backgrounds. Rhyles (1999:601) affirms the benefit of engaging in such an extensive exercise of concept analysis mainly to enable the researcher to see if there is a sufficient level of agreement and conceptual maturity between the different disciplines.

The risk-taking and assertive behaviour of intrapreneurs is emphasized by Teltumbde (2006:129), who defines intrapreneurs as *“entrepreneurs within established organization and described as intra-organizational revolutionaries - challenge the status quo and fight to change the system from within, thus being a potential cause for friction”*.

The on-going urge to unleash the imbedded creativity within the intrapreneur is evident in the definition of intrapreneurship which refers to *“employees’ initiatives in organizations to undertake something new, without being asked to do so”* (De Jong

and Wennekers, 2008:4). According to Hoge (2011:5), the word “intrapreneurship” joins the two words “intracorporate” and “entrepreneurship” as a concept which has been derived from entrepreneurship literature. It is very influential in the current economic science and practice. The author defines intrapreneurship as a spirit of entrepreneurship within the existing organizations affecting employees’ possibilities, competencies, intentions, and behaviours with respect to the creation of new business ventures, products and services.

Menzel and Ulijin and Aaltio (2007:734) use a broad but simple definition of intrapreneurship as *“entrepreneurship within existing organizations”*. They also consider intrapreneurship as the process to innovatively find and build an opportunity and resources that would add value to the organization. They purport that the intrapreneurship process operates at the heart of intrapreneurship construct and is executed through the on-going interaction of two main process layers which include the organizational and individual levels. According to these two authors, the intrapreneurial process starts with recognition of an entrepreneurial venture which results in innovation. The process is further broken down into stages of “preparation for exploitation” and “opportunity exploitation” that leads to creation and value.

Antoncic and Hisrich (2003:14) also define intrapreneurship as *“entrepreneurship within an existing organization”*. According to these authors, intrapreneurship refers not only to the creation of new business ventures, but it also relates to other innovative activities and orientations such as development of new products, services, technologies, administrative techniques, strategies and competitive postures. Gapp and Fisher (2007:331) also relate intrapreneurship to entrepreneurial action within an organization – *“which involves individuals in the driving process. Intrapreneurship is primarily an individual activity, while corporate entrepreneurship is conducted at the organizational level.”*

Intrapreneurship is also emphasized by Shukla (2009: Online) with shared convictions to other authors that this concept relates to the practice of *“entrepreneurship by employees within an organization”*. In an attempt to better understand this concept the author creates some distinctions and similarities between the often confused concepts of entrepreneur and intrapreneur:

*“An entrepreneur takes substantial risk in being the owner and operator of the business with expectation of financial profit and other rewards that the business may generate. On the contrary, an intrapreneur is an individual employed by an organization for remuneration which is based on the financial success of the unit he is responsible for. Intrapreneurs share the same traits as entrepreneurs such as conviction, zeal and insight, as the intrapreneur continues to express his ideas vigorously, it will reveal the gap between the philosophy of the organization and the employee. If the organization supports him in pursuing his ideas, he succeeds. If not, he is likely to leave the organization and set up his own business.”*

In summary, both published and non-published articles, dictionaries and thesaurus agree on the definition of intrapreneurship as initiatives by employees within organizations to undertake new business activities (Bosma *et al.*, 2010:8). Intrapreneurship is at the individual employee level and it is about bottom-up, pro-active, work-related initiatives of individual employees (Bosma *et al.*, 2010:7; De Jong and Wennekers, 2008:8). Distinctions are made between the noun (intrapreneur- and entrapreneurship) and the verb relating to being intrapreneurial or the intrapreneurial process. Some sources emphasize the cyclic nature of intrapreneurship - identifying the need, devising creative strategies on how to resolve the problem and working relentlessly to solve such a problem.

Intrapreneurial attributes are identified by a number of authors, supported by the understanding that it is an individual employee who engages in entrepreneurial activities within the confines of his/her organization. A number of studies focus on the factors that can enhance or thwart intrapreneurial activities within an organization.

#### 3.3.3.3 Surrogate terms for intrapreneurship

Zulkosky (2009:93) defines surrogate terms to be *“words that are often used interchangeably with intrapreneurship”*. Some authors use the concepts entrepreneurship, corporate entrepreneurship and intrapreneurship in a similar ways. There are however, subtle distinctions to aid differentiation, although literature consistency is still lacking:

Entrepreneurship – The notion of intrapreneurship is derived from entrepreneurship. De Jong and Wennekers (2008:8) define entrepreneurship as *“the process of creating something new with value by devoting the necessary time and effort, assuming the accompanying financial, psychic and social risks and receiving essential rewards of monetary and personal satisfaction and independence.”* Entrepreneurship is often related to the business environment being, for example, an innovative owner, partner or employee that will benefit financially from the venture.

Corporate entrapreneurship is usually defined at the level of organizations and refers to a top-down process, a strategy that management can utilize to foster more initiatives, and/or efforts to achieve improvement from their workforce and organization (Bosma *et al.*, 2010:7; De Jong and Wennekers, 2008:8). According to Sadlers (2000:27), corporate entrepreneurship concentrates on *‘what’* organizations do rather than *‘how’* they do it. The main focus of this concept is mainly on organization rather than individuals, development of cultures and institutional processes which the organization embraces.

Intrapreneurship (verb) entails cyclic initiatives which frontline managers embark on to bring about positive change. Bosma *et al.*, (2010:8) also concur that intrapreneurship refers to on-going initiatives by employees within organizations to undertake new business activities. Intrapreneurship relates to the individual level and often to a bottom-up, pro-active, work-related initiatives of an individual employee or group of such (Bosma *et al.*, 2010:7; De Jong and Wennekers, 2008:8). Knight (1986) (as cited by Sadlers, 2000:27), perceives an intrapreneur as *“a corporate employee who introduces and manages an innovative project within the corporate environment as if he/she were an independent entrepreneur.”*

#### 3.3.3.4 The use of the concept within organizations

Antoncic and Hisrich (2003:15) developed a classification of organizational level entrepreneurship or intrapreneurship (see Table 3.1). These authors interrogated the different intrapreneurial characteristics and definitions as stated by a range of authors. From the analysis below it is clear that innovation, risk taking, pro-activeness and strategic renewal is mentioned by more than one author.

**Table 3.1: Classification of organizational level of entrepreneurship/intrapreneurship**

| Descriptive concept                                | Characteristic dimension | Definitions by relevant author(s)                                                                                                                                     |
|----------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Miller and Friesen (1983)                          |                          |                                                                                                                                                                       |
| Innovation<br><br>(a dimension of strategy making) | New products             | “Introduction of new products and production-service technologies, the search for novel solutions to marketing and production problems” (Miller and Friesen 1983:222) |
|                                                    | Risk taking              |                                                                                                                                                                       |
|                                                    | Pro-activeness           | The attempt to lead rather than follow competitors (Miller and Friesen, 1983:222)                                                                                     |
| Covin and Slevin (1986)                            |                          |                                                                                                                                                                       |
| Entrepreneurial posture                            | Risk taking              | “Risk taking with regard to investment decisions and strategic actions in face of uncertainty” (Covin and Slevin 1991:10)                                             |
|                                                    | Innovativeness           | “The extensiveness and frequency of product innovation and the related tendency towards technological leadership” (Covin and Slevin 1991:10)                          |
|                                                    | Pro-activeness           | “The pioneering nature of the firm’s propensity to aggressively and proactively compete with industry rivals”<br><br>(Covin and Slevin 1991:10)                       |
| Guth and Ginsberg (1990)                           |                          |                                                                                                                                                                       |
| Corporate entrepreneurship                         | Internal innovation      | “The birth of new business within existing organizations” (Guth and Ginsberg 1990:5)                                                                                  |
|                                                    | Venturing                |                                                                                                                                                                       |
|                                                    | Strategic renewal        | “The transformation of organizations through renewal of the key ideas on which they are built” (Guth and Ginsberg 1990:5)                                             |
| Zahra (1991, 1993)                                 |                          |                                                                                                                                                                       |

| Descriptive concept         | Characteristic dimension   | Definitions by relevant author(s)                                                                                                                                                                        |
|-----------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Corporate entrepreneurship  | Innovation and venturing   | “Creating new business through markets developments or by undertaking product, process, technological and administrative innovations” (Zahra 1993:321)                                                   |
|                             | Strategic renewal          | “The redefinition of the business concept, reorganization, and the introduction of system-wide changes for innovation” (Zahra 1993:321)                                                                  |
| Lupkin and Dess (1996)      |                            |                                                                                                                                                                                                          |
| Entrepreneurial orientation | Autonomy                   | “Independent action of an individual or team in bringing forth an idea or a vision and carrying through completion” (Lupkin and Dess 1996:142)                                                           |
|                             | Innovativeness             | “A firm’s tendency to engage in and support new ideas, novelty, experimentation, and creative processes that may result in new products, services or technological processes” (Lupkin and Dess 1996:142) |
|                             | Risk taking                | “A sense of uncertainty, probability of loss or negative outcome from borrowing and heavy commitment of resources” (Lupkin and Dess 1996:144)                                                            |
|                             | Pro-activeness             | “Taking initiative by anticipating and pursuing new opportunities and by participating in emerging markets” (Lupkin and Dess 1996:146)                                                                   |
|                             | Competitive aggressiveness | “Propensity to intensely challenge its competitors to achieve entry or improve                                                                                                                           |



| Descriptive concept         | Characteristic dimension | Definitions by relevant author(s)                                                                                                                                                                                                                                 |
|-----------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                          | position” (Lupkin and Dess 1996:148)                                                                                                                                                                                                                              |
| Knight, (1997)              |                          |                                                                                                                                                                                                                                                                   |
| Entrepreneurial orientation | Innovativeness           | “Pursuit of creative or novel solutions to challenges confronting the firm, including the development and enhancement of products and services, as well as administrative techniques, and technologies for performing organizational functions” (Knight 1997:214) |
|                             | Pro-activeness           | “The opposite of reactivity and is associated with aggressive posturing relative to competitors” (Knight 1997:214)                                                                                                                                                |

**\*Source:** Antoncic and Hisrich (2003:15)

### 3.3.4 The difference between intrapreneurs and entrepreneurs

An attempt to further define the similarities and differences between intrapreneurs and entrepreneurs was made by Molina and Callahan (2009:390). Intrapreneurs, similar to entrepreneurs, are consistently on the look-out to create new business opportunities from a range of positions and/or aspects. Through their risky, but often successful decisions, intrapreneurs help companies or organizations to increase performance and to renew organizational structures and strategies in order to effectively meet pressing environmental or contextual demands (Molina and Callahan, 2009:390).

The on-going quest for an entrepreneur to be on-top of this game, according to Schumpeter (as cited by Karahan and Okay, 2011:4122), is driven by four behavioural indicators which include the following:

- Bringing new products to the market and providing service.
- Developing a new method of production.

- Making a request in an unexplored new space.
- Establishing a new company.

According to these authors, the characteristics of an entrepreneur have been identified by a range of scholars from different disciplines. These can be categorized as internal or person-centred characteristics such as internal self-control, dynamic personality traits, self-confidence and self-motivation. These would be supported by a willingness to take risks, a responsibility to undertake activities to persist and endure openness to innovation and growth.

If one reflects on the differences between an entrepreneur and an intrapreneur, it usually comes down to the fact that the concept “intrapreneurship” is more related to large public organizations and would have a stronger service and/or programme orientation. Such an organization might be more conservative and change or innovation might take place slowly and with much difficulty. The intrapreneur, being often a salaried employee of the organization, needs to overcome substantial obstacles to achieve stated objective(s) (Zwemstra, 2006: Online; Boyett, 1997:6; Bosma *et al.*, 2010:9).

Bosma *et al.*, (2010:8) summarize the unique differences between entrepreneurship and intrapreneurship by stating that intrapreneurship is a unique type of entrepreneurship in that it belongs to the *“domain of employee behavior and thus faces specific limitations that a corporate hierarchy and an intra-organizational context may impose on individual initiative, as well as specific possibilities for support that an existing business may offer to a nascent intrapreneur”*. The reader is also referred to **Table 1 (Comparison: Intrapreneur versus entrepreneur)** in Chapter 1.

### 3.3.5 The defining/critical attributes of Intrapreneurship

Determining the defining attributes in any concept analysis initiative, is often at the heart of the concept analysis exercise (Walker and Avant, 2011:162). The defining attributes are seen as a cluster of characteristics that are most often associated with the concept at hand and which help in differentiating the concept in question from

other related concepts. The identification of such attributes support the conceptual development of a systematic cluster of attributes and fosters broader and deeper insight into the concept.

In the case of defining the attributes, more is not necessarily better, according to Walker and Avant (2011:162). The best analyst refines the definition of attributes of a concept to the fewest number that will still differentiate the central concept to relate to surrounding concepts. If the analysis is performed well, the defined attributes, on its own, should immediately make sense to the analyst (Walker and Avant 2011:162). However, the authors indicate that the defining attributes are not immutable and that they may change as the individual's understanding of the concept improves. An extensive review of the use of the concept coupled with the imbedded meaning(s) in context provides a base to extrapolate the defined attributes.

A further clarity on intrapreneurship is made by McCleary, Rivers and Schneller (2006:555) in their attempt to make a clear distinction of the similarities and differences between intrapreneurs, entrepreneurs and managers. The authors use the trait approach of Hisrich (1990) that was initially devised by Pinchot (1985) to portray these salient distinctions. The three groups are compared with regard to nine characteristics: motives; time; activity; risk; consequences; decision-making authority; client focus; background/history and relationships.

The authors emphasize that entrepreneurs and intrapreneurs share many commonalities. Amongst the mentioned traits, with the main distinction being physical location and context such as working within the organization. McCleary *et al.*, (2006:556) emphasize that managers follow more conventional administrative practices as those that serve as stewards of organizational resources. A group of managers tend to have more aversion to risk and more commitment towards translating the organization's strategic objectives into actions.

**Table 3.2: Comparison of entrepreneurs, intrapreneurs and line managers**

| Trait   | Line Managers         | Entrepreneurs             | Intrapreneurs               |
|---------|-----------------------|---------------------------|-----------------------------|
| Primary | Promotion, seniority, | Independence, creativity, | Independence and ability to |

| <b>motives</b>                  | corporate rewards                        | money                                             | advance                                                                     |
|---------------------------------|------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Time orientation</b>         | Short-term                               | Survival and 5-10 years growth of business        | Short and long-term between self-imposed and corporate timetables           |
| <b>Activity</b>                 | Delegation and supervision               | Direct involvement                                | Direct involvement beyond delegation                                        |
| <b>Risk</b>                     | Careful and cautious                     | High to moderate risk                             | Moderate risk                                                               |
| <b>Status</b>                   | Concerned about status symbols           | No concern                                        | Not concerned about traditional corporate status                            |
| <b>Negative consequences</b>    | Avoids mistakes and surprises            | Fails forwards dealing with mistakes and failures | Attempts to hide risky projects from view until ready                       |
| <b>Decisions</b>                | Status quo- agrees with upper management | Autonomous, flows from dreams/vision              | Tell and sell to generate buy-in from those most able to help achieve dream |
| <b>Client focus</b>             | Others (internal and customers)          | Self and customers                                | Self, customers, and key sponsors/stakeholders                              |
| <b>History/background</b>       | Prior history working for others         | Prior entrepreneurial small-business experience   | Prior entrepreneurial small-business                                        |
| <b>Relationship with others</b> | Hierarchical                             | Transactions that close a deal                    | Transactions within hierarchy                                               |

**\*Source:** Hisrich (1990) and Pinchot (1985) (as cited by McCleary, Rivers and Schneller 2006:557).

Table 3.3 below reflects the three most utilized intrapreneurial attributes according to twenty authors, from a range of scientific disciplines, inclusive of Business Management, Public Management, Nursing and Human Resources Management. The three most often cited entrepreneurial attributes are innovation, risk taking and creativity. Vision, pro-activeness and championing were second most cited with commitment and being a change agent, graded as the third most cited attribute. This

makes it safe to accept that innovation, risk taking and creativity are the most critical attributes being mentioned repeatedly (Antonic and Hisrich, 2003:459). One also needs to accept that the concepts creativity and innovation presents another dimension as some authors use these concepts interchangeably.

Table 3.3: Defining attributes of intrapreneurship by author

| INTRAPRENURIAL ATTRIBUTES                  | Vision | Creativity | Risk taking | Innovation | Commitment | Pro-active | Change agent | Championing |
|--------------------------------------------|--------|------------|-------------|------------|------------|------------|--------------|-------------|
| Menzel, Aaltio and Ulijn (2007)            | √      | √          | √           |            | √          |            |              |             |
| Sheshadri, Arabinda and Tripathy (2006)    |        | √          |             | √          |            |            |              |             |
| Sayeed (1999)                              |        | √          |             |            |            |            |              |             |
| Jarna and Kaisu (on line) www.tukkk.fi/pki |        |            | √           | √          |            |            |              |             |
| Antonic and Hisrich (2003)                 |        | √          |             | √          |            | √          |              |             |
| Gapp and Fisher (2007)                     |        | √          |             | √          |            |            |              |             |
| Sayeed (1991)                              |        |            |             | √          |            |            |              |             |
| De Coning and Smit (2002)                  | √      | √          | √           | √          |            | √          |              | √           |
| Antonic and Hisrich (2001)                 |        | √          |             | √          |            | √          |              |             |
| De Jong and Wennekers (2008)               | √      | √          | √           | √          |            | √          |              | √           |
| Zwimstra, Ascalon and Gorgievski (2006)    | √      | √          | √           | √          |            |            |              | √           |
| Bosma, Stam and Wennekers (2010)           |        |            | √           |            |            |            |              | √           |
| Faugier (2005)                             |        |            | √           | √          |            |            |              |             |
| Foba and de Villiers (2007)                |        |            | √           | √          |            |            |              |             |
| Boyett (1997)                              | √      | √          | √           |            |            |            |              | √           |
| Sayeed and Gazdar (2003)                   | √      | √          |             | √          |            |            | √            |             |
| Alpan, Bulut, Gunday and Kilic (2010)      | √      | √          | √           | √          |            |            |              |             |
| Menzel, Aaltio and Ulijn (2007)            | √      | √          |             | √          |            |            |              |             |
| Ahmad, Nasurdin                            | √      |            | √           | √          |            | √          |              |             |

| INTRAPRENEURIAL ATTRIBUTES | Vision | Creativity | Risk taking | Innovation | Commitment | Pro-active | Change agent | Championing |
|----------------------------|--------|------------|-------------|------------|------------|------------|--------------|-------------|
| and Zainal (2012)          |        |            |             |            |            |            |              |             |
| Moore (2004)               |        | √          |             | √          |            |            | √            | √           |
| Number of sources: 20      | 9      | 14         | 11          | 16         | 1          | 5          | 2            | 6           |

Botma *et al.*, (2010:8) emphasize the major activities of an intrapreneur as the ability to perceive opportunities and think out-of-the-box, generate ideas, exercise championing, designing a new product (or service) and also perform “*internal coalition building, persuading management, resource acquisition, planning and organizing*”. The intrapreneurial attributes sourced from a range of literature, playing a critical role towards better understanding of the concept from the perspectives of different scholars. The critical attributes, embedded within the central concept “intrapreneurship”, are crucial tools that need to be used in the development of a framework to foster intrapreneurship.

### 3.3.6 Antecedents

Walker and Avant (2011:167) define antecedents as “*events or incidents that must occur or be in place prior to the occurrence of the concept*”. Thus, antecedents cannot also be a defining attribute for the same concept. Antecedents are useful to theorists in identifying the underlying assumptions about a concept being studied.

Antoncic (2007:311) identifies two main sets of antecedents to intrapreneurship. One is concerned with the external environment of the organization while the second one looks at the organizational characteristics. The author identifies the first group of predictors, viewed as favourable for intrapreneurship, which includes environmental characteristics such as dynamism, technological opportunities, industrial growth and the demand for new products.

The second group of predictors of intrapreneurship within the organization, according to Antoncic (2007:311), includes communication openness, control mechanisms, environmental scanning intensity, organizational management, support and organizational values. Sadlers (2000:29) warns that, unlike in the private sector where the motive is profit making, the success of intrapreneurship in the public sector

does not rely on particular individuals. In the public sector intrapreneurship is anchored *“in the groups’ desire for organizational change, adapt, innovate and entertain risk”*. Sadlers (2000:32) insists that *“personal qualities and motivations are far less important than generation of a galvanic force at institutional and collective level”*.

The determinants of intrapreneurship within the organization are further reflected on by Alpkhan, Bulut, Gunday, Ulusoy and Kilic (2010:734) who perceive suitability of the internal organization as a paramount enabler of intrapreneurial initiatives to flourish.

Alpkhan *et al.*, (2010:734) and Borins (2001: 314-318) identify the following factors as key determinants of/ or antecedents to intrapreneurship:

- Management support for generating and developing new business ideas;
- Allocation of free time;
- Convenient organizational structures concerning decentralization of decision-making;
- Appropriate use of incentives and rewards;
- Tolerance of trial-and-error or failures in cases of creative undertaking or risky project implementation.

Antoncic (2007:311); Alpkhan *et al.*, (2010:734) agree that the intrapreneurial process cannot succeed without the support of the senior management in the organization. Borins (2001:314-318) also adds the need for resources of innovation as well as the presence of diversity and innovation.

Organizational intrapreneurship is faced with a myriad of obstacles according to Borins (1998a) (as cited by Sadlers 2000:29). Such obstacles include attitudes, turf fights, general resistance to change (inherent in a bureaucracy), inadequate resources, legislative/regulatory constraints or political opposition and obstacles arising in the environment outside of the public sector. These may contribute to doubts about the viability of such a programme, the inability to reach the target group and private opposition, because of the need for change in order to be able to compete with the public sector.



An attempt to better understand the factors influencing intrapreneurship was initiated by Jennings and Lumpkin (1989) (as cited by Sadlers 2000:30), through investigating the difference between entrepreneurial and non-entrepreneurial organizations by designing, testing and ultimately supporting the following five hypotheses:

- decision-making in entrepreneurial organizations will tend to be more participative than in conservative organizations;
- decision-making in entrepreneurial organizations will use personnel with specialized training, more than in conservative organizations;
- entrepreneurial organizations will tend to use fewer integrating devices in decision-making than conservative organizations;
- performance objectives in entrepreneurial organizations will tend to be developed from shared participation while in conservative organizations performance objectives will tend to be developed unilaterally by top management;
- managers in entrepreneurial organizations will not be penalized if risky projects fail, while managers in conservative organizations will suffer career damage if risky projects undertaken, failed.

Looking on the relevant antecedents in the context of a health care setting, McCleary, *et al.*, (2006:552) identify seven drivers that promote continued intrapreneurial activity and transformation. These include: growth in new knowledge; changes in customer perceptions, mood and meaning; changes in industry and market structures; aging populations; process improvement; system incongruities and finally, the influence of the so-called “unexpected”. The authors believe that, based on the major trends prevalent within the health care setting, intrapreneurial activities which are strongly influenced by this resource-rich environment, exist across the continuum of care.

Sadlers (2000:30) identifies the following intra-organizational and external environmental factors that are perceived as relevant to stimulating or hindering intrapreneurship. These factors include, for example, the macro-external

environment; the structure, size, culture and degree of specialization; central decision-making; clarity of performance objectives; system of rewards or sanctions and the degree of autonomy.

Understanding intrapreneurship in the context of private and public sector organizations is a matter of interest since the private sector is quite reputable for better performance than the public sector. Sadlers (2000:32) identifies the factors which foster intrapreneurship in the private sector, for example, participative or decentralized decision-making which could be done by individuals with specialized training. The private sector also relies upon a few integrating mechanisms.

In the private sector the performance objectives are usually developed from shared participation and managers are not penalized if the projects fail, thereby encouraging risk-taking behaviour. Such a higher degree of autonomy and more availability of resources for innovation, compared to the public sector, favours intrapreneurship. More cohesive work groups (in the private sector) also tend to foster intrapreneurial activities due to the lean size of such organizations. The positive situation, prevalent in the private sector, does not only yield increased intrapreneurial initiatives, but it also results in moderate personnel turnover (Sadlers, 2000:32). Contrary to the private sector which is more reputable for fostering intrapreneurship, a different picture is painted by Sadlers (2000:32) about the factors which inhibit intrapreneurship in the public sector. These are cited as the:

- inherent bureaucratic processes of public sector departments and institutions;
- sharp exposure to the media on projects that fail;
- lack of competition among employees;
- poor resource control;
- massive regulation and accountability requirements through red tape and the measuring of in-puts rather than out-puts;
- multiplicity and ambiguity of goals over time;
- ongoing or relatively secure government financial back-up;

- continuous need for consultation with stakeholders before decision-making;
- political intrusion into management and other aspects of service;
- restrictive employee policies and rigid salary scales;
- risk aversion tendencies;
- 'soft' budget constraints;
- skewed and ineffective reward/punishment systems;
- weak financial disciplines.

Within the organization itself, there are certain antecedents which determine the success of intrapreneurship initiatives. Therefore, Sadlers (2000:32) identifies individual or person-centred intrapreneurial characteristics such as leadership, creativity, innovation, opportunism, risk-taking, facilitation and synthesising.

The classification of antecedents into two groups: personal attributes and situational attributes by Mack, Green and Vedlitz (2008:236), are in line with Sadler's classification of antecedents. Personal attributes include being an innovator, leader, team builder and having certain innate qualities. The situational attributes include a network of contacts, professional organization membership, community organization membership, civic leadership roles and an affinity for the local community. Apart from individual characteristics which influence intrapreneurial behaviour, Sadlers (2000:32) emphasizes that such behaviour, within the public sector, can be achieved through a concerted team approach and in a non-political climate - within the organization and its management.

Table 3.4 below depicts a summary of the antecedents of intrapreneurship from the external environment, intra-organization and the individual (the so-called "public service intrapreneur" or "public entrepreneur"). It is important to note that in this table, the majority of antecedents are situated within the intra-organizational environment and most importantly, within and related to the person.

**Table 3.4: Antecedents to intrapreneurship within the external environment, within organizations and within individuals**

| External Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Intra-organizational Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Individuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>SUPPORTIVE</b></p> <ul style="list-style-type: none"> <li>• Dynamism</li> <li>• Technological opportunities</li> <li>• Industry growth and demand for new products</li> <li>• Macro-external environments               <ul style="list-style-type: none"> <li>o Moderate environmental uncertainty and</li> <li>o Mechanisms for focusing attention on changing condition</li> </ul> </li> </ul> <p><b>CHALLENGING</b></p> <ul style="list-style-type: none"> <li>• Legislative or regulatory constraints</li> <li>• Political opposition</li> <li>• Other obstacles arising in the environment outside the public sector which include:               <ul style="list-style-type: none"> <li>o Doubt about viability of the project</li> <li>o Inability to reach the target group</li> <li>o Public or private opposition</li> </ul> </li> </ul> | <p><b>SUPPORTIVE</b></p> <ul style="list-style-type: none"> <li>• Communication openness</li> <li>• Participative decision-making</li> <li>• Organizational and management support</li> <li>• Organizational values</li> <li>• Performance objectives developed from shared participation</li> <li>• Attitudes</li> <li>• Frequent communication across departmental line and among people with dissimilar views</li> <li>• Structures that provide access to innovation role models and mentors, moderate personnel turnover</li> <li>• Psychological contracts that legitimise spontaneous innovative behaviour</li> <li>• More personnel with specialized training</li> </ul> <p><b>CHALLENGING</b></p> <ul style="list-style-type: none"> <li>• Type, size and structure of organization</li> <li>• Clarity of performance objectives</li> <li>• System of rewards or sanctions</li> <li>• Limited autonomy</li> <li>• Control mechanisms</li> <li>• Turf fights</li> <li>• Resistance to change</li> <li>• Inadequate resources</li> <li>• Use of fewer integrating devices in decision-making,</li> </ul> | <p><b>1. Personal attributes</b></p> <p><b>1.1 Innovator</b></p> <ul style="list-style-type: none"> <li>• Recognize organizational weakness</li> <li>• Identify new missions</li> <li>• Has a positive attitude towards innovation</li> <li>• Has consistent enthusiasm for technology</li> </ul> <p><b>1.2 Leader</b></p> <ul style="list-style-type: none"> <li>• Status and visibility</li> <li>• Specialized expertise</li> <li>• Power and influence</li> </ul> <p><b>1.3 Team builder</b></p> <ul style="list-style-type: none"> <li>• Motivate group members</li> <li>• Encourage collaborative decision making</li> <li>• Espouse trust</li> <li>• Build coalitions</li> </ul> <p><b>2 Innate qualities</b></p> <ul style="list-style-type: none"> <li>• Risk taking</li> <li>• Persistence and persuasiveness</li> <li>• Credibility</li> <li>• Assuredness</li> <li>• Energy and spiritedness</li> <li>• Faith and trust</li> <li>• Intuition and judgement of Character</li> </ul> <p><b>3 Demographic qualities</b></p> <ul style="list-style-type: none"> <li>• Race, gender, age</li> <li>• Education</li> <li>• Years of public service</li> <li>• Current and previous occupations</li> </ul> <p><b>4 Situational attributes</b></p> <ul style="list-style-type: none"> <li>• Network of contacts</li> <li>• Professional organization</li> </ul> |

| External Environment | Intra-organizational Environment                                             | Individuals                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | central decision-making<br>• Managers not penalized when risky projects fail | membership organization<br>• Community membership<br>• Civic leadership role<br>• Affinity for local community<br>• Groups' desire to <ul style="list-style-type: none"> <li>o Change and/or adapt</li> <li>o Innovate</li> <li>o Entertain risk</li> <li>o To work cohesively with open conflict resolution mechanisms that integrate creative personalities into the mainstream</li> </ul> |

**\*Sources:** Antonicic and Hisrich (2001:502); Sadlers (2000:29); Angle and Van de Ven (1989) (as cited by Sadlers 2000:30); Mack, Green and Vedlitz (2008:236).

### 3.3.7 Consequences of Intrapreneurship

The antecedents mentioned above are influenced by several factors and all of these will eventually determine the type of outcome which an organization yields. Therefore, consequences are defined by Walker and Avant (2011:168) as *“those events or incidents that would occur as a result occurrence of the concept, in other words the outcomes of the concept”*. Consequences are useful in determining the often neglected ideas, variables or relationships that may yield fruitful new or further research (Walker and Avant, 2011:168).

The two sets of antecedents that are inherently part of the environment and the organization, as well as individuals and groups with intrapreneural qualities, may lead to the attainment of intrapreneurship within an organization. The consequences would then be, for example, new business ventures and innovative initiatives that will lead to self-renewal through the pro-active identification of opportunities (Antonicic and Hisrich, 2001:505). Such positive envisaged developments within any organization lead to improved performance which can be validated by growth and increased profitability of such an undertaking. The consequence of increased performance is

extrapolated further by Sadlers (2000:32) who highlights some of the following possible positive achievements which an intrapreneurial organization is likely to have. These include: the identification and exploitation of new value enhancement opportunities; the development of new products; the development of new markets or the development of new methods for production (Sadlers, 2000:32).

Within the public sector, according to Sadlers (2000:32), further consequences of intrapreneurship are determined by employees' innovative decision making practices on pertinent matters. These occur on a day to day basis, without being prejudiced by bureaucratic red tape that exists in the public sector. Further consequences could be the establishment of more activities aimed at increasing public enterprise initiatives and the adoption of a range of businesses and advancement in technologies. The breaking up of large enterprises and the establishment of new ones – producing services that were not previously available - could also be considered as possible consequences.

### **3.3.8 Empirical Referents**

According to Walker and Avant (2011:168), determining empirical referents for the defining is one of the final steps in concept analysis. At the end of a complex concept analysis, the following questions normally crop up: *“if we are to measure this concept or determine its existence in the real world, how do we do so?”* (Walker and Avant 2011:168). The authors further explore empirical referents and conclude that they are *“classes or categories of actual phenomenon that by their existence or presence, they demonstrate the occurrence of the concept itself”*. They are *“the means by which one can recognize or measure the defining characteristics or attributes”* (Walker and Avant, 2011:168). Liu (2004:10) on the other hand, defines referents as *“observable, measurable and testable variables that are used to assess the concept”*.

Antoncic (2007:313) considers the company's performance in terms of growth and profitability as a typical consequence of intrapreneurship. It holds hands with the organization's success and would be a characteristic of a successful organization in general. More specifically, the development and enactment of new and successful

business ventures would be considered an empirical referent - not forgetting quality employee performance and satisfaction (Tan, Li and Li, 2006).

Within the context of health care organizations it would probably be meaningful to connect intrapreneurial activities to organizational performance and specifically the quality of health care. Organizational performance may be measured by, for example, cost management; response to change; application of new knowledge and skills and client (patient) and employee satisfaction. The relevance of empirical referents in the context of a hospital can be linked to the total quality framework initiative which Muller (2009:371) refers to "*as an integrated healthcare organization's continuous quality improvement strategy*". According to Booyens (2008:267), these standards and criteria are excellent determinants of quality health care, providing statements for what good health care should entail. Criteria are considered to be "*descriptive statements of performance, behaviour, circumstances or clinical status that represents a satisfactory, positive state of affairs*".

These criteria can be divided into structure, process, and outcome. Structure criteria would relate to organization realities such as the physical layout, mission, staff members' skill mix, training and expertise, information and policies, procedures, rules and regulations and the organizational system. Process criteria, according to Booyens (2008: 267), relate to the actions which are required to be taken by members of staff in order to achieve the required standards. Initiatives that are relevant in achieving the process criteria include assessment techniques, interpretation of signs and symptoms, appropriate intervention, informing and educating patients, documentation of care and effective utilization of resources. According to Booyens (2008: 267), outcome criteria are the last step in the management of quality health care. It refers to "*the expected performances of patients or results expected after good health care has been rendered*". Some examples of outcome criteria include patient behaviour and responses, level of knowledge and health status.

Within the framework of concept analysis, a link between the outcome criteria for total quality management and the empirical referents, as described by Walker and Avant (2011), can be made. Therefore, the following outcome criteria that would evidently

be seen in an intrapreneurial public hospital, could be a decreased absenteeism and staff turnover; less mal-practice case hearings at the South African Nursing Council; improved personnel management outcomes; staff embracing evidenced-based practice by engaging in scientific research in their units; increased national and international benchmarking initiatives on clinical issues; increased innovative and creative competition at unit level and improved quality of care as evidenced by low mortality rate, low infection rate, and good outcomes from patient exit questionnaires (Faugier, 2005:51) and (Casida and Pinto-Zipp, 2008:8).

### **3.4 A MODEL CASE OF INTRAPRENEURSHIP**

According to Walker and Avant (2011:163), “*a model case is an example of the use of a concept that demonstrates all the defining attributes of a concept*”. Therefore, a model case represents an ideal situation which depicts the best applied situation of a concept at organizational level.

#### **3.4.1 Background**

Model cases may be examples of real life situations found in the literature or may be constructed by the researcher to illustrate the defining attributes concerned. Montes-Sandoval (1999:938) endorses the significance of a model case in that it reflects a true and applied representation of a concept under discussion.

The critical attributes embedded within intrapreneurship are three-fold: innovation; risk taking and creativity. The attributes reflected by the model case below, relate to a professional nurse who is considered intrapreneurial by identifying the need in her area of work and developing creative solutions without necessarily always following bureaucratic channels for permission. (Teltumbde, 2006:131) affirms the inherent controversial attribute of risk-taking, especially from intrapreneurial employees in that they do not always ask for permission from their superiors, because of all the organizational red-tape that needs to be followed. Often bureaucratic red-tape prolongs the time from planning to action. As a result, so-called “organizational revolutionaries” tend to act first mainly due to the plausible and well-thought through ideas and decisions they put forward. Risk-taking is part and parcel of this action taken.



### 3.4.2 Model Case of Intrapreneurship

50 year old Sister Matthew (as she is endearingly called by her clients) has been working in a diabetic clinic at a local academic hospital for the past 15 years. She has taken the trouble to qualify as a diabetic expert and applies her knowledge and skills in educating patients, colleagues and students about the condition. She also acts as a consultant for a private organization in the field of diabetes care. She is very passionate about her work and she is loved dearly by her clients, whom she sees at least monthly.

Sister Matthew kept good records of the clients she saw. She now noticed an increase in the number of patients being diagnosed with diabetes – the last six months a >20% increase in the number of new cases of diabetes type 2. In reviewing literature, she also saw that diabetic care has become an international concern. Her vision then became to lower or prevent such an increase by a range of interventions that include prevention and better diabetes management practices. She decided to employ a turn-around strategy by developing a five year plan together with her team of professional nurses.

Sister Matthew decided to, for the moment, by-pass the senior management of the institution as she anticipated some resistance from them. She agreed with her team that they would involve the management when the idea is more well-developed and functional to some extent. Sister Matthew and her colleagues developed the following simply formulated objectives: To

- seek funding to run their program;
- influence the hospital senior management to buy into her idea when the time is ripe;
- reduce the on-set of diabetes type 2 by 25% in the next five years
- using aggressive health education programs;

- reduce the complications of diabetes by 80%;
- establish both on-site and out-reach programs;
- establish a wellness centre which has an on-site gymnasium;
- obtain community buy-in and to create a community-partnership.

Sister Matthews and her team did not take any no for an answer, obtained the support of the International Diabetes Federation local representative and private companies willing to participate. Within one year, Sister Matthew and her colleagues obtained expert help and funding from the local and international organizations. This enabled her to start her program with immediate effect. In three years the following positive results were seen:

- She obtained full support from the senior management of the institution after on-going engagement with them.
- Type 2 diabetes was reduced by 10%.
- Diabetes complications were reduced to 40% - thus, reducing the budget cost of chronic ailments with >30%.
- Obtained the buy-in of the local nursing college and department of Nursing at the university who provided senior students to help with community outreach and mental health programs – acknowledging the emotional burden of diabetes to the patient and significant others.
- Health education programs were up and running and they became so popular that she was requested to host a health education slot at a local radio station to educate the community on diabetes.
- The Healthy Lifestyle and Wellness Centre at the clinic became very popular, and was eventually made available to the general public for a reasonable fee. This created a monthly income that helped to sustain the centre and other initiatives.

Brunaker and Kurvinen (2006:119) affirm the crucial positioning of middle managers in their organizations. *“Middle managers”, according to the authors, “have their fingers on the pulse of operations, they can also conceive, suggest and set in motion new ideas that top management may not have thought of”.* Since the middle manager feels the pressure of both subordinates and superior manager, they need to balance conflicting demands from different interest groups (Brunaker and Kurvinen, 2006:119).

In the above scenario, Sister Matthew’s relentless dedication and hard work is reflected in the critical or defining intrapreneurial attributes of innovation, risk taking, and creativity. Risk taking is considered to be one attribute which makes a leader to stand out among his/her colleagues (Boyett, 1997:87).

Examples of personal attributes, consequences, antecedents and empirical referent from the model case are depicted in table 3.5.



### 3.4.3 Borderline Case

Walker and Avant (2011:164-5) portray borderline cases as instances that define most, but not all of the attributes of the concept being examined. Such cases may contain most of the inherent defining attributes of a concept, but may differ substantially in one of them. The difference could be in the length of time or in the intensity of occurrence of a phenomenon.

#### 3.4.3.1 Background

The borderline cases are inconsistent in some ways to the concept of interest. Speros (2004:636) confirms that in the borderline cases, some of the defining attributes are purposefully excluded. Borderline cases allow readers to better understand what the concept is not (Speros, 2004:636). A borderline case would thus only have one or two previously mentioned critical attributes of intrapreneurship.

The borderline case of intrapreneurship in the scenario below is not an ideal example which could be emulated by unit/operational nurse managers in public hospitals. Concept attributes such as innovation and creativity, are discussed in the scenario below. However, the scenario below does not reflect any risk taking ability or behaviour of the unit nurse manager. The inherent critical attributes of intrapreneurship are thus only innovation and creativity. Sister Kent is apparently not ready to deal with senior management in her institution. As a result, she displays mediocre performance. However, she enjoys her current recognition and prefers to stay in a comfort zone by not breaking any rules that may result in her being unpopular with the senior management of the hospital (Teltumbde, 2006:131).

#### 3.4.3.2 A borderline case of intrapreneurship

Sister Kent is a hard-working and passionate unit/operational nurse manager in a medical care unit. She always arrived punctual at work. Her unit is reputable for absolute cleanliness as revealed by recent infection control audits. Through her

competitive nature, she encourages her staff to think “out of the box” and present new initiatives that will improve the performance in their unit. A suggestion from one of her staff members was to hold patient support groups in the unit, especially for patients with diabetes. This initiative would entail the significant others of patients spending some time, and even overnight with the patient in the unit.

Sister Kent liked the idea, but was not willing to request permission for such an organized support group. She knew that management was against “outsiders” being in the unit after visiting hours have expired and thus did not pursue the idea. She was also not willing to break any rules and to be reprimanded.

Despite her lack of assertiveness, she has earned a lot of popularity among her peers and management, probably because she is easy to relate to and not inclined to “make waves”. She is regarded by the senior management of the hospital as a very loyal employee who follows the organizational rules and regulations carefully and contributes to the well-being of the organization.

#### **3.4.4 A Contrary Case of Intrapreneurship**

Contrary cases according to Walker and Avant (2011:166) are clear examples of what the concept is not. The authors emphasize the significance of contrary cases to the researcher in that they portray a clear picture of the opposite of an ideal situation. The authors emphasize the importance of examining cases that are not exactly the same as the concept of interest in that, even if they are similar or contrary to the concept, they help the researcher to make better judgement about which defining attributes fit better.

The scenario below portrays a contrary case that is considered opposite the intrapreneurial model case seen in the first example. The contrary case below does not reflect any of the critical attributes of innovation, risk-taking and creativity identified earlier. Sister Lola is the complete opposite of what an intrapreneurial professional nurse should be. She is considered to be lazy, arrogant and an ill disciplined nurse who wants to do as she pleases in her work environment without adding any form of real value.

#### 3.4.4.1 Example of a contrary case

Sister Lola recently requested to be transferred from the maternity ward to the diabetic clinic at the out-patient department of the local academic hospital. The reason was that she wanted to work better hours. She never liked working with patients requiring medical care and was hoping the management would transfer her to the diabetic clinic.

From the beginning, she was grumpy in her new workplace. She strongly felt that the senior nursing manager does not “like her”. She however, refrains from arranging a meeting with the manager to discuss her discontent as she was worried they might send her back to the inconvenient shift work she had before.

Sister Lola has no interest in the work of the diabetes clinic and does not “like” the large number of older patients coming to the clinic. She finds the patients to be “boring” and does not bring any new ways of doing the difficult work in the clinic and does not even listen to any new idea a staff member might have. She consistently says to her staff: “Why fix anything if it is not broken?”

Sister Lola also decides that she will “get back” at the nursing manager by taking sick leave at regular intervals, at least 3 days monthly. It was clear that Sister Lola felt no commitment to and passion for her work.

### 3.5 CONCLUSION

Chapter three introduced the definition and philosophy of a concept and concept analysis, followed by a reflection on the advantages and disadvantages of a concept analysis process. This was followed by a historical overview of and an analysis of definitions used in the literature. A range of literature sources from different disciplines further discussed the defining attributes of the concept “intrapreneurship” at length. Antecedents, consequences and empirical referents followed by three examples of different cases were discussed using Walker and Avant concept analysis framework. In the next chapter, the findings from the focus groups will be discussed.

## **CHAPTER FOUR: FINDINGS - FOCUS GROUP**

### **4.1 INTRODUCTION**

In this chapter the concept of interest, “intrapreneurship”, was debated by using inputs from a range of scholars in different disciplines – broadening our understanding of the concept. The concept analysis model of Walker and Avant was used as a rigorous method. This chapter will discuss the findings of the five focus groups which were held with unit/operational nurse managers at the three public hospitals in Mangaung, Free State.

These findings will be compared and contrasted with findings from those in literature. The purpose of this part of the research study was to co-meet the two objectives that related to unit/operational nurse managers’ understanding and view of:

- Intrapreneurship within the hospital working environment;
- The hospital environment’s conduciveness to intrapreneurship.

In Chapter 5, the use of a valid and reliable survey tool to further explore the above objectives is described.

### **4.2 CONTEXT OF THE THREE PUBLIC HOSPITALS USED IN THE STUDY**

A range of positive developments which occurred in South Africa after the dawn of democracy, were aimed at mitigating social disparities that were promulgated by the apartheid regime. The establishment of the Reconstruction and Development Program by the government focused on correcting a range of social issues, including the health care component (Booyens, 2008:8). The goals of health reform since 1994 have been to *“unify the fragmented health services into a comprehensive and integrated National Health System reduce the disparities and inequalities in service delivery and health outcomes and to extend access to an improved health service”* (Booyens, 2008:9).

One major reform in health services resulted in the introduction of a District Health care System which is based on the principles of Primary Health Care. According to Pillay, McCoy and Asia (2001:3)



*“the district health care system based on PHC is a more or less self-contained segment of the National Health system, it comprises of a well-defined population that lives within a clearly delineated administrative geographical area. It includes all the relevant health care activities in the area whether governmental or otherwise.”*

The South Africa Department of Health, vote 5, (2009: Online) report highlights that The Free State Department of Health provides comprehensive health services that include prevention of diseases, promotion of health, curative and rehabilitative services. The comprehensive services are delivered to the population of the Free State province as well as persons visiting the province. This includes a referral system between levels of care and the required support services. The commitment of the National Government transcends to the provinces. According to the South Africa, Free State Department of Health, strategic plan of (2009: Online) the following six focal points have been identified:

- Compassionate and quality health services
- Reduced burden of diseases
- Optimal facilities and equipment
- Appropriate personnel
- Strategic and innovative partnerships
- Efficient management and governance

Within the South African context there are three categories of hospitals often referred to as; District, Regional and Tertiary hospitals. Currently the government is renaming these as level 1, 2 and 3 hospitals (Cullinan 2006: Online; Pillay *et al.*, 2001:1). According to Pillay *et al.*, (2001:1), the decision to decentralize the delivery of health care in South Africa is consistent with the overall policy of decentralizing the government. Therefore, entry into health care services generally follows a referral sequence of a Primary Health Care clinic, followed by a District hospital, the Regional hospital and then the Tertiary hospital.

For administrative purposes, the Free State Province has been divided into five districts, namely Xhariep, Motheo, Lejweleputswa, Fezile Dabi and Thabo

Mofutsanyana. Mangaung is part of the Motheo district (Pillay *et al.*, 2001:1). The three public hospitals that formed part of the research study were the National, Pelonomi, and Universitas hospitals which are situated in different areas of Mangaung. These hospitals are positioned at different levels of care and therefore offer different types of health care.

#### 4.2.1 The National district hospital

The National District Hospital is positioned at the first level of care and the changes that came with the realignment of health care services in the Free State Province resulted in this Hospital being positioned at this level of care. PHC clinics refer directly to this hospital. Limited beds and an ailing infrastructure are some of the factors which resulted in the inability of this institution not to cope with the current population influx of Bloemfontein. The participants in this study also concurred that the mentioned factors tend to hinder their intrapreneurial potential. The current situation at this hospital was, for example, confirmed by a participant in the study who stated that:

*“The population of Bloemfontein is too big compared to the number of beds of the hospital. That is what has been in news papers. The population can’t be catered by the current number of personnel and infrastructure. Pipes are old and keep on leaking and a lot of money is spend on maintenance instead of being spend on other things hence its affecting budget. Things are breaking, you are forever fixing.” (B:P1)*

South Africa Free State Department of Health Budget Speech (2012: Online) highlights that the Department of Health in the Free State is embarking on remedial measures to address endless health care challenges currently existing within the province. According to this report, an increase of 14.7% of the allocated budget from the previous year, will be made available to address infrastructure improvements throughout the province. In an attempt to address infrastructure issues, the Free State Department of Health is planning to build the new Mangaung District and Psychiatry hospitals.

#### 4.2.2 Pelonomi regional hospital

South Africa Department of Health, vote 5, (2009: Online) report indicates that Pelonomi Regional Hospital operates at the second level of care whereby patients with more complicated health care needs are being referred to from the district hospital. As a regional hospital, it serves the population of Mangaung, the entire Free State, Northern Cape Province and neighbouring countries, e.g. Lesotho. Patients with more complicated health care conditions requiring specialized care are referred to Universitas Hospital. Pelonomi Hospital is also part of the Free State Government revitalization program to improve its current infrastructure.

The poor patient-bed ratio at Pelonomi Hospital is apparently attributed to the influx of patients from all over Free State, North West Province and the neighbouring country, Lesotho. As a result, the patients more often than not have to be nursed on a stretcher in the casualty department for about 3 to 4 days while waiting to be admitted in the wards. The situation is of concern to the nurses as was confirmed by one participant who said that:

*“Another thing is negative opinion polls of the casualty. Because of lack of beds the patients have to wait. So why can't they be admitted to another hospital especially Universitas. So they need to wait there until there is a bed. Aah, those are some of the things that cause stress on us. I mean you can imagine having to nurse a patient on a stretcher for 3-4 days. Yah those are some of the things that cause stress to us.” (C:P5)*

#### 4.2.3 Universitas Tertiary Hospital

The Universitas Hospital is the only tertiary hospital in the Free State, and therefore it is positioned at the third level of care according to the Primary Health care categorization of services as reported by South Africa Department of Health, vote 5, (2009: Online). The report further highlights that this hospital offers specialized care to the population of the Free State, Northern Cape and the neighbouring country, Lesotho.

According to South Africa Department of Health, vote 5, (2009: Online) report Universitas as a tertiary hospital, uses highly skilled professionals from diverse health care fields, including nurses, to care for patients with complex health care problems. As a training hospital, teams of highly skilled specialists perform complicated operations such as heart surgery and undertake research on a number of daunting health care issues. The hospital is also directly attached to the Faculty of Health Sciences on campus. Students from the three Schools within the Faculty of Health Sciences (Medicine, Allied Health and Nursing) as well as student nurses from nursing colleges within and around Bloemfontein, obtain their clinical experience at this facility.

South Africa Department of Health, vote 5, (2009: Online) report affirms that that all three hospitals used as research sites in this study, are accredited clinical institutions which accommodate a range of students from the surrounding colleges and universities for practical training experience required by different professional bodies.

#### **4.3 REALIZATION OF SAMPLE**

Focus group discussions are considered to be contextual, descriptive and exploratory in nature, thus appropriate for the stated research objectives. The researcher oversaw the conducting of 5 focus groups. The number of participants for each focus group which were held at each of three hospitals were; 10 at National, 21 at Pelonomi (x 3 groups) and 11 at Universitas hospitals. A total of 42 participants attended the focus group sessions with an average of 8 to 9 participants per group. Focus groups were conducted in a relatively quiet and private area, e.g. board rooms of different hospitals where the unit/operational nurse managers were free from their every-day work responsibilities. All the focus groups were conducted by an experienced facilitator with proven skills in communication, group work and facilitation. The researcher attended the discussions as an observer and a note-taker. The groups were arranged in a U-shape or circle – depending on the venue. Discussions lasted about one and a half to two hours each. Participants generally arrived at the scheduled time, were cooperative and generally seemed relaxed.

At the beginning of each group discussion, participants were informed of the nature and purpose of the study. The participants were assured that their identity will be protected through the use of pseudonyms (for example “P5”), that all discussions would be considered private and confidential and that participants had the right to withdraw at any time if they so wish. The rationale to use an audio tape recorder was explained and participants were assured that such recorded data would only be used for transcription purposes, be securely locked away and be destroyed when the report was completed and assessed. The facilitators ensured that a consent form was completed by each participant.

#### **4.4 UNDERSTANDING OF THE CONCEPT ENTREPRENEURSHIP/ INTRAPRENEURSHIP**

The introductory question, aimed at eliciting the group’s understanding of the two concepts “entrepreneurship/intrapreneurship”, was asked. As the concept “intrapreneurship” might have been new (Molina and Callahan, 2009) or unknown to the participants, the concepts intrapreneurship and entrepreneurship were initially used interchangeably. This is in line with Zulkosky (2009) who underlined the frequent use of surrogate terms.

From the qualitative data analysis process, four explicit themes, related to participants’ understanding of intrapreneurship and entrepreneurship, emerged - each with its own sub-themes. Emerging themes were a so-called “business venture”, “innovation”, “involvement” and “value of” or “valueing intrapreneurship/intrapreneurship”. See Table 4.1

**Table 4.1: Participants' understanding of the concept "intrapreneurship"**

| THEMES                                                                                                                                                                                             |                                                                                                         |                                                                                  |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Business venture                                                                                                                                                                                   | Innovation                                                                                              | Involvement                                                                      | Value                                                                                |
| <ul style="list-style-type: none"> <li>• Personal</li> <li>• Knowledge and skills</li> <li>• Organization(al) know-how</li> <li>• Hospital as a business</li> <li>• Hospital leadership</li> </ul> | <ul style="list-style-type: none"> <li>• Different</li> <li>• Outside the normal "structure"</li> </ul> | <ul style="list-style-type: none"> <li>• Individual</li> <li>• Groups</li> </ul> | <ul style="list-style-type: none"> <li>• Meet needs</li> <li>• Worthwhile</li> </ul> |

#### 4.4.1.1 Business venture

Venturing into business is considered a key theme that links to sub-themes such as being a personal venture, relevant knowledge and skills, organizational know-how and leadership. According to Salehi and Javali (2012: Online) venturing refers to the "*creation of new businesses*". According to the process model of entrepreneurship by Bhawe (as adapted by Elango, Hunter and Winchell 2007:199), the three stages are opportunity recognition, overcoming entry barriers and applying operational competencies. In the opportunity recognition stage, the entrepreneur has to identify an untapped business need. The next stage would be the obtainment of organizational buy-in and lastly, the necessary managerial capacity to run the organization or project from day to day.

The perception of the process of entrepreneurship as development of a business venture by most participants in this study is congruent with Karahan and Okay (2011:4121) who outline the process of entrepreneurship as the detection of opportunities in an environment, thereby producing dreams or visions from such intuitive opportunities and then turning these into meaningful projects.

Participants' perception in all three focus groups related to a business venture – having the knowledge and skills to make such a venture successful as indicated in some of their quotations:

*“Something ‘new’. It sounds like something new or like a business.”*

(A: P1)

*“Entrepreneurship. Entrepreneur is a person who is having a business idea of running a business, having the know-how, skills [and] knowledge to run a business.”* (B: P2)

*“It is about organizing a business.”* (C: P2)

Some participants emphasized the individual and personal “ownership” embedded in the concept - adding the dimension of “out-of-the-box” thinking:

*“Its own things, own business.”* (A: P3)

*“It’s like if you are an individual, see that you do better delivery even though it’s not part of the framework or not part of the normal structure at the place or organization where you work.”* (A: P2)

The perception of entrepreneurship by many business management scholars as “out-of-the-box” thinking is in line with Karahan and Okay (2011:4122) who identify a number of characteristics which relate to the individual as an entrepreneur: e.g. self-motivation, persistence and willingness to take risks. According to Laissani *et al.*, (2012:Online) intrapreneurship is crucial for growth of the enterprise since it stimulates the development and supply of new products, technological novelties and other innovations.

One participant went further and apply business venturing to the hospital context; embroidering on the importance of the environment to be successful:

*“Even if you take the hospital as a business institution, as managers there will be people assigned to give guidance, take leadership role and to make that institution operates like a business properly. Or in government sector, you can bring new ways of doing things but that will depend if the environment is conducive or not, because if the environment is bureaucratic, innovation will not*

*be covered by the strategic plan of the organization. People might feel that the environment is not welcoming or encouraging them, as a result they become dormant and not pursue intrapreneurship in the environment which they find themselves yes.” (A: P2)*

Moran (2004:Online), who is a proponent of public sector innovation, acknowledges the constraints inherent in the traditional Weberian ideal of bureaucracy which tends to hinder intrapreneurship. However, the author strongly believes that the public sector “*has a hot bed of innovative activity*”.

#### **4.4.2 Innovation**

Some participants used the word “new” or creating something new that did not exist before:

*“Hmmm, It’s like if you are an individual, see that you do better delivery even though it’s not part of the framework or not part of the normal structure at the place or organization where you work, for example, in our sector you can open your own nursing practice and become an entrepreneur in drawing your mission, vision goals and strategic plan for that. The business could be financed by the bank or individual or different partners.” (A: P2).*

The concept “innovation” is one of the defining attributes of entrepreneurship/intrapreneurship. The definition of intrapreneurship as highlighted by Sadlers (2000:27) portrays an intrapreneur as “*a corporate employee who introduces and manages an innovative project within the corporate environment as if he or she was an independent entrepreneur.*” Innovation according to Salehi and Javali (2012: Online) refers to the organization’s commitment towards introducing new products, production processes and organizational systems which are aimed at improving performance.

According to McClelland as cited by Sadlers, (2000:27), the need for achievement is one of the main characteristics of entrepreneurs. Achievement is then often coupled with innovation and such a perception of innovation is gradually permeating the



public sector which is traditionally considered to be quite rigid with little room for intrapreneurship. Sadlers (2000:25) applauds the current trend of governments, especially in developed countries, to realign their public sectors with the changing global environment through challenging the traditional mindset and incorporating innovation and entrepreneurship.

Antoncic (2003:10) perceives organizational innovation as a concept from management literature that can be considered closest to the intrapreneurship concept. The author emphasises that the word “innovation” cannot be discounted as a defining element of entrepreneurship and intrapreneurship. The Schumpeterian view of innovation is brought to the fore through linking the new entrepreneurship with innovation in his study. Schumpeter perceived the entrepreneur as a driving, dynamic and economic disequilibrium that creates new combinations of production. Entrepreneurship is further described metaphorically as a destabilising force that started the process of creative destruction (Antoncic, 2003:10). Schumpeter positioned the entrepreneur as an agent of change whose creative behaviour in terms of different innovation aspects, was seen as a disruption (as a creative destruction) in the economic equilibrium of an industry (Antoncic, 2003:10).

The concept “innovation” is taken a step further by Lynnoise and Houle-Rutherford (1996: Online) who emphasise that an innovative person is not only looking for ideas and nurturing them to completion, but instead they are looking for opportunities and problems to solve by anticipating changes, tracking trends and searching for new issues and challenges to tackle.

In this study, one participant’s example of developing a program for the unit was excellent, and it was congruent with the rest of the literature about innovation.

*“Can it be the same thing like maybe which gives us a chance to develop a program for the ward which wasn’t there, that when they see the program it can be used in other wards.” (C: P2).*

Antoncic and Hisrich (2003:14) create a clear distinction between the two interrelated concepts, “*innovation and intrapreneurship*”. The two scholars agree that these two

concepts share the focus on newness. *“Organizational innovation is more concerned with product, technological and, to a certain extent, administrative innovation, whereas the concern of intrapreneurship is more concerned with emergent activities and orientations that represent departures from the customary that may or may not be product or technology innovation related”* (Antoncic and Hisrich, 2003:14).

#### 4.4.3 Involvement

The Oxford online Dictionary, Thesaurus and Encyclopedia (2007: Online) describes the word “involvement” as a noun that refers to *“participation, collaboration, collusion, association, connection, entanglement”*. Closer working relations within organizations make it possible for each employee to participate in different facets through participative leadership. Muller (2009:107) defines participative management as *“a process of dynamic interactive decision making and problem solving, shared governance, ownership and accountability, organizational transformation and empowerment as well as applicable communication inside and outside the nursing unit”*. Subordinate involvement according to Muller (2009:107) does not imply chaos.

Participants referred to both individual and group involvement – emphasizing the leadership role:

*“It could include groups or doing business as an individual or partner with other people.” (A: P2).*

*“Even if you take the hospital as a business institution, as managers there will be people assigned to give guidance, take leadership role and to make that institution operate like a business properly.” (B: P2)*

The issue of involvement by all parties is at the centre-stage for any organizational success. According to Trofino (2000:233), building organizations for the future, requires nursing managers who bid farewell to the command and control approach and to remove clutter from excessive policies, procedures, regulations and rituals. They have to share power with subordinates. The author insists that, nursing managers in their specific health-care systems should seek partnership through collaborating with colleagues from all groups that have an impact on the clients' needs.

Kroukamp (1999:330) indicated that since the dawn of democracy in South Africa, creating partnership with communities has been quite an outstanding development. Such government/community partnerships are aimed at effectively addressing complex, and daunting health care issues. However, critics of community partnership initiatives warn that it can be a costly exercise because ordinary citizens do not understand complex health care issues the first time, therefore have to be led through multiple sessions.

#### **4.4.4 Being of value/valued**

The word “value” is perceived differently by a range of scholars. At organizational level the author views workplace values as *“words which describe how we relate to and treat other people in the workplace”*. The Oxford online Dictionary, Thesaurus and Encyclopedia (2007: Online) consider values to be *“something of value (that) epitomises significance, worth, usefulness, advantage, benefits, gain, profit, etc.”* Values are also associated with principles of ethics, morals, standards and codes of behaviour. Muller (2009:60), on the other hand, perceives values as *“beliefs about the truth and the worth attached to it”*. She considers a value to be a valuable standard or quality of a person or social group. Values are then connected or integrated into an organized system that holds meaning for an individual or group. Values are used by people as yard sticks for choosing and evaluating actions, previous occurrences, policies, people and institutions (Laissani, *et al.*, 2012:Online).

The relevance of organizational values is reflected on further by Laissani *et al.*, (2012: Online), through highlighting their influence in the flourishing of intrapreneurship. Values are competition-related, therefore, they reflect characteristics such as openness, pro-activeness, leadership, dominance, and so forth. Person-related organizational values are, for example, rewarding, they are person-oriented, embrace positive and participatory approaches in doing things. The authors strongly perceives values as representing an integral part of organizational culture which in turn positively impacts on the process of innovation - thereby enabling improvement in performance. Therefore, organizational values in terms of person-related and competition values

can hold great weight for intrapreneurship and firm growth thereof (Laissani *et al.*, 2012: Online).

Responses to this question by all five research groups, related to developing and running a business with one group pulling the concept through to the hospital as a business. Two or more groups emphasised that it is *“something different, new or novice, that it is outside the normal structure and it could operate at individual or group level”*. Also imbedded in their responses were acknowledgments of doing it “better” – expressing a value-oriented view:

*“Ammm, It’s like if you are an individual, sees that you do better delivery even though it’s not part of the framework or not part of the normal structure at the place or organization where you work.” (A: P2)*

#### **4.4.5 Value of meeting needs**

Establishment of something of value such as a business is usually triggered by an individual’s needs to fill in the gap of an identified need. Participants in this study confirmed that developing business initiatives are something of value and could be initiated individually or through the creation of partnerships.

*“It starts with developing a need and taking this need through which something like an opportunity to develop business or something worthwhile - something like partnerships.” (A: P1).*

#### **4.5 REFLECTING ON THE HOSPITAL ENVIRONMENT – HELPING OR HINDERING INTRAPRENEURSHIP**

In all groups, the facilitator read a definition of entrepreneurship versus intrapreneurship to the group to ensure that all participants understood these two concepts of interest through highlighting the similarities and differences. The essential element of intrapreneurship was stressed in that intrapreneurship relates to larger organizations such as health care services and highlights the role of the individual

employee; being often “about bottom up, proactive work-related initiatives of individual employees”. One participant requested further clarification:

*“I just want to understand about intrapreneurship, because I hear that the last sentence emphasises that it starts from bottom up from employees. It does not come from the top, but it comes from the bottom.” (C: P2)*

This part of the group discussion then focussed on the work environment and how it fosters or hinders intrapreneurship and what actions could be taken to deal with such hindrances.

#### **4.5.1 In what ways does your hospital working environment fosters intrapreneurship?**

A number of participants requested a repeat and/or clarification of this question which was then provided by the facilitator. Participants took a bit of time to respond and within one group a participant referred to, for example, the management of personal finances. The question was again clarified in this case and participants then continued to explore their views of how the hospital working environment fosters and/or hinders intrapreneurship.

When analyzing the transcribed focus group data, the following five themes emerged: Running the business; providing training opportunities and meaningfully execute planning, quality improvement and innovation strategies (See Table 4.2).

Some of the previously discussed themes emerged once more in the discussions. The metaphor of the hospital as a “business” that utilizes quality control measures to yield positive outcomes of care was identified.

**Table 4.2: Participants' views on how the hospital working environment fosters intrapreneurship**

| THEMES                                                                                                                                                    |                                                                                                                                                                                                                      |                                                                                                                                                                    |                                                                                                                                                                                                                                             |                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Business                                                                                                                                                  | Training and development                                                                                                                                                                                             | Planning                                                                                                                                                           | Quality improvement                                                                                                                                                                                                                         | Innovation                                                                                                                                  |
| <ul style="list-style-type: none"> <li>• Budget and expenditure management</li> <li>• Resource management</li> <li>• Personal responsibilities</li> </ul> | <ul style="list-style-type: none"> <li>• Mentorship programs</li> <li>• Skills development</li> <li>• Conferences attendance</li> <li>• Management training at university</li> <li>• Workshops attendance</li> </ul> | <ul style="list-style-type: none"> <li>• Policies and guidelines</li> <li>• Unit objectives</li> <li>• Contingency plans for specific times of the year</li> </ul> | <ul style="list-style-type: none"> <li>• Management involvement</li> <li>• Resource control</li> <li>• Involvement in different projects</li> <li>• Exit survey</li> <li>• Peer group review</li> <li>• SANC hearings attendance</li> </ul> | <ul style="list-style-type: none"> <li>• Program development</li> <li>• Project implementation</li> <li>• Mini research projects</li> </ul> |

Sadlers (2000:26) emphasises the current trend in which public sector reform programmes seek to align it with broad commercial disciplines. The author identifies some factors that are relevant to the stimulation or constraint for intrapreneurship. These are for example, the macro-external environment, structure, culture, size, rewards, sanctions and the centralization of decision making.

#### 4.5.1.1 Business

Booyens (2008:251) agrees that any public sector organization, like any other private enterprise, should also have the interest of its employees at heart. Effective management of a hospital enterprise should be achieved through adhering to principles of total quality care.

Participants alluded to the fact that good business practices in managing a hospital as a business, results in positive outcomes – in this case also emphasizing budgetary responsibilities, human and material resource needs and personal responsibility:

*“So the business of the hospital encourages that you must have your own cost centre meeting where you must have your own expenditure*

*of your department. You must check your budgets given, and transfer funds that you don't use in order to have what you really need. You must be responsible. You must have your own objectives. It gives you the opportunity to sit down and check every month. Like blood it's the cost driver in our hospital, you must be responsible at the end of the day you become responsible to know how much did you consume. The patients diet, the linen, you must know the overall cost driver. The other cost driver can be linen, bandages. You become responsible for your own expenditure because there is no where you will get funds from."* (C: P4)

*If you have to run a business, you need to know the needs of the business have accessories because you can't run a business. They are things that need to be there in this hospital you need to do some ordering, you need staff from different categories such as nursing, physiotherapists technicians, artisans to run machinery."* (B: P1)

#### 4.5.1.2 Training and development

*"I think personnel development, so that you can run and manage the hospital by teaching junior staff, by developing personnel."* (B: P2)

Booyens (2008:215) agrees that inherent to good human resource practices at any progressive organization, are personnel development that is aimed at improving staff competencies. This is considered critical to maintain a high quality workforce. Nel et al., (2008: 421) also regards the individual training of employees as an investment to both the individuals and organizations. A lot of rewards such as higher earnings and increasing career opportunities, social integration and personal fulfilment in future, are realized. Despite the high costs which are incurred by organizations to train the employees, the advantages of investing in employee training according to Nel et al., (2008:421) far out-weigh the costs. Such benefits include increased productivity, improved quality and a more motivated workforce.

The importance of training and development in the concerned public hospitals were further agreed upon by one participant that explained her understanding as follows:

*“There is also skills development unit here in hospital. What they do is they identify skills you require, and you submit to them. You must identify which skills you require and then send to skills unit so that they can train you on the skills you identified so that your staff at the end of the day can give quality patient care.” (C: P5)*

Participants in general agreed upon the importance of training and developmental opportunities. They also indicated that their organizations were supportive in terms of capacity building through different short or long term programmes intended for the different groups of nurses - either on site or at training institutions:

*“My employer is giving chance the lower ranks to sort of develop themselves by attending the workshops and give us allowance to come back with knowledge to implement whatever we have acquired from the workshop or conference.” (B: P3)*

Participants emphasized staff development, mentorship programmes and attending educational opportunities. Examples of participants' statements on these were;

*“Mentorship programs whereby the young managers of the hospital can learn how you go about with processes, for example learn how to run night matrons office that is running the hospital over 24 hours. So they are developed how to solve problems through mentorship.” (C: P1)*

*“The hospital sends us to conference like the 6<sup>th</sup> and 7<sup>th</sup> Nursing conference held annually. They are held in December every year” (C: P5)*

*“Most of the Unit Managers went for manager's course at UFS and everyone who has experience from school comes and*



*shares their experience within the institution.” (C: P5)*

#### 4.5.1.3 Planning

Participants focused on the supportive value of directives, e.g. policies and guidelines, unit objectives and contingency plans to foster intrapreneurship. Planning is *“the cornerstone of good management process and is grounded in the vision, mission, philosophy, goals, and objectives of the organization”* (Booyens, 2008:21). It focuses on goals and therefore minimizes risks and uncertainty whilst ensuring the effective use of resources and meaningful control within the organization.

If one reflects on the clarity of objectives in planning, Sadlers (2000:30) warns that objectives that are developed unilaterally by top management only with emphasis on formal accountability and strict rules enforcement, leads to organizations that are more defensive and conservative due to rigid behavioural patterns. Participants consider the permission and imbedded ability to develop a so-called business plan, important to foster intrapreneurship:

*“It’s allowed to form strategic objective and to form a business plan for our hospital based on the business plan of the Department of Health.” (C: P1)*

Intrapreneurial organizations tend to develop “bottom up” performance objectives with both the management and staff participating in their development. Participants also considered the importance of policies and guidelines. However, they were not explicit in whether they participated in such processes:

*“... by developing policies which will guide us how to function.” (B: P3)*

West and Scott (2000:387) lament that nurses perceive themselves to be excluded from the process of health policy formulation despite the fact that policy decisions affect the nursing workforce who are the majority that have to implement these health policies. The authors emphasise that in the hospital work setting, the presence of a wide range of policies are quite pivotal to facilitate the effective management of such organizations. Booyens (2008:53) affirms the significance of a health policy in that it

creates the context within which health care should be practiced. As a result, health care professionals are dependent on health policies and they also affect the policy through delivery of health care services (Booyens, 2008:53).

On the issue of the need for companies to establish creative and innovative enterprises, Laissani *et al.*, (2012: Online) highlight that creative enterprises always seek to recruit co-workers from specific fields for innovative procedures, and in turn offer rewards for their innovativeness. Such enterprises incorporate the concept of innovativeness in their strategic plans and therefore it becomes a declared value. Participants in this study only confirmed their involvement in the developing of contingency plans:

*"We are also encouraged to draw contingency plan for our departments. For example, during festive seasons or ester and other specific times of the year at lower managerial level to draw contingency plans at specific times of the year."* (C: P4)

#### 4.5.1.4 Quality improvement

##### **a) Introduction**

According to the Ministry of Health Republic of Armenia (USAID) (2008: Online), improving of quality health care should follow a holistic approach which provides continuous attention and monitoring of three aspects - structure (inputs) as well as processes and outcomes. The structure includes conditions, resources and investment which are required in the provision and maintenance of health care services. Processes include different actions and steps taken to transform inputs to outputs and outcomes. It is constituted by all the activities/procedures which determine the process of health care delivery.

Lastly, outputs and outcomes are final results of input and processes.

According to the Ministry of Health Republic of Armenia (USAID) (2008: Online), flourishing of quality health care depends on the following five aspects;

- **Access:** the degree to which health care services are unrestricted by geographical, economical, social and structural barriers.
- **Physical environment:** The condition of health care facilities, including equipment, supplies, cleanliness, sanitation, comfort, accommodation for patient privacy, as well as the safety and security of the physical structure.
- **Technical competence:** How well tasks are carried out by health care providers and facilities adhere to established clinical standards and meet expected outcomes.
- **Responsiveness:** The extent to which health care providers are responsive to the patients and community needs, including effective communication between patient and provider.
- **Management:** the adequacy of human resources, provision of supportive supervision, maintenance and administration of daily routines of health care facilities, maintenance of supplies and equipment.

The South Africa, Department of Health Government Gazette no.34523 (2011: Online) acknowledges significant strides achieved in the coverage and access to health care services since 1994. However, notable quality problems which are still present include: *“cleanliness, safety and security of staff and patients, long waiting times, staff attitudes, infection control and drug stock-outs.”*

The South Africa, Department of Health Policy Document (2007: Online) identifies many quality problems in health care. The report emphasises that the shortcomings are not only a major threat to the health and lives of patients, but are costly and reduce productivity. Common quality problems identified in the report include:

*“Underuse or overuse of services, avoidable errors, variation of services, lack of resources, inadequate diagnosis and treatment, problems relating to the reallocation of funds from “better off” to historically poor communities and facilities, inefficient use of resources, poor information, inadequate referral systems, disregard of human dignity, drug shortages, records not well kept and poor delivery systems”.*

Delivery of quality care is a commitment which every health care institution should adhere to. Almost all the crucial determinants were raised by participants in some or other way, e.g., issues related to access and the physical environment.

*“When you are running short of resources material resources, and human resources. If it doesn’t provide us with resources, it prevents you from what you want to achieve.” (B:P4)*

*“Again you will find that the facility itself for example, mmm, leaking roof for more than 6 months not being repaired, which means it’s the infrastructure or the building itself which is not repaired.” (B:P2)*

*“Infrastructure again in relation to repairs that have been done. Now our clients take too much time moving in this and that direction.” (B:P2)*

#### **b) Management involvement and control of resources**

In this study some participants acknowledged that the hospitals allow them to control resources even though the final decision, especially on issues of finances, still rests with their senior managers. The positive response came from the participants of one specific hospital which was decentralized into separate cost centres for easier administration:

*“There is this cost centre aaamm, divisions here in the hospital. We as small sections are able to run our departments and control our budgets where you are able to participate in budget formulation by controlling your budgets in a sort of business-like manner.” (C: P2).*

It does seem as if nurses’ involvement in decision making concerning quality of care remains limited - irrespective of the fact that quality improvement of public health care services remains such a centre stage concern in countries worldwide. Glaveni, Karassavidou and Zafiropoulos (2011:218) bring to the fore concepts such as

“clinical governance” which trigger debates on improved ways to deliver quality services by the public sector. The authors define clinical governance as;

*“a framework through which National Health Systems organizations are accountable for continuously improving quality of their services and safe guarding high standards of care by creating an environment in which excellence in clinical care can flourish”.*

At national level, assurance of quality health care within the South African context, is a fundamental human right that is enshrined in the constitution as affirmed by South Africa, Department of Health, Government Gazette No.34523 (2011: Online). Through the future National Health Insurance, quality health care will be ensured in the following ways:

- Radical improvement in quality of services in the public health facilities – including a substantial investment in and improvement of infrastructure.
- Complying with core standards of care within every single health care institution.
- Appointment of an independent “watchdog” (called Office of Health Standards Compliance) – to be established by Parliament.
- Radical changes to the health care management within public health care systems in line with the 10 point plan of the Department of health “*overhauling the health care system and improving its management*”. Regulations will include measures to standardize health care in hospitals across the country and to ensure that managers of different categories of hospitals have specific skills and competencies and also the appropriate qualifications.

### **c) Involvement in innovative projects**

De Jong and Den Hartog (2007:41) emphasise that innovative initiatives are quite central to future thinking by organizations wishing to re-invent themselves. The authors highlight that innovation at workplace is central to other management principles such as total quality management, continuous improvement schemes and corporate venturing. According to Oecon (2006:232), wide spread re-engineering

initiatives and restructuring seen in many health care systems, are realized through innovative and creative efforts. Therefore, the intrapreneurship initiative is a strategy which management could adopt by encouraging employees, at different levels, to become more imaginative and creative (Oecon, 2006:232).

Participants in this study cited limited examples on how innovative projects or programs are supported by the environment in which they work:

*“As a hospital, aamm it gives us the opportunity because even if we take our job descriptions as one of the requirements is to initiate something. Then, ahm, as soon as you do that you are compensated in monetary awards to say these employees invent this or that. So in a way the hospital is guiding us to do something.”*

(B: P1)

#### **d) Exit survey**

Traditionally, health care professionals have made decisions on what they think is in the best interest of patients with regard to their lack of technical knowledge in making fully informed decisions on health related issues (Phatswana-Mafuya, Pelzer and Davids 2009: Online). The White Paper on Transformation of Public Services of 1997, insists on customer-driven public services. According to Phatswana-Mafuya *et al.*, (2009: Online) public services have *“to identify customers’ needs, wants and expectations.”* The authors suggest rigorous and cost effective measures of feedback collection from health consumers to feed directly into the management monitoring and evaluation performance review system. Such an elaborate feedback from customers does not only improve knowledge of decision-makers, but it tends to facilitate improved prioritization, improved strategic resource allocation and improved value for money for the concerned health care institution, thus creating an excellent platform for the provision of good services to citizens (Phatswana-Mafuya *et al.*, 2009: Online).

**e) Peer group review**

Haag-Heitman (2011:1) perceives peer group review in nursing as *“the process by which practicing registered nurses systematically access, monitor and make judgements about quality of nursing care provided by peers as measured against professional standards of practice”*. It is an organized effort deliberated by professionals in practice through a review of quality and appropriateness of services performed by peers Briggs, Heath and Kelly (2005:4). Within health care services, positive results of peer review programmes are not realized immediately as highlighted by Freedman (2007:5). He warns that *“peer review best practices process won’t tip the balance of health care cost immediately, but it is one of those ‘fix it at the source solutions’ that have a significant impact in the long term”*. The primary purpose of peer review is to ensure quality of nursing care through safe deliverance of quality standard health care and newly discovered evidenced-based practices (Haag-Heitman, 2011:1).

Haag-Heitman (2011:1) identifies six peer review principles that ensure a consistent and evidenced-based approach to include: peer being someone of the same rank; peer review is practiced-focused, feedback on time, routine, and continuous expectation, fostering of a continuous learning culture of patient safety and best-practice; anonymous feedback, and lastly, feedback incorporates the nurses’ developmental stage.

One participant confirmed that delivery of quality care through adoption of measures such as peer review is quite central to the management of their institution;

*“Peer group review to check performance. Even this morning we met with consultants just to check with our performance and to view our frustrations and whatever”*. (B: P1).

**f) SANC hearings attendance**

Different initiatives have been put into place by the South African Government and the National Department of Health to mitigate the public outcry of poor health care delivery. Initiatives such as “Batho-Pele”, meaning people first, set out eight

principles which aim at transforming public service delivery (Muller, 2009:19). Organizations such as the Council of Health Service Accreditation of Southern Africa (COHSASA) were brought on-board as external and independent public health care evaluators of public hospitals (COHSASA News letter, 2008: Online).

Furthermore, professional bodies like the South African Nursing Council also exercise their mandate of protecting the public through ensuring that professional codes of conduct are adhered to at all times, and ensuring that theory and clinical nursing skills are improved at all times (South African Nursing Council, Geographical Population Distribution of South Africa versus Nursing, 2010: Online).

Professional bodies such as the South African Nursing Council play the role of public watch-dogs and convene disciplinary hearings at different places countrywide for different cadres of nurses. At such hearings nurses are encouraged to attend and listen to a range of malpractice cases so that the deliberations are not only of a punitive in nature, but should also be a learning curve to a wider audience of nurses (South African Nursing Council, Geographical Population Distribution of South Africa versus Nursing, 2010: Online).

Despite the numerous setbacks prevailing in public hospitals, participants acknowledged attempts to improve quality care their institutions had embarked upon.

*“We are attending some hearings at some stage to weigh ourselves whether what we are doing things that bring the business down or what we are doing keeps the business at the top.” (B: P3)*

One participant linked such attendances of public SANC hearings with innovation and quality of care:

*“If we are not on the same tract, how should we improve to avoid mishaps that are happening in other hospitals. If we are not on the same track, this can lead you to leave your job. So if you leave your job, how are you going to innovate to improve the quality service?”*



*To remain in the service you must improve. You must do this and that.” (B: P3)*

According to South Africa, Department of Health vote 5, report of (2009: Online), the Free State Department of Health is committed to ensuring quality care through capacity training programmes of personnel. However, both the limited financial resources for bursaries and the expansion of the nursing education system, pose great challenges.

#### 4.5.1.5 Innovation

Moran (2004: Online) is convinced that organizational innovation has a crucial influence on intrapreneurial behaviour amongst employees. In order to realize the intended public sector innovation, initiatives according to Shetty (2004:54), there has to be outstanding stewardship that embraces participative decision-making. Faugeir (2005:50) concurs that *“it is essential that innovation and intrapreneurial activity at ward and practice level is not hampered by the less than innovative leadership at the level of the organization and the profession”*.

South Africa Department of Health, vote 5 (2009: Online) further puts into perspective that public sector innovation which focuses on strategic planning is also very important to the Free State Department of Health. Such a plan aims at establishing strategic and innovative partnerships. Moran (2004: Online) who supports public sector innovation identifies five advantages of implementing intrapreneurship principles through:

- Addressing reforms
- Pursuit of better outcomes by all parties involved
- Strengthening democracy by sealing connections between individuals, communities and governments - improving innovation
- Aligning activities of the government with the needs of citizens
- Resolving policy failure.

On the issue of leadership in public institutions incorporating innovation, Laissani *et al.*, (2012:Online) support the need for senior management to buy-into the concept.

Authors indicate that *“contemporary management should convey power and responsibility for inner innovation from top to lower managers - hence stimulating team work and values in a company”*.

A participant emphasized the value of minor research projects to enact change and innovation:

*“And, aah, the hospital do encourages us even to do mini research just um um um to make changes with the existing whatever structure, that is another way.”* (B: P1)

*“I wanted to say this very project we are doing as management and as a service or business that we are selling we have open days whereby clients weigh our service so that we can improve anything wrong we are doing.”* (B: P3)

Some participants in the study cited examples of innovative initiatives that they embarked on at the different institutions. However, participants indicated that they do not always get proper support from the senior management resulting in frustration:

*“As operational managers we are busy with the management development program. So in this program there are some of the things which we need to do to come and improve our hospital. For example, engaging in projects which seek to identify the factors that contribute towards the delivery quality service. We consult with stake holders and involve them in such projects.”* (B: P4)

*“There are suggestions given but they are not taken seriously or example, I’m working at OPD haematology. We are having a clinic at faculty that is haematology. I have been asking that the clinic be with other clinics. Maybe it’s because the professor does want to be taken out of the faculty. It’s an idea which I have been fighting on to implement but nobody wants to help me.”* (A: P3)

#### 4.5.2 In what ways does the hospital environment hinder intrapreneurship?

The responses of participants within the focus groups centred around six themes in responding to this question. Participants concerns were based on the following issues; the infrastructure, resources, security, communication and rights and incentives. It appeared as if participants focussed on the matters that concerned them most in the current day of service delivery – not being able to escape such realities in favour of reflecting on the context of intrapreneurship only.

It is possible that participants considered these as hampering any intrapreneural vision and action they might have. Sadlers (2000:28) raises the concern that efforts to pursue intrapreneurship in the public sector have to overcome hurdles peculiar to the sector that include; vagueness of goals, the constraints placed on management autonomy, careful managerial behaviour, reward systems that may discourage risk-taking and constrictive policies and guidelines.

Within the parameters of these six themes, participants referred to a number of sub-themes – see **Table 4.3**.

**Table 4.3: How the hospital environment hinders intrapreneurship**

| THEMES                                                                                                                                                 |                                                                                                                       |                                                                                     |                                                                                                                                                                                            |                                                                                                              |                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Infrastructure                                                                                                                                         | Resources                                                                                                             | Security                                                                            | Communication                                                                                                                                                                              | Rights                                                                                                       | Incentives                                                                                                           |
| <ul style="list-style-type: none"> <li>• Rundown buildings not being repaired</li> <li>• Slow building works</li> <li>• Structural problems</li> </ul> | Lack of resources: <ul style="list-style-type: none"> <li>• Material</li> <li>• Human</li> <li>• Financial</li> </ul> | <ul style="list-style-type: none"> <li>• Poor security at some hospitals</li> </ul> | <ul style="list-style-type: none"> <li>• Poor feedback from senior management</li> <li>• No involvement of lower cadres which results in resistance to implementation of policy</li> </ul> | Infringement of the rights of <ul style="list-style-type: none"> <li>• Nurses</li> <li>• Patients</li> </ul> | <ul style="list-style-type: none"> <li>• Performance management system</li> <li>• Occupation Dispensation</li> </ul> |

#### 4.5.2.1 Infrastructure

Hawker and Waite (2007:473) define the concept “infrastructure” as referring to “*basic things such as buildings, roads, power supplies needed for operation of a society or enterprise*”. Trade Mark Southern Africa (2011: Online) emphasises that well designed and maintained public buildings and infrastructure contribute to good social relationships, reduced crime and increased productivity. On the contrary, shabbiness of the buildings would have the opposite effect. Good infrastructure is also considered to improve the quality and length of human life. Foba and De Villiers (2007:1) draw attention to the predicament that organizations currently face due to an enormous public demand for quality products and competencies that are in line with customer requirements.

The reality of poor infrastructure, especially in public hospitals, is seemingly a major problem, especially in the Third World countries. For instance, Somananthan, Rannan-Eliya, Pande, Hossain, Sharma and Sikurajapathy (2008: Online) state that poor infrastructure in the Asians countries is one of the major stumbling blocks in achieving the Millenium Development goals in health. The preventative initiatives in most of these countries are jeopardized by poor health care infrastructure, especially in the rural communities (Somananthan *et al.*, 2008: Online). Another serious challenge facing countries is that the hospital infrastructure is expensive to establish and to maintain within limited public budgets (Somananthan *et al.*, 2008: Online).

A similar state of affairs related to poor infrastructure is true for a number of South African public hospitals according to the South Africa Department of Health vote 5, (2009: Online) report. This is considered a major concern that affects the expected delivery of quality health care. The ailing infrastructure and renovations which have taken too long in some of the public hospitals create a number of challenges. Open corridors and units in most public hospitals are a serious security threat to the lives of patients and employees.

Continuous and never ending building projects in public hospitals result in pollution of the hospital working environment and hence became an excellent medium for the multiplication of different micro-organisms, especially airborne pathogens (Booyen

2008:156). The frustrating state of affairs in some of these hospitals was echoed by a participant who said:

*“Again you will find that the facility itself for example, hmm, leaking roof for more than 6 months not being repaired, which means it’s the infrastructure or the building itself which is not repaired.” (B: P2)*

#### 4.5.2.2 Resources

The Oxford online Dictionary, Thesaurus and Encyclopedia (2007: Online) describe resources as a range of assets, for example, funds, supplies, materials, stocks and reserves. Shetty (2004:54) emphasises the need to make use of the creative energy of employees by giving them the necessary resources and also the professional freedom to manage in order to innovate and develop. At the three hospitals concerned, poor resources were of a particular concern. Participants specifically raised some of the following issues perceived as obstacles to the delivery of quality nursing care: finances, staff shortage and shortage of equipment. Participants considered the lack of resources in their hospital as a major stumbling block towards reaching their innovative potential. The following concerns were raised:

*“Other challenges include funds. We cannot pay for labour.” (C: P4).*

*“At times you look into shortage of staff, because shortage of staff caused when you send someone to the workshop or something, it results in shortage due to the current work load of the hospital. Also, material resources, because sometimes you need equipment that you want, but due to constraints like budget you can’t have it. When it comes to financial year you hear a lot of stories. You have to cut here and chop there and change the whole plan. For instance, now as your waiting for acquisition, once it comes you can’t plan because the budget is cut off. You find that these are the real things that I want but i can’t get them.” (C: P5).*

#### 4.5.2.3 Security

According to a report in the *Mail and Guardian* (3rd November, 2010: Online) (a), it was stated that the security situation at public hospitals is a top priority which requires immediate attention by the government. The security at different South African public hospitals is a cause for concern due to the fact that health care workers, across the country, have been subjected to armed robberies, murder and rape. The denial of adequate security to protect both patients and nursing personnel in some public health care institutions constitutes a serious constitutional violation of the rights of the parties concerned. This can result in court litigations against such institutions by aggrieved parties (Booyens, 2008:6).

One participant affirmed the concern of untrained security at her hospital by stating that:

*“The securities who are not trained about hospital issues, that are some of the issues causing unwanted adverse events, for example, the Doctor that was raped at night due to absence of security at main points where they are supposed to be.” (B: P4)*

Even more serious security concerns were raised in a *News 24* report (08<sup>th</sup> June, 2011: Online). Security concerns were echoed by the South African Parliament due a medical doctor who was murdered by a patient in an Mpumalanga public hospital. The South African Medical Association further stated that unpleasant similar incidents occurred in many areas of the country, for example, a gang rape of a female medical doctor who was on night duty in Pelonomi Hospital (*The Citizen 2010*: Online, 10<sup>th</sup> of December).

#### 4.5.2.4 Communication

Communication and the related channels used, are considered to be critical for the well-functioning and survival of any organization (Nel *et al.*, 2008:131). The authors state that communication methods and channels, used at different organizations, usually determine the success of communication between various groups, such as supervisors, subordinates, employee groups and the employer. Muller (2009:378-379)

also emphasises the importance of effective communication as being one of the crucial tools facilitating total quality management at unit level of any hospital. The following advantages of communication in the nursing unit are highlighted by the author:

- There is a system of clinical monitoring and reporting in accordance with legal, professional and ethical requirements.
- There are appropriate communication structures in the unit to ensure quality and safe patient care, as well as quality human resource management.
- There is evidence of appropriate meetings held in the unit.
- There is an appropriate document management system in the unit (policies, procedures, strategies, etc.).
- There are positive interpersonal relationships in the unit.

Nel *et al.*, (2008:131) strongly believe that effective communication is essential between different hierarchical constellations within the organization. The authors emphasize the importance of not just *what* is said, but *how* it is said. An example would be hostile communication between trade union members and the employer leading to conflict and strained relationships between the two parties. The same authors highlight the advantages of downward communication as improving employees' commitment, limiting grapevine distortion, eliciting feedback, improving the status of the supervisor, facilitating discipline and involving the workers in the implementing of change.

Participants also raised communication as a major area of concern, e.g. poor involvement of senior management with lower cadres in different public hospitals. The handling of diverse employees' issues is another challenge raised by participants in the study:

*"A lot of decisions are taken by management. So lower categories are not always included, aaaam for example, to bring in new things, development of protocols and guidelines is met with a lot of resistance, because lower categories are not attending any meetings where the decisions are being made, therefore lot of resistance is seen as a result." (A: P1)*

*“In our meetings, you hear people have innovative ideas, but now the work environment does not encourage it.” (A: P2)*

#### 4.5.2.5 Rights

The birth of the South Africa democracy in 1994 saw major developments such as the endorsement of the Constitution in 1996 in which all the fundamental human rights were stipulated, (Muller, 2009:14). As a transformative initiative, the South African Government instilled fundamental human rights to the entire nation. The Department of Health was also tasked to initiate a National Patients’ Rights Charter within the National Health System (Muller, 2009:15). Through the Patients’ Rights Charter, it is envisaged that the following outcomes would be realized:

- Improved quality of health care services.
- Raised awareness of rights and responsibilities among health care providers and consumers of health care services.
- Raised expectations on the part of patients regarding their empowerment in terms of their participation in health matters that affect them and their communities.
- Changed attitudes resulting in a strengthening of the relationship between health care providers and consumers of healthcare services.
- Improved utilization and governance of the health care services provided by both the private and public health care sectors - providing a mechanism for the enforcement, measurement and control of this charter.

According to the South Africa Department of Health, vote 5 (2009: Online), the extreme staff shortages in the Free State public hospitals tend to compromise quality of nursing care delivery. One participant expressed serious concerns with regard to the rights of the nurses practicing under poor working conditions:

*“Now, patients are having rights. Everybody knows his/her rights. Patients have more rights, and nurses don’t have rights. You have to listen to patients even if it’s wrong, you just need to say “yes”*



*knowing that at that time you don't have manpower to meet patients' more demands and the relatives' demands. Patients have rights. If the patient says they did not eat when their relatives come to visit, and in reality you know that you gave them food even if the patient does not know where they are, you get into trouble because the patient is always right."* (C: P3)

#### 4.5.2.6 Incentives

According to the Oxford online Dictionary, Thesaurus and Encyclopedia (2007: Online), an incentive is a motivator or encouragement. An incentive-based pay system may be either applicable to an individual or a group. It is usually geared towards a measurable performance, e.g. unit of production, sales volume, cost savings or profitability (Nel *et al.*, 2008:295). An individual incentive program, as an example, is a piece-plan in which the employee is paid for each piece of work produced. Group incentive plans include profit sharing which involves all or certain groups of employees sharing in a non-deferred pool created by a percentage of the profits (Nel *et al.*, 2008:295).

The value of a meaningful incentive system in any organization is emphasized by Laissani *et al.*, (2012: Online) who highlight that organizational support for intrapreneurship is intermingled with employee satisfaction. Such a relationship is influenced by an appropriate reward system, consideration of work activities undertaken, values, working conditions, etc. Laissani *et al.*, (2012: Online) emphasize that successful execution of salary and other reward systems, are crucial processes which enable the transformation of strategic business goals and intrapreneurial values.

The issue of incentives for professional nurses in South Africa may need to be revisited according to the South Africa Department of Health Human Resources for Health South Africa 2030, (2011: Online). The report highlights that different debates around the Occupation Specific Dispensation conclude that it has to be reviewed to ensure that appropriate incentives are structured into remuneration packages in order to attract and retain health care professionals. The inherent dissatisfaction with

the current incentive scheme applicable to professional nurses was raised by a participant who indicated that:

*“Again speaking about PDMS, I’m thinking of OSD. There are some official with speciality but they are working in non-speciality area. They are not being removed from those areas. But why are they not taken to the area of specialty so that they can benefit, instead they are not considered. They are sitting with a certificate not benefitting them (B: P3).*

#### 4.5.3 In what ways does the hospital environment foster intrapreneurship?

Participants discussed this question within the framework or through the lens of the realities that hindered intrapreneurship in their institutions. The participants’ discussions focused more on the concerns rather than direct examples of how intrapreneurship could be fostered. Implicit in their statements one can, however, find such suggestions – outlining four themes as being important in this context. These are human resources, communication, incentives and financial resources. Central to the discussions were an underlining of the damping effect of scarce resources. The facilitator and researcher observed that participants were concerned, tired and frustrated – blocking or downgrading the value of the human being as the intrapreneur who can enact change and innovation on a smaller scale.

**Table 4.4: How the hospital environment could foster intrapreneurship**

| THEMES                                                                                                                                                                                                      |                                                                                                                                                                                                                |                                                                                                                                                                                   |                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Human resource management                                                                                                                                                                                   | Improved communication                                                                                                                                                                                         | Award of incentives                                                                                                                                                               | Financial resource management                                                                                                                                                   |
| <ul style="list-style-type: none"> <li>• Increase in posts advertisements</li> <li>• Appropriate staff allocations (e.g. CEO should be someone with medical background)</li> <li>• Detainment of</li> </ul> | <ul style="list-style-type: none"> <li>• Increase quality of communication between management and lower cadres</li> <li>• Communicate with community and education systems on pertinent health care</li> </ul> | <ul style="list-style-type: none"> <li>• Applicable support of Occupational Specific Dispensation-management</li> <li>• Recognition of individuals performance through</li> </ul> | <ul style="list-style-type: none"> <li>• Enhance financial support for stock procurement</li> <li>• Strengthen support chain</li> <li>• Weed out poor budget control</li> </ul> |

| THEMES                                                                  |                                                                                                               |                                                   |                               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------|
| Human resource management                                               | Improved communication                                                                                        | Award of incentives                               | Financial resource management |
| personnel by proper compensation<br>• Application of sound HR practices | issues<br>• Address poor signage in some hospitals that were renovated and resulting in patients getting lost | monetary awards or further studying opportunities |                               |

Sadlers (2000:30) agrees that intrapreneurship can only be fostered within an organization that is conducive to innovation. The author highlights some of the stimulating features for organizational intrapreneurship as having the necessary resources for innovation, meaningful communication across departmental lines and among people with dissimilar views, a moderate level of environmental uncertainty and mechanisms for focusing attention on changing conditions. He also emphasizes the value of cohesive working groups with open conflict resolution mechanisms. This integrates creative personalities into the mainstream provide structures that create access to innovation role models and mentors, have a moderate personnel turn over and psychological contracts that legitimise spontaneous innovative behaviour.

Laissani *et al.*, (2012: Online), on the other hand, emphasises that employee satisfaction in the framework of intrapreneurship include aspects such as an organizational culture, a positive atmosphere, possibility of promotion, education, employees' loyalty to the organization, relationships with co-worker and proper communication. Laissani *et al.*, (2012: Online) consider the conduciveness of the working environment as pivotal in fostering contentedness of employees. This allows for creativeness and healthy competition. The author indicates that a good climate and culture of intrapreneurship that leans towards innovativeness, will definitely contribute to the growth of an enterprise.

## 4.6 HUMAN RESOURCES

The South Africa Department of Health, Human Resource Strategy report (2011: Online) puts into perspective that workforce planning for health service is of vital importance. The health workforce comprises of about 65-70% of expenditure, depending on the service delivery setting. According to this report, it is therefore crucial that massive investment in training and employment of a health workforce is well planned and managed in order to achieve formulated health care outcomes.

According to Connolly (2002: Online), the South African Health Care report highlighted the plight of the health workforce after 1994 which is overburdened by changing values in the work place and unreasonable workloads. The report emphasised the need to address the issue of low staff morale, disillusionment and high levels of stress and burnout among health caregivers. The author is of the opinion that difficult working conditions, few incentives and a low morale, are the main factors which cause health professionals to leave their positions to seek work in other countries.

A participant reflected on the reality of vacant positions and nurses doing a range of non-nursing duties:

*"Filling of vacant posts, other personnel pass away, others go for greener pastures, other goes on pension, others resign. You find that those post are not filled. They know how many people are going to resign but they do not hire. If they could hire people before people go." (C: P2)*

*"If nurses could be relieved of non nursing duties, we are short staffed but we are doing everybody's work. We have been accused of neglecting our work. We are short staffed. By me 60% is non nursing work, and we are accused of neglecting our work." (C: P2)*

The issue of proper leadership in public hospitals remains a concern. Chopra, Lawn, Sanders, Barron, Karm, Bradshaw, Kewkes, Fisher, Mayosi, Tollman, Churchyard and Coovadia (2009:1023) indicate that even though responsibilities and accountability have been shifted to the district health management teams, operational decisions are still largely centralized. Leadership of different public hospitals is further reflected by Connolly (2002: Online) reporting that a large number of health service managers “*have a low sense of personal accomplishment*”. The demanding nature of their work, lack of rewards and ineffective communication are some of the points highlighted by Chopra *et al.*, (2009:1023) and Connolly (2002: Online). At a closer look, a similar situation in the Free State public hospitals prevails.

Participants in this study, for example, highlighted concerns applicable to the limited credentials of managers as being a factor that contributes to the poor credibility of such institutions:

*“Another point is CEO of the hospital shouldn’t be someone who is a teacher, instead they should have a medical background because if problems are addressed to him/her they will be able to handle them in a positive way.” (B: P2)*

#### **4.6.1 Communication**

Molina and Callahan (2009:393) insist that an organization should communicate information and strategic knowledge through employees. The authors suggest the following avenues which management can use to communicate with subordinates; “*publishing information on the intranet, developing functional meetings or establishing mentors who can adopt strategic knowledge to the particular needs of each employee*”. Good communication at different levels was identified as crucial to encourage all parties to buy into new developments introduced to their institution.

*“There must be transparency from top to bottom.” (B: P1)*

*“As she said communication, there should be open lines of communication.” (B: P2)*

*"I think we can take our grievances write them down and take our grievances as we already mentioned to management for discussion. If they are failing, we should take them to the highest department where they can be addressed. Because something you take to them, then they are not addressed, then you get the same answer everyday." (C: P3)*

*"One other thing that hinders is information that comes at 11<sup>th</sup> hour and people are not sort of prepared. For example, if there is a workshop tomorrow you get a message now, so there is no time to prepare." (B:P4)*

Poor signage at one hospital undergoing some renovations was another issue of concern which was raised by participants. Poor signage in a particular hospital wasted a lot of time not only for the clients but also for concerned staff who throughout the entire day continue to direct the public to where they want to go in the different areas of the hospital.

*"No signage to show the community where to go and where not to go. If someone asks where do I go when i need to go to poly clinic? How do I get there? People are just lost over the hospital. There is no signage." (B:P3)*

Absence of structured health education programmes in these hospitals in which different health issues are communicated to the public through the media, especially through the radio, were also highlighted. Participants voiced the need to have more media involvement:

*"Another thing is we need to have more slots on local radio stations we teach our community on how the hospital works. e.g I'm working at paediatrics we are having problems of babies not immunized. Because, sometimes the mothers don't know the importance of immunizing children. But if we go to Motheo radio station to have a*

*slot to educate the public on how immunizations of children is concerned.” (B: P4)*

#### 4.6.2 Incentives

Sangweni (2008: Online) insists that the introduction of a proper Performance Management system (PDMS) for senior managers within the South African Public Service, is a required monitoring and evaluation exercise through which senior managers can be supported and held accountable for their performances. According to Nel *et al.*, (2008:493) performance management is “*a holistic approach and process towards the effective management of individuals and groups to ensure that their shared goals, as well as organizational strategic objectives, are achieved*”. The PDMS for nurses in South Africa aims at identifying gaps in personnel performance, developing and implementing corrective measures and in the process rewarding personnel with high performance according to the stipulated criteria.

According to Mokoka, Oosthuizen and Ehlers (2010:2), the major turnover of South African nurses came as a result of internal and external migration. Internal migration has seen nurses moving into the private sector whilst external migration saw nurses being lured to more affluent countries with much better working conditions. Some of the identified factors resulting in a high turnover of public sector nurses include: lack of competitive incentives, poor working conditions, limited resources, safety and the high prevalence of HIV/AIDS (Mokoka *et al.*, 2010:2).

Martinez and Martineau (2001: Online) draw attention to the fact that cash rewards can act as incentives to improve performance even though they are not a central feature of performance management. The South Africa Department of Health created a financial incentive for scarce skills for nurses through the Occupation Specific Dispensation (OSD). This implies that professional nurses, holding a particular qualification, are given an incentive.

However, implementation of PDMS and OSD seemingly still bring dissatisfaction among nurses as confirmed in the South Africa Free State Department of Health, vote 5 (2009: Online) which emphasised that the major budgetary constraint

eminent in different provincial hospitals in 2008/2009 financial year, was due to lack of funding OSD for nurses. The sad state of affairs affected the filling of vacant posts for nurses, thereby worsening the already existing shortage of nurses. Issues that were suggested by participants concerning the incentive package, include proper salary structures for professional nurses and recognition for a job well done. The current incentive systems of PDMS and OSD were not the only issues which needed to be addressed according to the participants in this study:

*“To retain personnel, compensate them accordingly. Um, mmm. Give rewards when they deserve them. It can be financially or otherwise just to motivate personnel.” (B: P1)*

The above statement concurs with the study findings of Mokoka *et al.*, (2010:2) on measures of retaining the professional nurses in the public sector. Different Nursing managers made suggestions regarding rewards and benefits which were categorized into monetary and non-monetary types. Monetary rewards included the offering of competitive salaries, performance bonuses and scarce skills remuneration. Non-monetary rewards included extended leave, promotions and creating facilities for child care and recreation.

*“I think recognition. I think if you are recognized for something even though it's not of monetary value but just get recognized for what you do so that that you can strive to achieve more. It paves ways for lower categories for bringing innovative ways in trying to better their service, if they know that their efforts will be recognized.” (A: P1)*

*“I mean if somebody is working hard that person must be recognized in the form of getting incentive e.g. monetary or being send to school to study further because it shows that the person has got potential. Because if this person is being motivated other people are going to pull their socks too.” (A: P5).*



#### 4.6.3 Poor financial resources

Sadlers (2000:31) is concerned about the inherent bureaucratic red tape and conservatism associated with public sector organizations which usually does not create any seed of funds for intrapreneurial initiatives. Within the South African Health Care System, Harrison (2009: Online) confirms that inherent inefficiencies within the management are highlighted by over-expenditure by a number of provinces. On-going budget constraints within public hospitals negatively affect the day-to-day management of such services.

In this study the lack of transparency on the ultimate budget confirmation by senior management of the hospitals, was one of the major frustrating factors to the unit/operational nurse managers who do not have control over the unit budgets they are responsible for. On the matter of financial constraints which tend to retard managers' innovative potential, one participant said:

*"Sometimes you try new ideas, but there is obstacle of finance or money. For example, in my setup have to develop a 5 year strategic plan in high care cardiothoracic division because we have lots of high care patients we are sitting with. I went for training, did my ICU but there is no finances". (A: P3)*

The issue about the lack or poor financial management as a key stumbling block for unit/operational managers to embark in any creative and innovative exercise, aimed at improving quality care, was further emphasised by a participant who said:

*"I think it comes back to finances. They buy the idea, but there is a thing of a must get, nursing staff, you must get equipment so it comes back to finances." (A: P3)*

#### 4.7 WHAT CAN BE DONE TO REMOVE THE HINDRANCES TO INTRAPRENEURSHIP IN THE HOSPITAL WORKING ENVIRONMENT?

Several reasons for developing intrapreneurship in an organization have been identified by several scholars and they include: growing and diversification of the

business, satisfying and retention of bright and motivated staff, exploitation of underused resources in new ways and to get rid of non-core activities (Alipour, Indris, Ishmail, Uli and Karimi 2011:549). Participants in this study identified six issues as major hindrances to being intrapreneurial in their organizations. The issues included: infrastructure, communication, finances, bed capacity, personnel issues and a referral system. **Table 4.5** reflects six themes that emerged, each with its own sub-themes.

**Table 4.5: Removing of hindrances to intrapreneurship in the hospital working environment**

| THEMES                                                                                                                                  |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                       |                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infrastructure and equipment                                                                                                            | Communication                                                                                                                                                                                                                                  | Financial resources                                                                                                                                                                                                                                               | Bed capacity                                                                                                       | Personnel                                                                                                                                                             | Referral system                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>• Maintenance of equipment</li> <li>• Renew infrastructure, e.g. non-functioning lift</li> </ul> | <ul style="list-style-type: none"> <li>• Increase transparency: Top to bottom</li> <li>• Open lines of communication</li> <li>• Educate public on how the hospital functions</li> <li>• Create communication department in hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Enhance budget allocation</li> <li>• Increase budget</li> <li>• Develop strategies to deal with patients who come from across borders and flood health care services</li> <li>• Factor in population increase</li> </ul> | <ul style="list-style-type: none"> <li>• Increase number of beds</li> <li>• Adjust bed utilization rate</li> </ul> | <ul style="list-style-type: none"> <li>• Increase number of nurses at senior management and lower levels</li> <li>• Review incentives such as PDMS and OSD</li> </ul> | <ul style="list-style-type: none"> <li>• Enhance referral system</li> <li>• Provide alternative care options for non-emergency patients (not casualty department)</li> <li>• Open a 24 hours Primary Health care facility</li> </ul> |

Categories that emerged as major hindrances which need to be removed in order for the participants to achieve their intrapreneurial potential at work, included: infrastructure and equipment, communication, financial resources, bed capacity, personnel and the poor referral system. It is again clear that participants struggled to

think positively or innovatively in terms of the identified themes. Nel *et al.*, (2008:340) bring to the fore the significant role which hygiene versus motivational factors play within an organization. **Table 5** below outlines these two sets of factors and one can argue that a substantial number of the hygiene and motivational factors are compromised – see those stated in italics.

**Table 4.6: Factors that influence motivation**

| Hygiene Factors                                                            | Motivators                                                           |
|----------------------------------------------------------------------------|----------------------------------------------------------------------|
| • Organizational policy and administration                                 | • Achievement                                                        |
| • Equipment                                                                | • Recognition for what has been achieved                             |
| • Supervision                                                              | • The job itself (how interesting, meaningful and challenging it is) |
| • Interpersonal relationships with colleagues, supervisor and subordinates | • Progress or growth (learning and developing)                       |
| • Salary status                                                            | • Responsibility and feedback                                        |
| • Working conditions                                                       |                                                                      |
| • Work security                                                            |                                                                      |

**\*Source:**Nel *et al.*, (2008:340)

#### 4.7.1 Infrastructure and equipment

Sadlers (2000:31) highlights that public organizations are commonly engaged in large infrastructure projects which attract considerable publicity and are therefore of social significance. This arrangement tends to attract individuals with intrapreneurial inclinations. The author emphasises that *“such an environment also fosters grandiose projects and panders to enhanced self-perception of power and ego.”*

In some of the public hospitals concerned, old equipment and poor maintenance thereof, caused major frustration to nursing personnel who are at the forefront in the delivery of patient care. Poor infrastructure is also of major concern to the National Department of Health. According to South Africa Department of Health Government Gazette 34523 (2011: Online) the National Insurance initiative is construed to be *“one of the three mechanisms in which quality will be achieved under the National Health Insurance, through massive investment in improvement of health infrastructure, both buildings and equipment”*

Concerns that were raised by some participants regarding poor infrastructure, included:

*“That is what has been in news papers. The population can’t be catered by the current number of personnel and infrastructure. Pipes are old and keep on leaking and a lot of money is spend on maintenance instead of being spend on other things hence its affecting budget. Things are breaking, you are forever fixing.” (A: P1)*

If one reflects on equipment, public hospitals currently operate with limited and at times, poor quality equipment. This situation is frustrating to health care staff members. According to the South Africa Department of Health, vote 5 (2009: Online), one of the corporate goals of the Free State Department of Health is to provide optimal facilities and equipment. The strategic objectives in this regard are to assess current conditions in public hospitals and to provide an essential maintenance program to all, including of equipment and infrastructure. Participants made a number of references to the state of affairs in terms of infrastructure. It was clear that to them this was a critical priority to be addressed.

#### **4.7.2 Communication**

Nel *et al.*, (2008:131) emphasise that communication within the organization is quite indispensable. Good communication strategies within the organization reduce conflict and increase the effectiveness of employees in carrying out their daily tasks. According to the authors, effective communication results in higher productivity and greater cooperation within the organization. *“People can give of their best only if they understand what they have to do, why they have to do it, and to what extent they are achieving their targets”* (Nel *et al.*, 2008:131).

Mohammad and Dadresan (2012:364) highlight one of the key characteristics of an intrapreneur as being an excellent communicator within and outside the organization. The non-existence of a dedicated communication section or department was

considered to contribute towards poor coordination of such activities and may be the cause of misunderstandings of matters of interest to the public.

Participants expressed a desire to be more involved in communication activities – based on better communication across the different levels of hospital management:

*“We need to be involved. Better communication from top to us and then downwards.” (A: P5)*

*“Creating such an atmosphere and fostering such an approach because I didn’t think from the organization, national and district is not encouraged. Then at facility level it is very low level where people can engage in it. If it’s not encouraged from above, it will not be well received. The team can have the urge to do it if its encouraged. If the atmosphere is conducive, that can be observed. In our meetings, you hear people have innovative ideas, but now the work environment does not encourage it.” (A:P1)*

*“I think we can take our grievances write them down and take our grievances as we already mentioned to management for discussion. If they are failing, we should take them to the highest department where they can be addressed. Because something you take to them, then they are not addressed, then you get the same answer everyday.” (C: P3)*

#### **4.7.3 Financial resources**

Muller (2009:234) states that financial management occurs within the legal and professional-ethical context of the health care facility. This is often executed in accordance with the business ownership of the health care organization taking into account the country’s constitution, the Health Act, the principles of corporate governance and public or private specific legislation on financial management. Budget constraints at different public hospitals affect critical systems and processes such as infrastructure maintenance, staffing and purchasing of equipment and stock.

Participants were concerned about the state of affairs in their institutions, through placing more emphasis on the issue of poor management and lack of resources, especially shortages of stock:

*“As ‘me highlighted earlier, none availability of resources e.g stock. As a unit manager, you place an order you don’t get stock e.g dressing. A dressing pack might take 1-2 weeks before it comes. Somebody is not doing their job. I fail to understand, how can a hospital operate without a dressing? It’s a situation where there is no stock. The other thing they will say is that it’s too expensive to buy. “what can we use instead of that one.. It’s for us nurses struggling but if anything happens to the patient you are liable the same thing not recommended by the Department of Health. You try to be creative but if anything happens you are held liable. So protocol you can’t implement due to lack of resources.” (C: P5)*

*“Enough budget (repeated 2x). Everything revolves around money, money. We don’t know what is happening with this budget. If you ask why you are not getting stock, with the support system, if you ask why are not fixing this the answer is no money. It’s of paper, because supply chain management they do sign. They say they paid for back logs for the past year. Even. It was said in May that money is finished so I think that we will get stock in the next financial year next year.” (C: P2)*

#### **4.7.4 Bed capacity**

Currently the South African Health care System is experiencing enormous financial burden due to the changing trends of disease pattern, especially HIV/AIDS and Tuberculosis, as well as escalating injuries (Seedat, Van Niekerk, Jewkes, Suffla and Ratele, 2009:1011). In South Africa the current pattern of acute and chronic ailments affecting the average length of hospitalization in public hospitals across different districts, is estimated between 2.2 to 8 days. The bed utilization rate varies from 50%

to nearly 90% in majority of public hospitals throughout the country (Harrison, 2009: Online).

For nurses, especially those in managerial capacity, the issue of bed capacity and bed occupancy remain a constant concern that creates a lot of stress. Participants forwarded their frustrations relating to poor availability of beds:

*“A lot of patients are waiting for beds at the casualty department because in the hospital the beds are full. If the hospital is full, what must we do? In the mean time casualty has number of patients who need to be taken in.” (B: P1)*

*“If they can increase the lying-in beds in our hospital, I think it can also help. You find patients lying on the stretcher.” (C:P2)*

*“The population of Bloemfontein is too big compared to the number of beds of the hospital.” (B: P1)*

*“The advent of HIV/AIDS and the increasing bed utilization rate, has resulted in patients needing high level nursing care.. People are really sick. The hospital has a lot of ‘medical’ beds. Patients here need a high level of care. Bed utilization is 90-100%. Normally they should not exceed 80, and here today they are exceeding 100. The hospital is really over stretched.” (B: P1)*

#### **4.7.5 Personnel**

The pivotal positioning of South African nurses in the health care system cannot be ignored. The South Africa Department of Health Human Resource Strategy (2011: Online) confirms that South Africa is a nurse-based health care system with 80% of health professionals being nurses. However, the evidence is that the country’s performance is poor in terms of health care outcomes as compared to peer group countries. This may reflect on poor productivity, poor design and poor management

of resources, not necessarily only on the number of available professionals in the health sector.

The Free State Department of Health is equally committed to the provision of skilled personnel. According to the South Africa Department of Health, vote 5 (2009: Online), The strategic objectives of the Free State Department of Health include the implementation of a staff establishment for the modernization of tertiary services including a workplace skills plan as well as the promotion of employable and a sustainable livelihood through skills development. According to South Africa, Department of Health Human Resource Strategy (2011: Online), the shortage of different levels of nurses from senior management to the lower cadres is considered jeopardizing quality nursing care. For the remaining staff members, it creates enormous stress and resulting in burn-out syndrome – this may eventually leads to resignation.

Gross shortage among nurses is echoed through statements such as;

*“Yes. There is a difference between a tertiary, regional and a district hospital. With district hospital you may find that one person does a lot of function. For example, at X hospital, any person is dedicated to one, two or three tasks. At district hospital it’s a conglomeration of tasks. At district hospital there is multi tasking which affect the quality of clients’ care. There is shortage of staff.”*  
(B: P1)

*“Filling of vacant posts, other personnel pass away, others go for greener pastures, other goes on pension, others resign. You find that those posts are not filled. They know how many people are going to resign but they do not hire. If they could hire people before people go.”* (C: P2)

*“If nurses could be relieved of non nursing duties, we are short staffed but we are doing everybody’s work. We have been accused of neglecting our work. We are short staffed. By*



*me 60% is non nursing work, and we are accused of neglecting our work.” (C: P2)*

#### **4.7.6 Referral system**

Chopra *et al.*, (2009:1023) are concerned that, despite the successful consolidation of a fragmented public health serviced, South Africa is still struggling to establish an effective District Health Care System. Some of these failures are the result of weak central stewardship and a preponderance of vertical health programs which often overwhelm managers at local level.

Mojaki, Basu, Letshokgohla and Govender (2011: Online) highlight another serious setback existing within the South African health care system that seem to add to already existing frustrations of staff shortage. The authors insist that poor control of patient movement at different levels of health care leads to increasing workloads, resulting in stress-related burnout for nurses and uncompromised care for patients. Participants voiced their concerns regarding the current referral system that allows the public access to the acute areas of the PHC system without entering the health care services at designated health care clinics. This seemingly uncontrollable situation results in an overflow of the emergency departments most of the time with patients suffering from less serious health care conditions. This state of affairs where nurses are at the forefront of health care creates tension between nurses and the patients needed care:

*“Clinics not opened 24 hours so people come for aaa non-casualty issues and expect to be seen first. Out of our statistics actually even half or let’s say 33% or so are not casualty patients. Patients come to casualty after 4pm. They come with ambulance and when they get to the hospital they are not stretcher cases but they walk, they are shouting they want care now whilst there are genuine casualties. There is a need for the organization to open a 24 hour PHC service. “ (A: P1)*

*“Ummm, I think the public needs education of the function of a hospital, and to appreciate nursing staff. Nurses are not valued. Patients want services on time. They don’t thank nurses for services received. That discourages a lot of staff to improve. The public wants everything on time. e.g. service, food you know...”. (A: P2)*

*“What I can also say is that, no patient who is not a referral will come to the hospital in provinces like North–west no patients come to the hospital without being referred from the clinic. Here patients just come without referral letter. So we can’t turn the patients away. So the referral system is making it very difficult for the nurses to work.” (A P1).*

One factor that attributes to congestion of other facilities is the issue of proximity of a facility to area of settlement both formal and informal. This creates easy access to the neighbouring community despite its Primary Health Care categorization. A participant confirmed the dire situation in this manner;

*“You can’t travel from here to National. People come here on foot from the local formal and informal settlements. It’s almost on the local, Catchment area. There is no way you can say to the patient who is very ill to go to National. Its national as well as local people who are not supposed to be here. Back in maternity they are crowded. Today they have seen 55 patients, when you go to Universitas you find that they have seen only 10 patients, but they have more nurses. (C: P3)*

If one reflects on the common behavioural and motivational characteristics of an intrapreneur as postulated by Mohammad and Dadresan (2012:364) (based on the work of Pincutt 1985), it is clear that participants in this study might have some of the primary feelings and attributes of intrapreneurs, but find it difficult to relate to any action(s) that they were involved in. Participants, for example, expressed limited excitement, self-satisfaction, feeling empowered, effective in communication and

willingness to take risks. Although they expressed some understanding of “market” or “service needs”, they also expressed limited decision-making power. The amount of frustration, stress and probably burnout, may create a negative force that hinders any positive action as stated in table 4.7 below.

**Table 4.7: Attributes and actions of intrapreneurs**

| Attributes                           | Actions                                                                                                                                                                                                              |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary feelings                     | <ul style="list-style-type: none"> <li>• Excitement to proposed new ideas, curiosity, commitment and beliefs are the main motivations for intrapreneurship.</li> </ul>                                               |
| Serving oneself and the organization | <ul style="list-style-type: none"> <li>• Intrapreneurs create self-satisfaction and satisfaction to customers and organization supporters</li> </ul>                                                                 |
| Relationship with others             | <ul style="list-style-type: none"> <li>• Other employees are anxious. Therefore in order for the intrapreneurs to acquire success, they need support and the help of all the employees.</li> </ul>                   |
| Leadership                           | <ul style="list-style-type: none"> <li>• They are leaders who empower others and support their ideas.</li> </ul>                                                                                                     |
| Style of problem solving             | <ul style="list-style-type: none"> <li>• Expect the recurrence of problems and try and solve them. In addition to concentrating on the internal environment, they don't neglect the external environment.</li> </ul> |
| Organizational skills                | <ul style="list-style-type: none"> <li>• Attracting resources, support and information within their organization.</li> </ul>                                                                                         |
| Communication                        | <ul style="list-style-type: none"> <li>• Communicate with people throughout the organization and outside the organization.</li> <li>• Describe their ideas and their capacities with elegance.</li> </ul>            |
| Failures and mistakes                | <ul style="list-style-type: none"> <li>• Do not make risky projects public, so that they can learn from their mistakes without undergoing political costs of failure in public eye.</li> </ul>                       |
| Risk taking                          | <ul style="list-style-type: none"> <li>• Welcome risks. They do not have fear to be expelled from the organizations.</li> </ul>                                                                                      |
| Market assessment                    | <ul style="list-style-type: none"> <li>• Use their analysis and intuition to assess the markets.</li> </ul>                                                                                                          |
| Bold decision making                 | <ul style="list-style-type: none"> <li>• Make outstanding decision makers.</li> <li>• Often make decisions without sufficient information.</li> </ul>                                                                |

**\*Source:** Mohammad and Dadresan 2012:364

Furthermore, when looking at the four step model by Bhawe (1994) (as cited by Elango *et al.*, 2007:199), it seems that nurses were not able to recognize opportunities, to overcome barriers, to develop and/or apply the necessary competencies and to create a new venture or project. The inherent bureaucratic

policy, human resource and infrastructure issues were seemingly too overwhelming for individual unit/operational nurse managers in the three public hospitals concerned to tap into their intrapreneurship potential and abilities.

When conducting the study, it was clear that a great deal of tension was experienced within the three public hospitals. The public outcry with regard to poor services resulted in a number of revitalization initiatives – including an overhaul of the facility's management. The on-going transformative initiative brought fear and work insecurity to staff. One nursing manager ventilated their fears:

*“You know what? Sometimes we are not free to say anything or even echo our sentiments. We become very unpopular to the hospital administration for being upfront. We have children here. Like you are suggesting one could engage in a study by looking into the hypotheses maybe, we have children. The question is “do you really want pap on the table or pap outside the window? Because you might find yourself on the streets.”*

(B: P1)

#### **4.8 CONCLUSIONS**

Large organizations are known to discourage intrapreneurs and intrapreneurial activities. Their mere size, hierarchical make-up and difficult-to-maintain communication channels as well as feedback mechanisms are often considered to be definite obstacles. They are often slow to change due to the fact that employees earn salaries.

The focus groups as discussed were informative and at times, heart rendering. The researcher became aware of the complex and even sad health care conditions nurses face at the time of the study. The findings revealed a limited conceptualization of entrepreneurship/intrapreneurship - often restricted to a business venture of creating something “new” that is valued and of value in meeting identified needs.

Participants found it difficult to differentiate between or to stay within the questions at hand. They tended to go back and forth to continuously emphasize the sad and disconcerting state of health care provision and the role that the environment and human resource management play in the perceived poor quality of care. Participants appreciated the following as fostering intrapreneurship – these were considered realistic and “do-able”:

- A business orientation - emphasizing budget, expenditure and resource management.
- Education - especially mentorship, further and continuing education and skills development.
- Good planning – policies and contingency planning came to mind.
- Quality improvement – reflecting on management and program involvement, resource control and, e.g. the use of peer groups in surveys and attending SANC hearings.
- Innovative projects.

On the other hand, participants involved in the study, emphasized the following as hindrances to intrapreneurship in the environment – providing honest and “true-to-life” scenarios. Some of the illustrative statements nurses made were imbued with sadness and even despair. The hindrances to intrapreneurship in the environment reflected upon were:

- Limited incentives - with specific reference to the Performance Appraisal system and the Occupation Specific Dispensation (OSD) system.
- The issue of patient versus nurses’ rights.
- Poor communication in terms of feedback and top-down communication.
- Compromised security at health care facilities.
- Resource scarcity – both human and material.
- The run-down infrastructure and slow repairs thereof.
- Nurses doing non-nursing duties.

**Figure 4.1** provides a diagrammatic overview of the main findings from the focus groups.

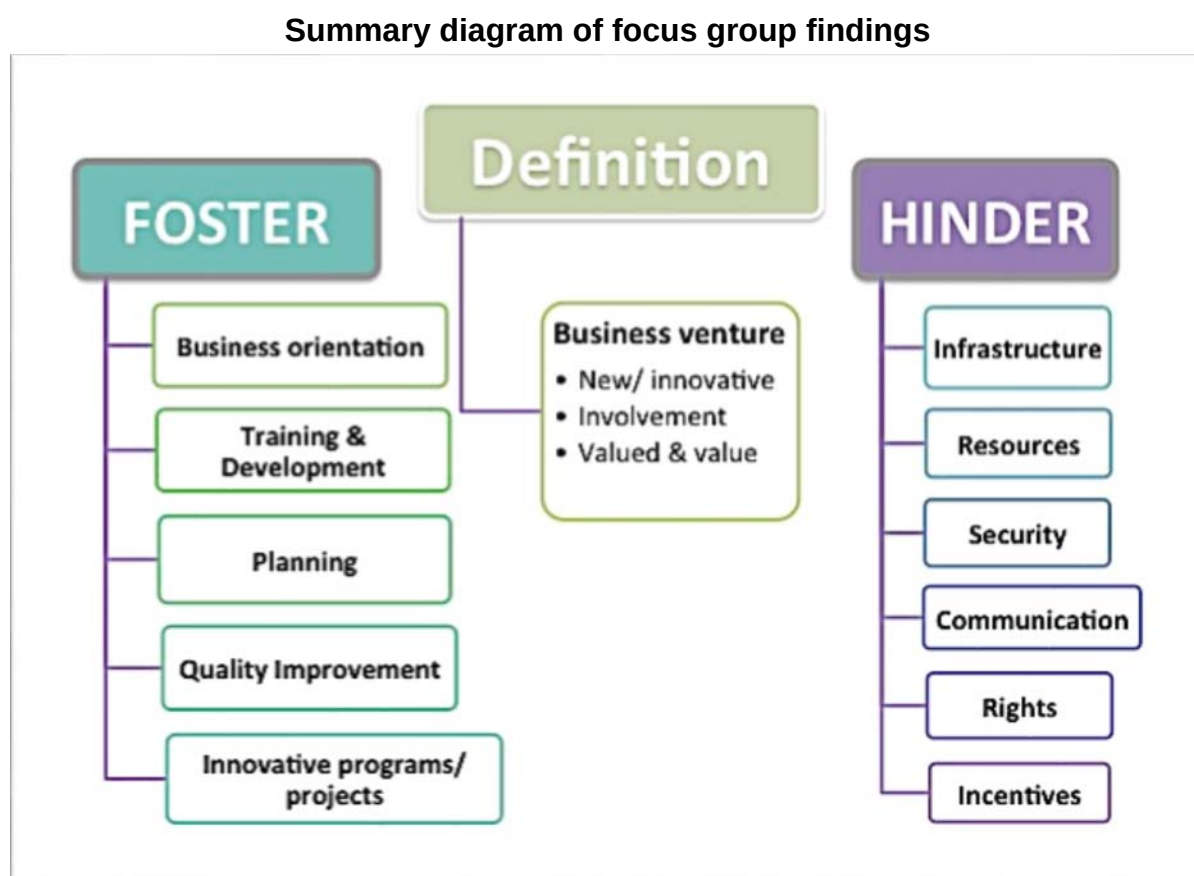


**Figure 4.1: Factors that foster/hinder intrapreneurship:**

However, on a positive note, the endless and challenging general policy, administrative and clinical issues prevalent at all public hospitals concerned, could create an excellent platform to stimulate unit/operational nurse managers to think out of the box. They can venture on intrapreneurship initiatives that would have a positive impact on the quality of health care rendered in the Public Service. The need for unit/operational nurse managers to be “critical thinkers and “creative do-ers” with financially astute and excellent resource management, cannot be over-emphasized. Whilst Chapter 4 in this study provided a detailed account of the focus group findings linked with relevant reflections from the literature, Chapter 5 moves to the survey findings, using Hill’s validated questionnaire.

## **CHAPTER FIVE: SURVEY FINDINGS**

### **5.1 INTRODUCTION**

In chapter four, the reflection on the findings of the five focus groups, enabled the researcher to isolate factors that hinder and foster intrapreneurship in public hospitals. Chapter five explores the descriptive survey findings of the six sub-indexes of the adopted Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill. The data was analysed by using different descriptive statistical measures. Within this chapter, the biographical data obtained, would be discussed first and then followed by a discussion of each of the indexes that the instrument strives to measure.

### **5.2 QUANTITATIVE DATA COLLECTION**

The quantitative data collected, addresses Objectives 3 and 4 of the study. These objectives sought to explore:

#### **5.2.1 The Conduciveness of The Hospital environment towards Intrapreneurship**

#### **5.2.2 The Intrapreneurial characteristics of unit /operational Nurse Managers.**

The second stage of data collection was followed by a quantitative convergent parallel mixed method approach. Similar to the focus groups, the participants were again unit nurse/operational managers. In this second stage, the researcher introduced the study to participants who participated voluntarily. These participants signed the consent form and were requested to complete the questionnaire to the best of their ability and at a time that suits them best. Unit/operational nurse managers reacted differently to this request. A few decided not to participate whilst others preferred to complete the questionnaire when they received it. A few participants requested to complete the questionnaire in their own time. The researcher and the participants agreed on a suitable time and place to collect the completed questionnaires. Of the twenty participants who decided to complete it in their own time, only ten questionnaires were returned. A total of 42 out of 104 questionnaires, which presents a response rate of 40%, were completed by

unit/operational nurse managers allocated to the three hospitals concerned. The analysis of numeric data was done utilizing a range of statistical tests (Teddle and Tashakkori, 2009:256). The researcher mainly used descriptive statistical methods of data analysis with the support of the Department of Biostatistics University of the Free State. This process enabled the researcher to represent the data and to discover trends and patterns. These were communicated through the use of frequency tables, pie charts, histograms and correlations (Teddle and Tashakkori, 2009:257).

### 5.3 HILL INTRAPRENEURIAL INTENSITY INDEX (III) QUESTIONNAIRE (2003)

The first column in Table 5.1 below indicates the six indexes of Intrapreneurial Intensity (III) Index Questionnaire 2003 by Hill, followed by a brief description of each index in the next column. The six indexes were: Task innovation, Intrapreneurial Employee, Structural Flexibility, Incentive Policies, Intrapreneurial Leadership and Intrapreneurial Culture. The adopted instrument consisted of 60 items using an ordinal rating scale and 8 items on biographical information section.

Participants had to reflect on each of the six constructs - through a series of ten items and by then indicating the option that best reflected their opinion. The scale allowed a directional rating from strongly agrees to strongly disagree with a total of five options.

**Table 5.1: Six indexes and their description (Hill 2003:84)**

| INDEX                            | DESCRIPTION                                                                                                                                                                                    |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Task innovation Index            | Task: What the organization does in the context of intrapreneurship, inclusive to the basic or inherent work activities or functions that are performed by the organization and its sub-units. |
| Intrapreneurial Employee Index   | About myself as an employee: Individuals that make up the organization and perform various tasks in the organization.                                                                          |
| Structural Flexibility Index     | About the organization and its systems: refers to structure and the formal configuration of individuals and groups in terms of tasks, responsibilities and authority;                          |
| Incentive Policies Index         | About rewards in the organization: Reflect organizational policies that provide incentives and motivation to employees to do well;                                                             |
| Intrapreneurial Leadership Index | About leadership of the organization: Focuses on the                                                                                                                                           |



| INDEX                         | DESCRIPTION                                                                                                                                                                          |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | characteristics of individuals that direct and inspire an organization;                                                                                                              |
| Intrapreneurial Culture Index | About organizational culture: Refers to the set of shared and often implicit assumptions that the group holds thereby influencing thoughts, values and reactions to the environment. |

**\*Source:** Hill (2003:84)

The interpretation of the statistical data, as analyzed by the Department of Biostatistics of the University of the Free State, followed the same sequence as the questionnaire starting with the biographical data section, followed by the six indexes as described above.

## 5.4 FINDINGS: BIOGRAPHICAL INFORMATION

The Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill was adapted to incorporate a biographical information section which comprised of 8 items, inclusive of gender, age, professional registration, on-going education, length of service, training institution, qualification obtained and position occupied. This data provided insight into the composition of the sample used in this study.

### 5.4.1 Gender And Age

#### 5.4.1.1 Gender

The sample of 42 participants consisted of 4 (10.3%) males and 35 females (89.7%). Three participants did not indicate their gender. These findings are congruent with those published by the South African Nursing Council statistics (2010: Online) confirming that 82% female professional nurses were registered in comparison with 8% of their male colleagues.

This data is congruent with the international perception of nursing as a female gender dominated profession. The central positioning of the nursing profession within the health care system triggers “turf” fights with other male gender professions such as medicine and management (Faugier, 2005:50). Policy makers are invited to influence the public into looking at the bigger picture when viewing nursing - instead of focusing on historical gender-based stereo types. Such a move will enable nurses to channel

their energies towards innovative initiatives which will result in desired change of the organizations they lead (Faugier, 2005:50).

#### 5.4.1.2 Age

Reflecting on age, most of the participants were between 50 and 59 years ( $n=21$ , 55.3%). Only 13 (34.2%) participants were aged between 40 and 49. The 4 (10.5%) participants fell within the age group of 60 and above. Four participants did not respond to this question (Figure: 5.1).

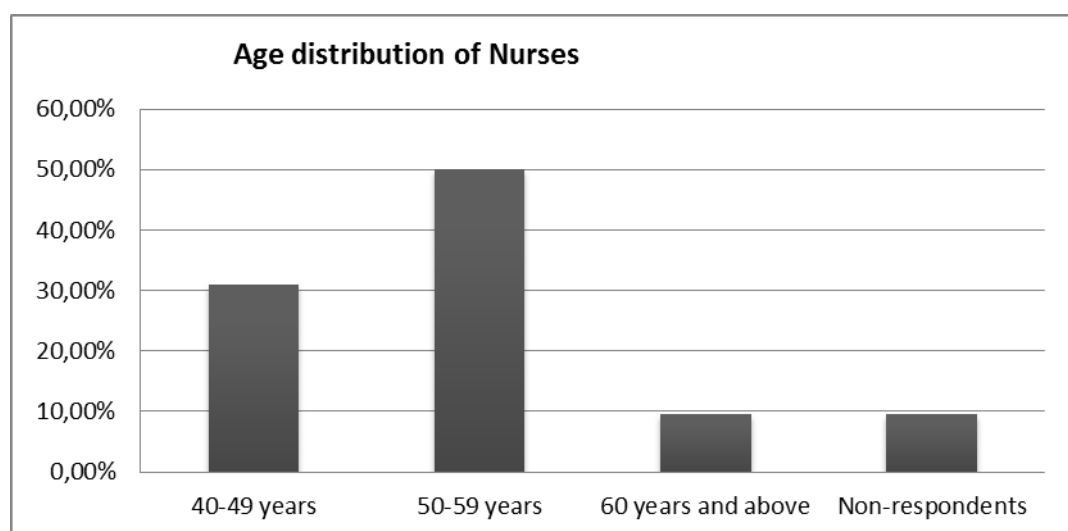


**Figure 5.1: Age distribution of participants**

The age distribution of this sample corresponded well with what is known about the age distribution of nurses in South Africa. According to this, almost 46% of the entire population of South African nurses is over the age of 50, whilst 16% have already reached retirement. According to South Africa Department of Health, Human Resource Strategy for Health Care Sector, (2011: Online), the reality of South African nurses as an ageing workforce is disconcerting. If one considers the widening gap between the new entrants of nurses and those already in the health services, one can accept that the Department of Health is facing a myriad of human resource challenges. It is also estimated that 60% of the entire nursing population is working in the public.

South Africa currently has a plummeting life expectancy for both men and women who form the productive workforce. The lowering in life expectancy is attributable to

the rise of HIV- related mortality, positioning men at a life expectancy of 50 years and females at 54 years respectively (Lawn and Kinney, 2009: Online).

#### **5.4.2 Professional registration and on-going education**

##### **5.4.2.1 Professional registration**

36 (90%) of participants confirmed that they were registered with the South African Nursing Council (SANC) in nursing management and 4 (10%) indicated that they were still in pursuit of a qualification in nursing management. Two participants did not respond to this question. According to data obtained from the South African Nursing Council with regard to qualifications, there were 19563 nurses registered for Health Care Management in 2010, whilst 20462 nurses were registered for the same program in 2011 (SANC, Additional qualification, 2012: Online). The SANC report affirms that 9% growth in the number of professional nurses registered in Health Care Management for 2010 and 2011 is an encouraging achievement that endorses government strides geared towards strengthening the management profile within public hospitals.

Despite the positive trend in terms of the increased number of nurses qualified in Health Care Management, the South Africa Department of Health, Human Resource Strategy for Health Care Sector (2011:Online) report indicates that concerns related to the quality and effectiveness of current management programs, are voiced from time to time in different forums. This warrants the adoption of a reflective approach by all role players concerned. The general consideration of poor management in health care services is a concern. This concern has been re-iterated by the South African Minister of Health at a range of public platforms. For instance, at the National Health Leaders' Retreat in 2010, the Minister of Health stated that poor health care management is a major setback which thwarts envisaged quality performance in public hospitals (Motsoaledi, 2010: Online). The South Africa Department of Health, Human Resource Strategy for Health Care Sector (2011:Online) report suggests that one of the remedial strategies put in place by the South African Government, is to invest in training and employment of a health care work force that will be able to improve quality health outcomes.

#### 5.4.2.2 On-going education

Concerning on-going education, about 6 (15.7%) participants confirmed that they were still pursuing their studies in nursing management at different higher education institutions, whilst 32 (84.2%) participants indicated that they were not currently studying. Four participants did not respond.

The accomplishment of nurses towards enrolling in degree programs at institutions of Higher Education is recognized by Mekwa (2003: Online) who highlighted this move as one of the significant strides that the South African Nursing Education accomplished after the dawn of democracy in 1994. Positive milestones reached in Nursing Education in the post-apartheid era, include recognition of prior learning, development of curricula allowing for multiple exit levels from degrees and diploma programs, changing teaching approaches and embracing adult learning techniques, e.g. a problem-based approach to develop critical thinking skills of students. Another major development was the transformation of the curriculum from a content- to outcome-based approach thus shifting learning towards primary health through community-based care (Mekwa, 2003: Online).

The importance of further education in management is emphasized by the South Africa Department of Health, Nursing Education and Training Strategic Plan (2012: Online) which underlines the nurse-based health care system in South Africa to have the necessary competency and expertise to enable them to effectively handle multiple and endless health care challenges currently existing. Hostanger, Neil, Decker and Lorentz (1998:15), concur that personnel skills enhancement through in-service training initiatives, e.g. seminar or workshops attendance and long term studying by employees, is imperative for any organization to achieve positive outcomes.

#### 5.4.3 Length of service as a Unit Nurse Manager

The findings in this category reflected the participants' length of service in the capacity as a unit/operational nurse manager with the first option being 1-4 years and the last 15 or more years.

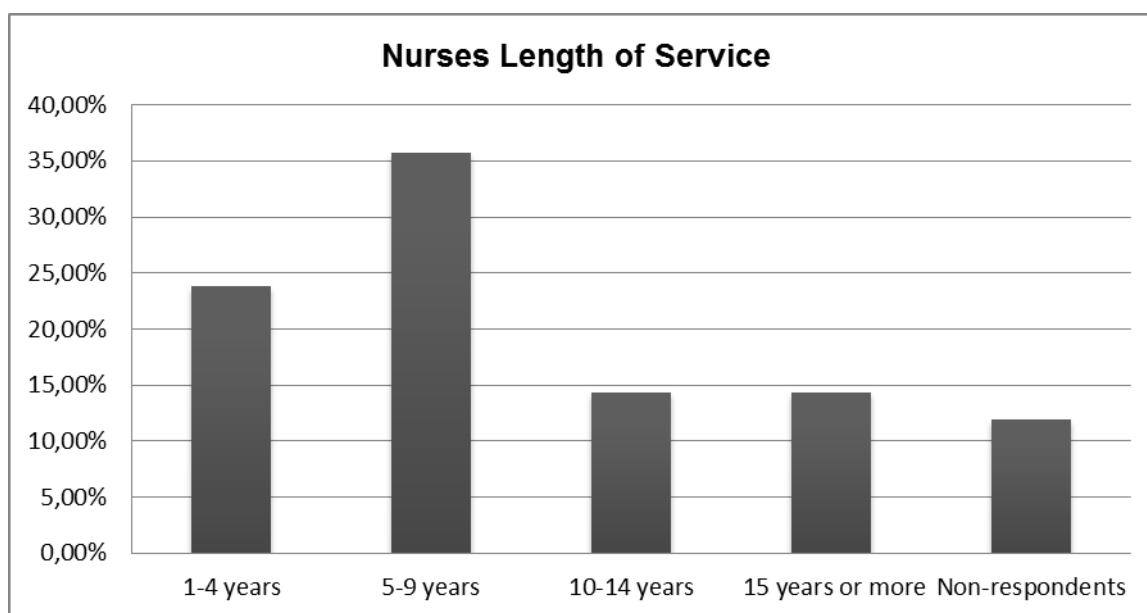


**Figure 5.2: Length of service**

As illustrated in Figure 5.2, most of the participants indicated their length of service in the current position as nine years or less 25 (67.6%), with 10 (27%) being in the position for 1-4 and 15 (41%) having occupied the position for 5-9 years. Only 6 (16%) of the participants worked in this position for 10-14 years, and the remaining 6 (16.2%) participants reported a service period of 15 years or more. Five participants did not respond to this question. If one reflects on the experience required for a nurse to be an effective nursing manager according to standards set by the International Council of Nurses, a period of 3-15 years work experience is recommended.

The delivery of innovative transformative initiatives is quite contentious according to Dovey (2008:42). The author states that frontline managers at different public sector institutions are faced with enormous challenges of bureaucracy which tends to affect the delivery of quality services as expected by the public. Lack of decisive powers by institutional leadership in controlling relevant activities, inclusive of finances and human resource, are quite challenging to managers of public institutions, They are still held accountable for health outcomes despite frustrating circumstances they have to face on a daily bases, Pressure created for managers and their teams, usually results in escalating numbers of nurses who are de-motivated by the prevailing situation culminating into their resignation. South Africa Department of Health Human Resource Strategy for Health Care Sector (2011: Online) report also agrees that *“poor human resource planning could result in unmanaged health*

*workforce, where attrition, shortages, poor access and dissatisfaction become part of the culture of health professionals in the South African health system.”*

#### 5.4.4 Training Institution

As far as training is concerned, focus is on the type of educational institution where the participants obtained their basic nursing qualifications. Nine (22.5%) participants obtained their education at a university and thirty-one (77.5%) reported that they obtained their qualifications from a nursing college. Two participants chose not to respond to this question (figure 5.3).

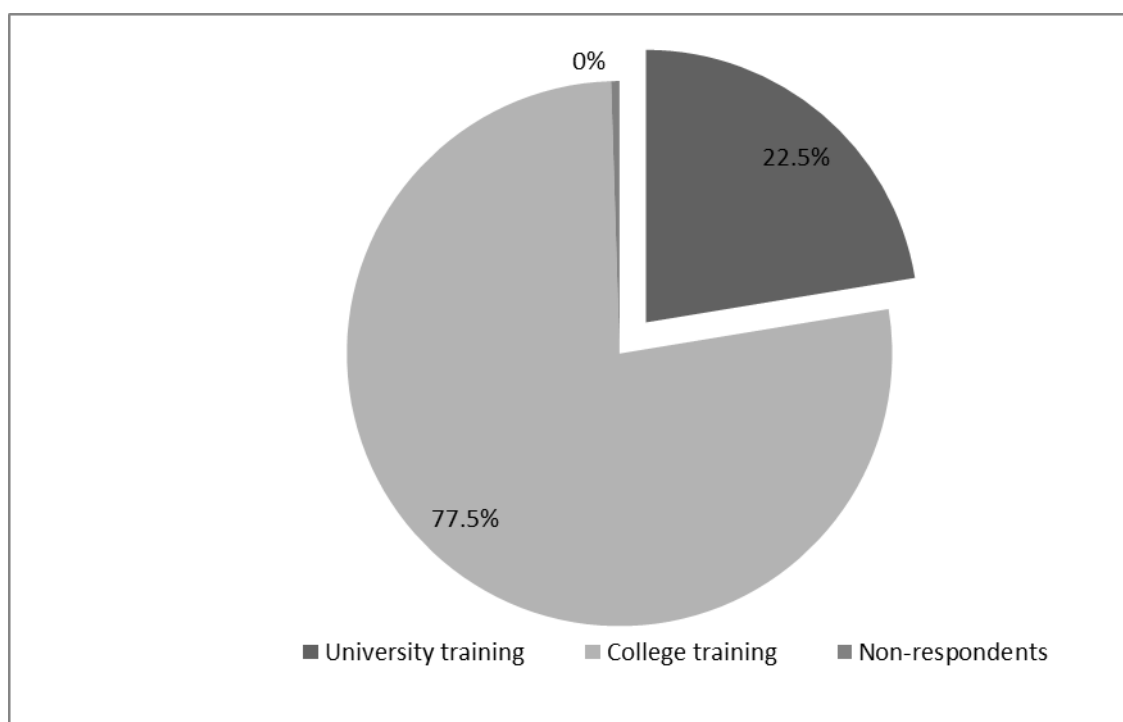


**Figure 5.3: Training institution**

The SANC has categorized nursing training programmes according to the pre-registration and post-registration programmes whereby the former handles training for diploma or degree qualifications as well as enrolled and auxiliary training. The post-registration programmes focus on post-basic degrees/diplomas, certificate and post graduate degrees (Mekwa, 2003: Online).

Subedar (2005: Online) reflects the number of nurses produced during the period 1996 to 2004. Within this stated period, there were 34264 professional nurses trained at colleges and universities. About 15784 (46.2%) students acquired basic

nursing training at colleges, whilst only 3576 (10.45%) acquired training at universities. The remaining number of nurses (14864, 43.4%) completed enrolling and bridging programmes offered at different nursing colleges and private nursing educational institutions.

The South Africa Department of Health Human Resource Strategy for Health Care Sector (2011: Online) puts into perspective that decline in the number of nurse graduates at different levels has contributed to a number of factors inclusive of the closure of a number of nursing colleges in South Africa. This resulted in a significant decline of the number of nurses completing the basic programme in Nursing Education

The closure of colleges became a serious concern for institutions of higher education having to deal with administrative protocols in order to accommodate an increased number of students and employees. This resulted in an extreme financial burden on such institutions (Mekwa, 2003: Online). Other challenges faced by training colleges as reflected by South Africa Department of Health Nursing Education and Training Strategic Plan (2012: Online), include poor infrastructure and resource shortages. The current shortage of public sector nurses is one of the factors contributing to poor delivery of health care services in the public sector.

#### **5.4.5 Qualification obtained**

The results indicated that although only 31 nurses obtained their basic nursing qualification at a nursing college, a relatively large number of the participants have participated in further formal education. Within this sample, 20 (52.6%) of the nurses currently hold a Bachelor's degree, whereas 18 (47.4%) of nurses hold a Diploma qualification.

No participant in this study held an advanced degree. The significant number of nurses holding Bachelor's degrees, is indicative of an important milestone for the nurse population who do not only have clinical skills, but the necessary scientific preparation at institutions of Higher Education which equips them with diverse problem-solving skills, lateral thinking skills, emotional intelligence and research awareness.

Progressive measures of providing the opportunity for diploma nursing graduates to advance their education levels at institutions of Higher Education are a transformative initiative in line with the remarkable milestones achieved by the South African Government after 1994. This move allowed students from disadvantaged social groups to enrol into baccalaureate programmes through recognition of prior learning that embraces the value of experience which an adult learner brings into the learning environment. The progressive development saw many college trained nurses enrolling at universities that enabled them to integrate their strong clinical skills with more theory-based learning - stimulating the cognitive and analytical skills of a learner (Mekwa, 2003: Online).

However, the South Africa Department of Health Strategic Plan (2012: Online) draws attention to the absence of a compulsory Continuous Professional Development (CPD) system for nurses as being a serious draw back retarding staff development initiatives that would contribute towards staff competency, morale and a motivated workforce.

#### **5.4.6 Service Title**

A high proportion of participants 35 (85.4%) reported to be unit/ operational managers. Four (9.8%) of these nurses were chief professional nurses and two (4.9%) senior nursing service managers. All of these positions are considered to be in at least the middle and frontline management of the public hospitals concerned. Only one participant did not respond in this category.



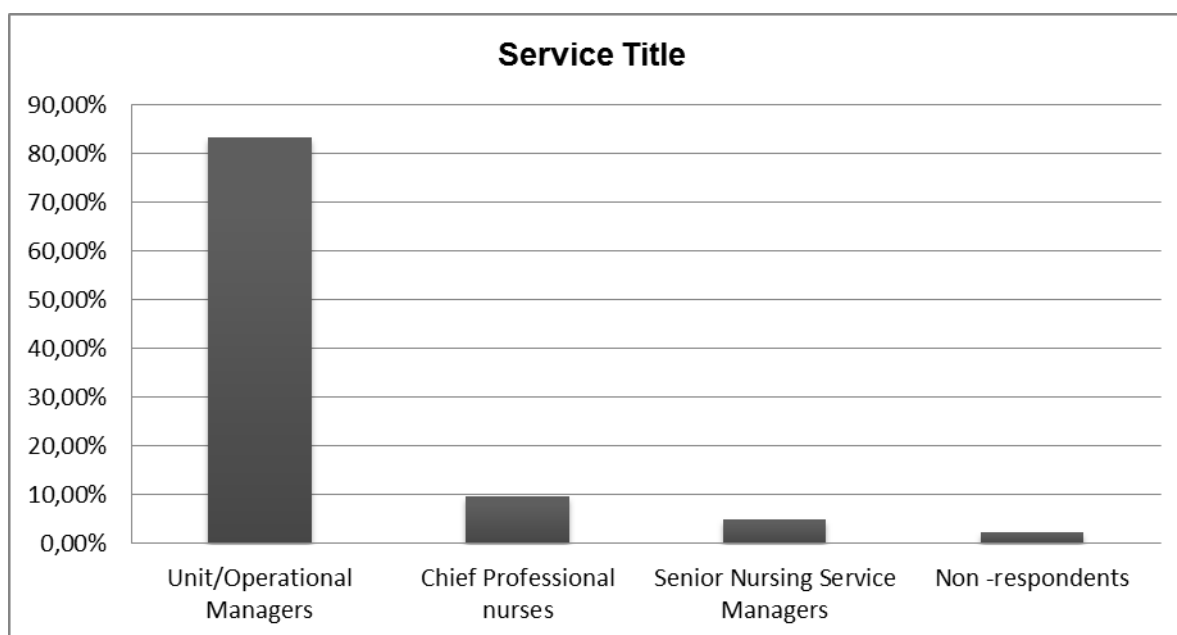


**Figure 5.4: Service title**

Middle managers are considered to be well positioned to bring about change in the health care system – with relatively good access to both the management of the hospital as well as to direct care delivery (Meynhardt and Diefenbach, 2012:Online). It could be stated that this group of nurses would be able to make a positive impact on the delivery of creative and quality health care. It is also true, however, that these nurses are confronted with endless challenges within the public health care system (Acar and Acar, 2012:685).

## **5.5 FINDINGS: THE HILL INTENSITY INDEX (III) QUESTIONNAIRE (2003)**

### **5.5.1 Introduction**

Hill (2003:iii) summarizes the value of this instrument as being able to provide an “overall view of the organization’s ability, as well as identify specific areas in the organization that require change or modification in order to become more intrapreneurial”.

Table 5.2 below provides an overall summary of the results in the different sub-indexes of the adopted Hill’s Intrapreneurial Intensity (III) questionnaire (2003). The findings highlight the total number of participants as well as the minimum and

maximum scores achieved by participants on each sub-index. The results also reflect the total mean, median and standard deviation scores obtained in each sub-index. The findings will be discussed in detail, but from the table below, it is clear that there were important differences in terms of each variable tested. An example would be the high standard deviation scores related to leadership and organizational structure indicating that individual observations varied greatly from the group mean. Within this variable, the range between minimum and maximum scores was also significantly more than in any of the other variables.

**Table 5.2: Summary of study findings for minimum and maximum scores, means, median and Standard Deviation for Hill's six sub-scales**

| Variable                  | N  | Minimum | Maximum | Median | Mean   | Std. Dev. |
|---------------------------|----|---------|---------|--------|--------|-----------|
| Task                      | 42 | 22      | 43      | 35     | 34.00  | 5.25      |
| Individuals               | 42 | 36      | 50      | 43     | 43.14  | 4.47      |
| Organizational structure  | 42 | 13      | 37      | 28     | 26.60  | 6.84      |
| Organizational policies   | 42 | 18      | 39      | 29     | 29.38  | 4.83      |
| Leadership                | 42 | 11      | 48      | 34     | 31.24  | 8.86      |
| Culture                   | 42 | 24      | 41      | 33     | 32.38  | 3.70      |
| Intrapreneurial intensity | 42 | 147     | 238     | 198.31 | 196.64 | 22.21     |

### 5.5.2 Reliability

Polit and Beck (2004:417) indicate that the “reliability of a quantitative instrument is a major criterion for assessing its quality and adequacy”. Reliability in quantitative studies is usually equated with “a measure’s stability, consistency, or dependability” (Polit and Beck, 2004:417).

Hill (2003) adopted extensive measures to assure the reliability and validity of the relevant questionnaire. She used a sample size of more than 500 individuals across large organizations in South Africa that consider themselves as being intrapreneurial. She used Test-Retest reliability and split-half reliability. She also included a pilot case study where the measuring instrument was administered to the same group at two

different times (test-retest reliability). These results were analysed through item analysis. Thereafter, the instrument was redesigned in electronic format (Hill, 2003:195).

Within the context of this study, the researcher performed limited adjustments to the adopted Hill's questionnaire to suit the public health care setting. In a few instances, concepts considered to be more familiar to the participants, were used, for example, the concept "products" was replaced with "services and/or programs". The pilot testing of the adopted Hill's questionnaire with post-graduate nursing students from the School of Nursing also contributed to a final product that was considered clear and free from typographical errors.

The researcher also added an introductory section that briefly explained the questionnaire and the time that it would take to complete. A total of eight biographical data questions were added to the questionnaire (see 5.4).

Within this study, the Cronbach Alpha estimate of reliability was used to provide a coefficient of the reliability of the instrument and to guide interpretation of findings in this context. It was accepted that this test would provide an indication of internal consistency.

#### 5.5.2.1 Cronbach alpha

Dennick and Tavakol (2011:53) discuss the history of this test that goes back to the early 1950's. The Alpha test was developed by Lee Cronbach to provide a measure of internal consistency for a test or a scale. Internal consistency according to the authors, relates to *"the extent to which all items in a test measure the same concept or construct and hence it is connected to the inter-relatedness of items within the test"*. This measure of internal consistency is expressed as a number between 0 and 1 (Dennick and Tavakol, 2011:53).

Aghajani, Shababi and Fattahi (2012:133) confirm that the minimum acceptance value for Cronbach Alpha coefficient is 0.7. Dennick and Tavakol (2011:54) emphasize that a low value of alpha could be attributed to a number of factors including *"low number of questions, poor interrelatedness between items or*

*heterogeneous constructs.*” Salkind (2008:6) believes that the higher the value, the more confidence one could have in the internal consistency of the instrument in terms of measuring a specific construct, trait or area of interest. Polit and Beck (2004:334) suggest a value of 0.90 for reliability coefficients used in making decisions about individuals, whilst Hill (2003:84) recommends a Cronbach Alpha score of 0.80 for the social sciences.

The Cronbach Alpha findings for the six sub-indexes in this study were depicted in Table 5.3. It was interesting to note that intrapreneurial leadership was the only sub-index to obtain a score of >0.8, with intrapreneurial employee, structural flexibility and task innovation ranging from 0.73 to 0.69. Intrapreneurial culture and incentive policies scored very low in terms of reliability. This meant that these sub-indexes in effect, demonstrated a low variance, thus questioning whether these items adequately measured the construct or sub-index. The findings from these two sub-indexes thus needed to be interpreted with caution.

**Table 5.3: Results of Cronbach Alpha for six indexes of Hill 2003**

| Sub-index                  | Standardized Cronbach Alpha |
|----------------------------|-----------------------------|
| Task innovation            | 0.69                        |
| Intrapreneurial employee   | 0.73                        |
| Structural flexibility     | 0.73                        |
| Incentive policies         | 0.44                        |
| Intrapreneurial leadership | 0.91                        |
| Intrapreneurial culture    | 0.21                        |

## **5.6 FINDINGS: DESCRIPTIVE STATISTICAL FINDINGS IN SIX SUB-INDEXES:**

Often in descriptive statistics, statistical data are reflected upon by scrutinizing the outcomes of measures of central tendency (for example mode, mean and median) and of variability (Standard Deviation). In univariate data analysis, the emphasis is on measures such as the mean, median and range. These measures of central tendency represent the most concise representation of the location of data (Burns and Grove, 2009:471). Mean is a simplistic but the most commonly used measure of central tendency. It is defined as *“the sum of scores divided by a number of scores*

*being summed*” (Burns and Grove 2009:472). The mean score is the mostly preferred measure of central tendency due to its stability (Polit and Beck, 2012:387), although outliers may affect it considerably.

In reflecting on measures of variability, researchers compute an index of variability to express the extent to which scores in a distribution differ through range and standard deviation (Polit and Beck, 2012:387). An analysis of ‘Standard Deviation’ as a measure of dispersion for the six-sub indexes of Hill (2003) was used in this section. The standard deviation is often defined as “*a measure of dispersion is the square root of variance*” (Burn and Grove 2009:474). The Standard Deviation indicates “*deviation of values from the mean in that particular sample*” (Burns and Grove, 2009:474; Polit and Beck, 2012:387). It is generally accepted that the higher the Standard Deviation, the more individual observations vary from the group mean, and vice versa. Burns and Grove (2009:472) further emphasizes that the Standard Deviation indicates the degree of error that would be made if mean alone were used to interpret findings.

Hill (2003: 208) also provided in her dissertation (Appendix G) an “Intrapreneurial Intensity Index Score Interpretation Sheet”. This score sheet provides four classification options with values ranging from extremely low, low, high to extremely high for each of the indexes. Each of the classification options was provided with an indication of actual value range. An example would be in the Task Innovation Index extremely low relates to values from 10-24, whilst extremely high would include values from 47-50. It is also important to remember that Hill applied reversed coding in a number of items in semantically opposite directions to enhance participant concentration and to limit the effect of conferring to a central tendency.

Hill (2003: 139) provided the following schema for interpretation of values:

**Table 5.4: Hill’s Intrapreneurial Intensity Score (Hill, 2003:139)**

| Intrapreneurial intensity Index Score Category |               |       |        |           |
|------------------------------------------------|---------------|-------|--------|-----------|
| INDEXES                                        | Extremely Low | Low   | High   | Extremely |
| Task innovation Index                          | 10- 24        | 25-35 | 36- 47 | 48-50     |
| Intrapreneurial employee                       | 10-25         | 26-35 | 36- 46 | 46-50     |
| Structural flexibility Index                   | 10-26         | 27-35 | 36- 45 | 45-50     |

| Intrapreneurial intensity Index Score Category |       |       |        |       |
|------------------------------------------------|-------|-------|--------|-------|
| Incentive policies Index                       | 10-26 | 27-35 | 36- 44 | 44-50 |
| Intrapreneurial leadership Index               | 10-25 | 26-35 | 36- 46 | 46-50 |
| Intrapreneurial Culture Index                  | 10-25 | 26-35 | 36- 47 | 47-50 |

It is interesting to note that most of the scores stated by Hill indicate a range that can fall in more than one category. Examples of this phenomena is index “intrapreneurial employee” where the value of 46 falls in both high and extremely high categories.

#### 5.6.1 Task Innovation Index

The construct of Task refers to the level of task innovation present in an organization. Hill (2003: 58; 208) describes the Task Innovation Index as an indication of the ability of the organization to introduce new services or innovations at both the individual and organizational level. It also relates to the identifying, developing and exploring of new opportunities. An extremely low score (10-24) indicates the absence of such evidence whilst an extremely high score indicates extensive evidence of such innovations. An average total standardized Cronbach Alpha score of 0.68 was obtained in the 10 items, which was considered acceptable although slightly lower than the expected average score of 0.70.

The outcome of the Task Innovation Index provided scores ranging from 22 to 43 with a mean of 34 and a Standard Deviation of 5.25. This Standard Deviation value thus indicates that values are relatively wide dispersed around the mean. Using Hill’s Intrapreneurial Intensity Index Score Interpretation Sheet (Hill, 2003:208) it was clear that on average, the sample fell in the “low” category – meaning that the organization shows little evidence of new product or service introductions.

In looking at individual items, the highest mean score of 3.94 was obtained in item no O10: “Our organization places a strong emphasis on continuous improvements in service delivery”. The high mean score in item O10 is congruent with Acar and Acar’s (2012:685) perception of organizational innovation as being pivotal to realize envisaged improvements in delivery of services at any organization. The authors view organizational innovation *“as a commercialization process which is converting the idea to product/ or service, newly improved production/ distribution method or a new social service.”*

The lowest mean value of 2.6 was scored in item O6 which stated that “in our organization there is a strong relationship between the number of new ideas and a number of ideas implemented”. The lower mean score clearly reflects the current lack of transition from conceptualization of an idea to tangible and implementable product in many public organizations (Zhao, 2005:26). Acar and Acar (2012:685) also place high emphasis on the significance of health care innovation as being pivotal to leverage competitive advantage.

Item no O5 “customers are invited and encouraged to provide feedback to the organization in order to get new ideas to improve services” (SD=1.29) and O4 “our organization is primarily influenced by potential untapped opportunity” (SD=0.85) showed low standard deviations – indicating relative homogeneity in the responses from the participants. Phatswana-Mafuya, Pelzer and Davids, (2009: Online) indicated that public service needs *“to identify customers’ needs, wants and expectation.”* Phatswana-Mafuya, *et al.*, (2009: Online) insist that the government should incorporate rigorous and cost effective measures of collecting feedback from health consumers to be able to feed directly into the management monitoring and evaluation performance review system. The participants in item O4 were in agreement that the existing untapped innovative potential currently prevalent within their organizations has to be unleashed in order to reduce the health care costs (Acar and Acar, 2012:685).

Successful innovation within a company requires an active and highly sophisticated coordination of team effort from a number of key players such as idea generators, gatekeepers, innovators, intrapreneurs, project leaders and innovation champions (Elenkov and Manev, 2005:382). The need for any organization to re-invent is an absolute necessity to bring in the needed change. Zhao (2005:27) brings on board a more broad-based definition of innovation:

*“Radical innovations refer to path-breaking, discontinuous, revolutionary, original, pioneering, basic or major innovations. Incremental innovations are small improvements made to enhance and extend the established processes, products and services. Product innovation, reflects change in the end product or service offered by the organization, whereas process innovation change in the end products or services”* (Zhao, 2005:27).

### 5.6.2 Intrapreneurial Employee Index

This index refers to the individuals of an organization – individuals being the defining construct. It reflects on whether the organization is made up of individuals who demonstrate innovative vision as well as the courage and willingness to take on new opportunities. It also refers to individuals who demonstrate “creative change” (Hill 2003:208).

The mean score for this index was high (43.14). This indicates that this organization consists of many individuals who demonstrate innovative vision, courage and willingness to pursue creative change. The Standard Deviation was also 4.47 – indicating less dispersion around the mean. A standardized Cronbach Alpha score of 0.73 was obtained – indicating acceptable reliability overall for this index.

Within the individual items it was clear that items E5 and E6 respectively scored the highest mean values of 4.54 respectively. E5 stated, “look for new innovative ways to improve the way we do things”, and E6 “I am excited and full of enthusiasm when new opportunities arise.” Item E1 on the contrary, obtained the lowest mean score of 3.86 – relating to “I am able to achieve even when there are few guidelines or systems in place.” Statements in which participants reflect their enthusiasm and zeal in looking for innovative initiatives to bring in change in the work place, are slightly contradicted by the low mean score on E1 - indicating that although willing and able to bring about change, it could be hampered by the absence of guidelines and systems not being in place. Employees who are not able to achieve their work tasks with minimal guidance, are not in line with Menzel *et al.*, (2007:733) who explained intrapreneurship as being *“the process of uncovering and developing an opportunity to create value through innovation and seizing that opportunity without regard of either resources or the location of the intrapreneur.”*

The lowest Standard Deviation score of 0.55 was calculated for item E5 that related to “I look for new and innovative ways to improve the way we do things” - indicating



a low dispersion around the mean. Item E8 achieved the highest Standard Deviation score of 1.14 in this group of items - “I like to try different approaches to things even if there is a chance I might fail” – indicating slightly more dispersion around the mean. (Antoncic, 2007:309) emphasizes the role of management to foster intrapreneurship in an organization – their commitment by “*encouraging cross-functional team work; feeding high priority challenges to intrapreneurial teams; empowering intrapreneurs, providing resource support.*” A high Standard Deviation score on item E8 in this category is a cause for concern reflecting a possible lack of management support to embark on intrapreneurial initiative therefore thwarting the possible creativity, innovation and “thinking out of the box” which could be existent amongst unit/operational nurse managers of public hospitals concerned (Antoncic, 2007:309).

### 5.6.3 Structure Flexibility Index

According to Christensen (2005:307), organizational structures are quite crucial in facilitating innovative initiatives in the organization. The choice of cross-functional business units within a matrix structure is recommended in intrapreneurial organizations, because it pulls together competencies in technology, product development, marketing, sales and other functions (Christensen, 2005:306).

The construct of structure refers to the level of structural flexibility in an organization. Hill (2003) describes this index as relating to the hierarchy, division of labor, span of control and centralization within an organization. Organizations that resist a flatter hierarchy, do not favour wider spans of control and tends to be centralized in nature - scoring extremely low, with the opposite scoring extremely high. In this study, scores ranged from 13 to 37 with a median of 28, a mean of 26.6 and a Standard Deviation of 6.84. Although the Standard Deviation is considered high, the low value of the median and mean indicated a low categorization. This meant that the organization demonstrated “little attempt to achieve a flatter hierarchy, wider divisions of labour, wider spans of control and tends to be quite centralized in nature” (Hill, 2003: 208). It was also important to note that the Standard Deviation values for each individual item was low – ranging from 0.92 to 1.3. In this section a total standardized Cronbach Alpha score of 0.73 was obtained which is relatively acceptable.

Nel *et al.*, (2008: 400) emphasize the reality that organic structures have more flexible networks of multi-talented individuals who perform different tasks, thereby enhancing creativity and innovation. Therefore, the authors suggest that health care organizations should change from hierarchical departmentalized structures to flatter networked forms in order to effectively diffuse knowledge. The issue of public health care bureaucracy is argued from a gender perspective by Faugier (2005:50) who states that such organizations are surrounded with numerous hurdles that tend to retard innovation and creativity among nurses, especially due to insurmountable structural inequalities which, undoubtedly negatively affect the female workforce.

Within the individual items, some interesting observations were made. An example would be item S9 that underlines encouraging employees to “manage their work and have the flexibility to resolve problems” that obtained the highest mean score of 3.72 – thus, closer to “often” than “sometimes”. Item S7 that indicates that “management makes all the important decisions for our organization” had the lowest mean score of 1.85 - which is closer to “agree” than “strongly agree”. This could indicate the complex decision making environment of public organizations with their high degree of specialization, complex rules, narrowly defined tasks and a top-down communication culture. This is often in contrast to more organic structures that provide flexible networks of multitasked individuals who perform different tasks. The openness in lines of communication between management and subordinates is one of the intrapreneurial antecedents that create an environment where innovation and creativity flourishes (Antoncic and Hisrich, 2001:501).

Item S8 also obtained a mean value of 1.98 – indicating participants’ strong agreement in that in their organization, people have to “follow lines of authority and skipping levels is strongly discouraged”. The Standard Deviation for this item was only 0.91, indicating limited dispersion of individual values around the mean. Item S5 that relates to the organization having flexible job designs rather than formal job descriptions, elicited a mean value of 2.7 – indicating that participants were unsure (3) or actually disagreed (2) with the statement. This is also related to the fact that participants had little power over how they do their work (S6) - a mean value of 2.85 that indicated, “agree” (2) to “sometimes” (3). The outcome of item S8 that related to encouraging employees to adhere to line of authority without skipping any levels, was

also significant – a mean value of 1.98 indicated “agree” (2) to “strongly agree” (1). This is probably in line with the view of the public sector as being bureaucratic with little, if any, room for creative and risk taking initiatives which may result in positive changes (Dovey, 2008:42).

#### 5.6.4 Incentive Policies Index

Within this index, the defining construct is policies and more specifically, the level of incentive policies present in any organization (Hill, 2003: 58). The focus and emphasis of this index relates to the ability of the organization to offer employees opportunities, encouragement and/or incentives to try out new ideas without fearing punishment for possible failure (Hill, 2003:209). Extremely low scores on this index would be indicative of the absence of any such encouragement and opportunities, coupled with the instilling of fear of punishment when failing. On the other hand, extremely high scores would mean that employees are readily encouraged and opportunities provided to experiment with new ideas with no fear of punishment when failing. Within Nursing, the ICN (2004: Online) for example, encourages and emphasizes incentives as *“important levers that organizations can use to attract, retain, motivate, satisfy and improve performance of staff.”* Karimi, Malekmohamadi, Daryai and Rezvafar (2011:634) are of the opinion that intrapreneurship is anchored *“on the emergent intentions and behaviors that deviate from customary way of doing things”*.

Christensen (2005:310) emphasizes that intrapreneurial behavior can be encouraged by an effective reward system that *considers “clear goals, feedback, individual influence and rewards based on results”*. Intrapreneurs value incentives controllable through a wide range of rewards such as *“pay, bonuses, profit share, equity or share of the company, expense accounts, job security, promotions, expanded job responsibilities, autonomy, public or private recognition, free time to work on pet project, money for research or trips to conferences”* (Christensen, 2005:310).

Within this study, the scores ranged from 18 to 39 with a median of 29 and a mean of 29.38. This value is considered low according to Hill’s Interpretation Sheet and is indicative of an organization that rarely offers employees the opportunities and/or

encouragement to experiment with new ideas. It also does not look kindly on failure and instils fear of being punished if failure is evident. The Standard Deviation for this group of items was 4.83 – indicating a relative amount of dispersion around the mean. In this section the lowest total standardized Cronbach Alpha score of 0.44 was obtained, raising some concerns on the reliability and interpretation of this index.

Item R1 obtained the highest mean score of 3.60 in this index stating “Our organization’s compensation and reward system is valued-based with unlimited earning potential for employees” - indicating that participants were “unsure” (3) or “disagree” (4) with the statement. The possible unsureness or disagreement of participants as being valued-based in this index, is congruent with the findings of the report of South Africa Department of Health, Nursing Education and Training Strategic Plan (2012: Online). This report highlights the reasons for failure in the implementation of the current Occupational Specific Dispensation (OSD), which was intended to attract nurses, who left the service for numerous reasons and also being able to retain those already in public service to be attributable to factors inclusive of *“ineffective planning, weak managerial practices and poor implementation, thereby resulting in disgruntled and demotivated nursing workforce”*. The statement that “employees are given support for self-initiated unofficial activity that it is to the benefit of the organization” (R2), obtained a low mean score of 2.2, thus considered to be “seldom” (2) or “sometimes” (3). These two items also obtained relatively low Standard Deviation scores of 1.22 respectively.

The provision of support for self-initiated unofficial activities is highly influenced by the working climate that offers incentives and time for such innovative and creative initiatives. The South Africa Department of Health, Human Resource Strategy (2011: Online) report attributes the current poor organizational climate prevalent in most public hospitals, to factors such as severe staff shortages that create excessive overload to remaining staff members - therefore painting a picture of a work environment which may not or cannot afford to promote intrapreneurial initiatives.

Item R5 that referred to “our organization uses a broad range of evaluation criteria when consolidating support for new initiatives”, yielded the lowest Standard Deviation value of 0.85 for this index, meaning relative agreement of being “unsure” (3) or

“agree” (4) on where their organization stands. Participants may have acknowledged the broad evaluation criteria currently used in their organization to support new initiatives through the Performance Development Management System (PDMS). It is also true that this system more focuses on stipulated individual job descriptions rather than the creation of a new product or service. Laissani, Antoncic, Antoncic, and Aydinlik (2012: Online) emphasize that salary and other reward systems are quite pivotal determinants allowing strategic business goals and intrapreneurial values to be transformed within an organization.

### **5.6.5 Intrapreneurial leadership Index**

Leadership remains the defining construct in this index, and most importantly, intrapreneurial leadership. Hill (2003:58,209) values the importance of leadership in an organization to foster intrapreneurship. This index is considered extremely low (10-25) if the leader has little understanding of the working environment that is not visionary and does not encourage an intrapreneurial philosophy in the organization. Such a leader is also not flexible and fails to encourage teamwork or a multidisciplinary approach. The opposite would be true for obtaining an extremely high score (46-50).

This index provided the most mixed results. Firstly, the summary scores varied between 11 and 48 with a median of 34 and a mean of 31.24. This means, that although the average score is indicative of a low intrapreneurial leadership index, responses varied from extremely low to extremely high. The low category of responses reflects on a leader that understands the organization only partially, is not visionary or flexible and also fails to encourage teamwork or a multidisciplinary approach. Mostly, an intrapreneurial philosophy would be absent.

The Standard Deviation was understandably, extremely high (8.86) – indicating the most dispersion of scores around the mean for any of the indexes. If one reflects on the individual items, it is clear that participants had to reflect on “our leader” or “senior executives” – this might have been difficult for the participants due to the inherent and possibly more subjective assessment of a person or persons. A second concern for the researcher might be the identification or definition of who is “our leader” for

each participant in most of the items. In this section, the highest total standardized Cronbach Alpha score of 0.90 was obtained, again confirming the concerns regarding the reliability of this index.

Within the individual items, it was interesting to reflect on the mean scores. The item with the highest mean score (3.51) (sometimes [3] to agree [4]) was item L6: “Our leader has great ability to persuade others to achieve a certain goal”. Item L1 obtained the lowest mean score (2.88): “Our leader takes calculated risks with regard to exploring and seizing growth opportunities” – indicating “seldom” (2) or “never” (1). A leader, who persuades subordinates towards achievement of a goal as reflected in item L6, could be linked to a transformational leader who assists subordinates to define the vision of the organization, thereby establishing the vision and the type of management and organizational principles being introduced (Nel *et al.*, 2008: 365).

However, the lack of participants’ confidence in their leader to take calculated risks to explore and therefore seize growth opportunities for their organization is of concern. The South Africa Department of Health Nursing Education and Strategic Plan (2012: Online) report also states the lack of management capacity as a major stumbling block in the realization of quality health care within the South Africa Health care sector, thereby requiring immediate implementation of remedial measures.

The highest Standard Deviation score obtained in item L7 reflected that “Our leader DOES NOT encourage open discussion with employees”, whilst item L1 obtained the lowest Standard Deviation score of 0.95 - it is formulated “Our leader takes calculated risks with regard to exploring and seizing growth opportunities”. The high Standard Deviation in item L7 with a mean score of 3.07, reflecting the participants’ response as “sometimes”, affirms the statement reflecting the autocratic behaviour of a leader who does not communicate issues with subordinates. The crucial role of good communication within an intrapreneurial organization pulls together diverse novelty from different levels of employees (Antoncic and Hisrich, 2001:501).

The low Standard Deviation on L1, with a mean score of 2.87, reflects the mixed feelings of participants on the leadership taking calculated risks in exploring and therefore seizing opportunities that will result in the growth of an organization. This

reflection is contradictory to the visionary transformational leader who is able to identify long-term potential of the subordinates through convincing, in an inspiring manner, by explaining to them how the envisaged dream could become reality (Nel *et al.*, 2008:365).

#### 5.6.6 Intrapreneurial culture Index

The last index refers to the defining construct of the intrapreneurial culture within an organization. For Hill (2003:209) the Intrapreneurial Culture Index focuses on the environment within an organization – highlighting the presence or absence of individualism, power distances, uncertainty avoidance and focus on quality of life or a short-term orientation. An extremely low score (10-25) would characterize high individualism, high power distance, high uncertainty avoidance and no focus on quality of life and short-term orientation. On the opposite end (score of 47-50), collectivism would be clear with a low power distance and low uncertainty avoidance. There would be a strong focus on quality of life and short-term orientation. Organizational culture is perceived by Wakefield, Blegen, Holman, Vaughn, Chrischilles and Wakefield (2001:129) as “*the pattern of values, beliefs and expectations shared by the organization's members*”. Menzel *et al.*, (2007:735) acknowledge that an intrapreneurial organizational culture is pivotal for the organization to carry forward intrapreneurial practices with the intention of socializing new members to the details of its core business.

The Standard Deviation for this index and group of items were the lowest (3.70) of all the indexes. The minimum and maximum scores varied from 24 to 41 with a median of 33 and a mean of 32.38. Therefore, one can safely deduce that participants considered the organizational environment to be low with pertinent individualism, high power distance, high uncertainty avoidance and little focus on quality of life or short-term orientation. This group of items also scored the lowest in terms of the standardized Cronbach Alpha (0.21). This value indicates that the scores are close together and raise concerns regarding the ability of this group of items to determine differences between participants.

In reflecting on specific outcomes of items in this index, item C5 and C7 obtained the highest mean score of 4.04 and 4.02 respectively. These were the highest mean

values in this category. Item C5 referred to the presence of an extensive “employee orientation program for new employees to ensure employees share the corporate vision and purpose”, whilst C7 focused on the presence of a strong “emphasis on team work in the organization”. This meant that participants agreed that their organizational environment did provide orientation programmes, as well as put strong emphasis on teamwork. It is interesting to observe that these two items from this index, share such high mean values of >4 with eight items in the second index called the Intrapreneurial Employee Index (see 5.6.2). One may deduce that these two indexes relate to matters where the nurse manager have some input and/or control – either directly or indirectly.

The lowest mean value of 2.16 (between “perhaps” [2] and “unsure” [3]) was encountered in reflecting on item C3: “Our organization nurtures new and expansive pattern of thinking”. Participants are not convinced of such nurturing. However, they did not decline it outright - (“perhaps” [2] or “unsure” [3]). Menzel, Aaltio and Ulijin (2007:736) emphasize the importance of incorporating an innovative culture within an organization through encouraging *“practices, values, and ways of doing things that are supportive to the creativity of the individual organization members”*. In order for creativity to flourish within an organization, there needs to be a stable organizational culture.

Item C9 obtained the lowest standard deviation score of 0.89 within this index, indicating low dispersion around the mean, thereby reflecting relatively congruency on the responses of participants to the statement that “Our organization has a clear-cut vision to ensure an innovative company”. A mean of 3.47 was calculated for this item - indicating sometimes (3) or agreement (4). Item C3 obtained a Standard Deviation score of 1.21 – the highest for any item in this group, but still considered satisfactory as it indicates limited dispersion around the mean: “Our organization nurtures new and expansive pattern of thinking”.

## **5.7 INTRAPRENEURIAL INTENSITY SCORES**

Hill (2003:139) calculated the score categories for the overall Intrapreneurial Intensity Index of an organization by statistically comparing data from non-intrapreneurial and intrapreneurial organizations. She stated the following values as acceptable:



**Table 5.5: Intrapreneurial intensity score interpretation sheet by Hill (2003:139)**

| INTRAPRENEURIAL<br>INTENSITY INDEX | Extremely Low | Low    | High    | Extremely high |
|------------------------------------|---------------|--------|---------|----------------|
|                                    | 60-51         | 52-211 | 212-271 | 272-300        |

In comparing the total score of the 42 participants in this study, it was found that the minimum score was 147 and the maximum score 238 with a median of 198.31 and a mean of 196.64. It is clear that according to these participants, their organizations could be classified as primarily low. Hill (2003:139) also stated that in her study “*the average total responses for the intrapreneurial sample range between 182 and 284.*” The majority of responses (72%) range between 245 and 265, indicating that organizations should ideally score 245 or higher in order to be classified as being intrapreneurial on the overall scale.

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## 5.8 SUMMARY OF DESCRIPTIVE FINDINGS

In summary, the results using Hill’s defining constructs or indexes as discussed above reflecting on the items with the highest and those with the lowest mean scores, are depicted in table 5.6 below.

**Table 5.6: A summary of results per index and participants responses**

| SCORES                                                                                      | PARTICIPANTS RESPONSES/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. TASK INNOVATION INDEX (O):</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Low mean score of 34 reflects little evidence of new products/services in this organization | <p>O10. Our organization places a strong emphasis on continuous improvements in service delivery.</p> <p>O6. In our organization there is a strong relationship between the number of new ideas and the number of new ideas implemented</p> <p>O5. I look for new and innovative ways to improve the way we do things.</p> <p>O6. In our organization there is a strong relationship between the number of new ideas and the number of new ideas implemented</p> |
| <b>2. INTRAPRENEURIAL EMPLOYEE INDEX (E):</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| High mean score of 43.14 reflects the                                                       | <p>E5. I look for new and innovative ways to improve the way we do things.</p> <p>E6. I am excited and full of enthusiasm when new opportunities arise.</p>                                                                                                                                                                                                                                                                                                      |

| SCORES                                                                                                                                                                                                                  | PARTICIPANTS RESPONSES/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| organizational leadership understanding their work environment and is visionary and pulls together strong innovative teams                                                                                              | <p>E1. I am able to achieve even when there are few guidelines or systems in place.</p> <p>E8. I like to try different approaches to things even if there is a chance I might fail.</p> <p>E1. I am able to achieve even when there are few guidelines or systems in place.</p>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>3. STRUCTURE FLEXIBILITY INDEX (S):</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Low mean score of 26.60 is an indication that the organization demonstrates little effort towards achieving flatter hierarchy culminating in wider divisions of labour and wider span of control                        | <p>S9. Employees are encouraged to manage their work and have the flexibility to resolve problems.</p> <p>S7. Management makes all important decisions for our organization,</p> <p>S5. Our organization has flexible job designs rather than formal job descriptions.</p> <p>S6. Employees at lower levels of our organization have very little power over how they do their work.</p> <p>S2. The structure of our organization allows for resource sharing and encourages flexibility.</p> <p>S3. Ideas and suggestions of lower level employees are taken seriously and valued.</p> <p>S8. In our organization people have to follow lines of authority and skipping levels is strongly discouraged.</p> |
| <b>4. INCENTIVE POLICIES INDEX (R):</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Low mean score of 29.38 reflected the organization which seldom offers opportunities to its employees. it does not offer incentives for experimentation of new ideas, and only instils fear of failure to the employees | <p>R1. Our organization's compensation and reward system is valued-based with unlimited potential for employees.</p> <p>R2. Employees are given support for self initiated unofficial activity that it is to benefit of the organization.</p> <p>R1. Our organization's compensation and reward system is valued-based with unlimited earning potential for employees.</p> <p>R2. Employees are given support for self-initiated unofficial activity that it is to benefit of the organization.</p> <p>R5. Our organization uses a broad range of evaluation criteria when considering support for new initiatives.</p>                                                                                     |
| <b>5. INTRAPRENEURIAL LEADERSHIP INDEX (L):</b>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| The low mean score of 31.24 reflects the                                                                                                                                                                                | <p>L6. Our leader has great ability to persuade others to achieve their goal.</p> <p>L1. Our leader takes calculated risks with regard to exploring and seizing</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| SCORES                                                                                                                                                                                           | PARTICIPANTS RESPONSES/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| leadership in this organization which does not fully understands their working environment, is not visionary, does not encourage team approach, and doesn't inculcate intrapreneurial philosophy | growth opportunities.<br>L6. Our leader has a great ability to persuade others to achieve a certain goal.<br>L7. Our leader DOES NOT encourage open discussion with employees.<br>L1. Our leader takes calculated risks with regard to exploring and seizing growth opportunities.                                                                                                                                       |
| <b>6 INTRAPRENEURIAL CULTURE INDEX (C)</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| The low means score of 32.38 in this category reflects and organization which does not have a team approach, instead functions through individualism. The high distance by senior management     | C5. There is extensive employee orientation program for new employees to employees share a corporate vision and purpose.<br>C7. There is strong emphasis on team work in the organization.<br>C3. Our organization nurtures new and expansive pattern of thinking.<br>C3. Our organization nurtures new and expansive pattern thinking.<br>C.9. Our organization has a clear cut vision to ensure an innovative company. |

## 5.9 CONCLUSION

In chapter five, a quantitative descriptive analysis of findings was presented through discussion of means, standard deviations and Cronbach Alpha results of the six sub-indexes of Hill's (2003) adapted questionnaire - with additional biographical data.

The six indexes of Hill (2003) questionnaire address diverse aspects of intrapreneurship and are congruent with Miller's intrapreneurial model as cited by James (2012:9), which highlights the three critical aspects of intrapreneurship namely prerequisites, the intrapreneurship phenomenon and intrapreneurial outcomes which are evidenced through outstanding performance.

According to Miller's model, the antecedents/prerequisites of intrapreneurship, include; *"management activities, organizational culture, the setting within the organization, skills and attitudes of employees"*. The phenomenon of intrapreneurship culminates in the creation of new ventures and strategic renewal of

the organization concerned. According to James (2012:9), the cumulative effects of related activities result in a positive outcome which is seen through customer satisfaction, job satisfaction and the good financial performance.

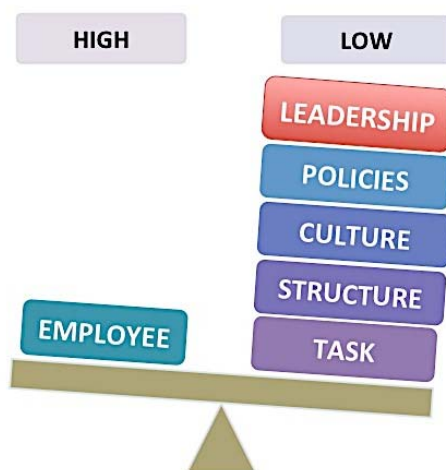


**Figure 5.5: Schematic presentation of the overweight of indexes in terms of low and high scores**

The low mean scores in all the sub-indexes in Hill (2003) with the exception of the Intrapreneurial Employee index is a cause for concern – See Figure 5.5. The findings reflect participants' views of limited innovative initiatives, probably due to bureaucratic hierarchies and lack of incentives for experimentation. The leadership of these organizations shows limited vision to transform the organization through the inculcation of intrapreneurship philosophy, and the leadership apparently does not bring employees together to function as teams.

The high mean score in the Intrapreneurial Employee Index indicated that participants from the three hospitals selected for this study, considered themselves to be demonstrating innovative vision and courage to embrace change. Considering the difficult working conditions and environment faced by these unit/operational nurse managers, this finding is appreciated. One may however add a word of caution in terms of the reality that individuals in general may tend to view or assess themselves more positively.

Chapter six consists of a literature review that would explore relevant aspects of intrapreneurship not necessarily covered by the concept analysis in Chapter three.

## **CHAPTER SIX: LITERATURE REVIEW**

### **6.1 INTRODUCTION**

Chapter 3 provided a concept analysis of intrapreneurship followed by the discussion of the two sets of research findings in chapters four and five. These two sets refer to findings from the focus groups and from administering Hill's adapted Intrapreneurial Intensity Index (III) Questionnaire (2003). A significant part of health care is incorporated where appropriate, for example in the concept analysis (chapter 3) and discussion of findings (chapter 4 and 5). This chapter reviews additional critical literature focus areas, for example health care intrapreneurship as applied, leadership and gender.

#### **6.1.1 Health care**

Sankelo and Ankerbland (2008:829) emphasize the concern that global health care faces momentous challenges. These challenges made countries to respond by developing and upgrading service provision. Keckley, Coughlin and Eselius (2012: Online) affirm the need for a government to incorporate innovation in addressing diverse global health care challenges. Chronic communicable disease rates continue to sour, leaving governments and private payers to find amicable solutions on how to provide, disseminate and pay for adequate prevention and treatment (Keckley *et al.*, 2012: Online). Third world countries with ailing economies, coupled with multifaceted communicable illnesses such as Malaria, Tuberculosis and HIV/AIDS, usually have more financial concerns that impact on the strategies aimed at addressing these issues. Therefore, the promotion of intrapreneurial initiatives offers a new hope to public health care organizations (Keckley *et al.*, 2012: Online).

Halvorsen, Hauknes Roste and Miles (2002: Online) identify some of the factors that distinguish private from public sector service delivery. These are not limited to the large public sector organizations with rigid governing policies, anchored on bureaucracy coupled with being a monopolistic supplier of a range of services. The

strict financial regulation of public funds is influenced by the policies and political will of the government of the day. This tight financial position tends to limit total control in execution of services by managers (Halvorsen, *et al.*, 2002: Online). Managing health care services differ in principle in comparison to other organizations, since they are predominantly influenced by social values and ethics in addition to the economic aspect which they are also mandated with. However, intrapreneurial initiatives aimed at addressing diverse public health care challenges, are still quite applicable (Halvorsen, *et al.*, 2002: Online).

The mandate of public health care institutions is further explored by Sundin and Tillmar (2008:118) who affirm the often tight financial regulations prevalent in public sector organizations. Such organizations do not have a profit motive such as their private counterparts - they receive funding from tax payers who therefore expect excellent services. The central positioning of public organizations within their communities subjects them to on-going public scrutiny on transparent decision making initiatives and consensus on pertinent issues among interest groups (Sundin and Tillmar, 2008:119).

However, proponents of public sector intrapreneurship perceive the hospital environment as an excellent medium where creative and innovative initiatives can flourish (De Jong and Den Hartog, 2007:41). The notion of adopting an intrapreneurial route within the public sector is also often debated by a number of scholars. Leonard (2003:220) raises a concern of public sector intrapreneurship critics who indicate that *"It has been particularly noted for promoting powerful new subjectivities based on notions of managerialism and entrepreneurship rather than the traditional values of professionalism or technical competence"*.

#### **6.1.2 Global health care**

According to the World Health Organization Western Pacific Region (2009: Online) report, the goal of governments is the provision of a health care system that is able to protect and promote health and to provide quality health care services to citizens at reasonable prices. Sewankambo and Katamba (2009:958) content that health care systems have the best opportunity in determining sustained improvement in health

outcomes through incorporating the locally appropriate health approach based on Primary Health Care.

Despite good performance seen within health care systems in developed countries such as Australia, governments in such countries still face on-going challenges which are influenced by an ageing population and the increasing rates of chronic illnesses like diabetes, to mention but a few. Reforming Primary Health Care is considered ideal to curb the costs inherent in acute hospital care. Therefore, strategies aim at ensuring the availability of the right workforce and good infrastructure in order to be able to deliver quality care. Finally, to inform communities about health care services that are available, as stated by the Australian Department of Health improving Primary Health Care for all Australians (2011: Online).

A different picture is painted about the plight of developing countries in comparison with the affluent economies. The multifaceted nature of health care problems in developing countries result from a combination of factors, inclusive of poor planning and/or poor implementation of health policies and programmes (Chudi, 2010:9). The developing countries bear 90% of the global disease burden, but only allocate 10% of their annual budget to health care. In the developing countries, the adverse health consequences are linked to poor socio-economic growth and development, which impact negatively on life expectancy. In African countries like Botswana, Lesotho and Swaziland, life expectancy is only 35 years, contrary to developed countries like, Japan in which the life expectancy is 82 years (Chudi, 2010:9).

Seshadri and Tripathy (2006:17) see the incorporation of intrapreneurship as a major driver for the renewal of any organization – inclusive of the public health care sector that is faced with numerous challenges.

### **6.1.3 Historical perspective of health care in South Africa**

The South Africa Department of Health, National Health Insurance Policy Paper, (2011: Online) report indicates that prior to 1994, the South African health care system was fragmented and designed along racial lines. Two parallel health care systems existed, one serving the white minority citizens and another serving the black majority citizens. The system that served the white minority citizens was highly

resourced contrary to that which served black people. Harrison (2009: Online) acknowledges the significant developments achieved by the public health care sector in terms of access, rationalized health management and more equitable health expenditure since those years. However, Harrison (2009: Online) also identified the following factors which have undermined the significant strides obtained by the South African government since the dawn of democracy to include “scourge of HIV/ AIDS, weak health systems management and low staff morale”.

The South Africa Department of Health, National Health Insurance Policy Paper, (2011: Online); Mooney and Gilson, (2009:2) highlight that several corrective measures aimed at addressing inherited gross disparities of fragmented health services, are considered by the current government. The fourteen health care departments which existed during the apartheid era had to serve four racial groups and did not address existing inequalities. Therefore, after 1994, the current democratic government embarked on several measures aimed at transforming the health care system. Most of the initiatives taken by the democratic government further entrenched a two-tiered health system of private and public health care services on the basis of the individual clients’ socio-economic status;

According to the report of the South Africa Department of Health, National Health Insurance Policy Paper (2011: Online), the South African government acknowledges that the two-tier system does not embrace the principles of equity and access. The current mode of financing through medical schemes, is currently seen as not facilitating equitable access of health care services.

Globally the issue of poor quality health care delivery is a major concern. The South Africa Department of Health, National Health Insurance Policy Paper, (2011: Online) explains three global trends that undermine the improvement of global health outcomes by different countries. These are *“hospital centrism which has a strong curative focus, fragmentation in approach which may be related to programmes or service delivery and uncontrolled commercialism which undermines principles of health as a public good”*.



According to South Africa Department of Health, National Health Insurance Policy Paper, (2011: Online) report within the South African context, the two-tier health care system is considered to be “*unsustainable, destructive, very costly and highly curative or host-centric*” and thus of concern to the government. The report emphasises that the South African health care system is enveloped in a range of challenges such as the; worsening burden of disease and shortage of key human resources, with underperforming public sector institutions that have been associated with poor management, underfunding and deteriorating infrastructure.

The South Africa Department of Health National Health Insurance Policy Paper (2011: Online) acknowledges that although in many areas of the country access to health care facilities has increased, but many of these facilities still render poor quality care. Therefore, transformation of the entire public health system is critical to remove the image of poor quality health care services which has been proven scientifically as a major barrier to access health care by the majority of the population in the country.

The South Africa Department of Health, National Health Insurance Policy Paper, 2011: Online) report further highlights that a range of health care challenges within the South African Public Health System do not render the private sector immune. The existing problems in the private sector relate mainly to the high cost of services linked to high service tariffs, provider-induced utilization of services and over-servicing of patients on a fee-for-service basis.

#### **6.1.4 Organizational structures in health care**

In order to investigate the organizational hierarchy, Defienbach and Sillience (2011:1516) suggest that the words ‘formal and informal’ be used. The authors use a Weberian classification representing five most common types of organizations, namely bureaucratic or orthodox organizations, professional organizations, representative democratic organizations, hybrid or postmodern organizations and network organizations. Each type of organization is reflected in Table 6.1 and the unique characteristics of each type are highlighted.

**Table 6.1: Adopted types of Hierarchical organizations and their formal hierarchy**

| TYPE OF ORGANIZATION             | CHARACTERISTICS                                                                                                                                                                                                                                                                                                            |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bureaucratic orthodox</b>     | <ul style="list-style-type: none"> <li>• Bureaucracy, rules, managerialism</li> <li>• Principle of rule-bound line management</li> <li>• Offices at different levels, lines of command-and-control, line management</li> <li>• Master and servant, superior and subordinate</li> </ul>                                     |
| <b>Professional</b>              | <ul style="list-style-type: none"> <li>• Professionalism and Managerialism</li> <li>• Principle of seniority</li> <li>• Principle of professional autonomy</li> <li>• Rules and order of the profession, line management</li> <li>• Senior and junior, professional and support staff, superior and subordinate</li> </ul> |
| <b>Representative/democratic</b> | <ul style="list-style-type: none"> <li>• Managerialism, representative and (participative) decision-making processes</li> <li>• Principle of formal hierarchical representation</li> <li>• Line management committees</li> <li>• Representatives and represented, superior and subordinates</li> </ul>                     |
| <b>Hybrid/postmodern</b>         | <ul style="list-style-type: none"> <li>• Managerialism, project and team</li> <li>• Principle of direct and indirect line management</li> <li>• Line management, formal projects and teams</li> <li>• Superior and subordinate, leaders and members of project teams</li> </ul>                                            |
| <b>Network</b>                   | <ul style="list-style-type: none"> <li>• Autopoiesis</li> <li>• Decentralized co-ordination and decision making</li> <li>• Principle of autopoiesis structures and processes</li> <li>• Emerging formal functions and tasks within network</li> <li>• Network coordinator/facilitator and members</li> </ul>               |

**\*Source: Defienbach and Sillience, (2011:1520)**

Organizations, including the private health care sector, have gone through dramatic changes in recent years, for example, the development of flatter, looser structures and the downsizing as well as horizontal approaches to information flow (Raja and Palanichamy, 2011: 167). According to these authors several factors influenced the transformation that took place in organizations. Such factors include the rapid changing technological developments, goal competition and the changing nature of the workforce. Therefore, this transition poses a great challenge to the Public Health care sector organizations which are quite bureaucratic in nature.

### 6.1.5 The Hospital Organization In South Africa

Kroukamp (1999:327) points out that the challenges facing the South African government currently are primarily about ensuring that the reconstruction and development initiative succeeds. The author is of the opinion that such reconstruction and development would not be meaningful unless the social living conditions of its citizens are lifted to a meaningful level. Therefore, Kroukamp (1999:328) affirms the obligation of a civilized democratic state which is that of ensuring stability in the public service.

Despite the envisaged transformative initiatives in South Africa, Cullinan (2006: Online) acknowledges that there has been a widespread perception that services in hospitals have seriously deteriorated in the recent years. The reasons for this deterioration include the large staff shortages and the growing HIV/AIDS epidemic, which are considered to be the two major challenges facing the over-burdened health system. Other challenges that compromise the reputation of the current health care system, include *“mismanagement, patient neglect and abuse, appalling standards of care, lack of hygiene, lack of infection control and lack of accountability to patients of many hospitals and health facilities”* (Cullinan, 2006:Online). Boyett (1997:6) sees intrapreneurship as a possible turn-around strategy of public sector institutions through granting new ownership of resources and offering greater freedom of generating additional and better services.

### 6.1.6 Structuring the Health Care System in South Africa

According to Sewankambo and Katamba (2009:957), the South African post-apartheid health care system still faces a wide array of challenges which include socio-economic disparities affecting equal access of all citizens to quality health care services. In a country that has been encapsulated with racial disparities for many decades, the key strategy, according to the author, is to identify the socio-economic determinants of disease in order to put remedial measures in place. The South African socio-economic determinants as identified by Sewankambo and Katamba (2009:957) include *“poverty, poor living conditions and social exclusion”*. These determinants, according to the authors, mirror an inequitable South African society where social inequalities were structural and state inspired by the apartheid regime.

The South Africa Department of Health, National Health Insurance Policy (2011: Online) report categorically states that South Africa is at the brink of introducing the National Health Insurance System and therefore should consider the burden of disease that is currently been experienced. The diseases, as reflected in the Lancet report, include: “HIV/AIDS and TB, Maternal, infant and child mortality, non-communicable diseases and injury and violence”.

Despite the numerous challenges notable within the South African District Health care System, Harrison (2009: Online) identifies some accomplishments within the past fifteen years. Cognisance is taken to the following achievements:

- “Legislation and gazetted policy included free Primary Health Care, Essential drug programme, Choice of termination of pregnancy, anti –tobacco legislation;
- Better systems management, for example, greater parity in district expenditure, clinic expansion and improvements, hospital revitalization programme, improved immunization programme and improved malaria control.”

On the other hand, short comings that were identified within the South African context are categorized in three groups (Harrison, 2009: Online). These groups are: insufficient prevention and control of epidemics, persistently skewed allocation of resources and weakness in health systems management. Harrison provides the following detail to each category:

“1. Sufficient prevention and control of epidemics

- Limited efforts to curtail HIV/AIDS
- Emergence of MDR-TB and XDR-TB
- Lack of attention to the alcohol abuse

2. Persistently skewed allocation of resources between public and private sector

- Inequitable spending compared to health needs
- Insufficient health care professionals in public sector

### 3. Weakness in health systems management

- Poor quality care
- Operational inefficiencies
- Sufficient delegation of authority
- Persistently low morale of health workers
- Insufficient leadership and innovation”

In an attempt to mitigate the endless health care challenges, the South African Government adopted a World Health Organization District Health care System based on Primary health Care (PHC) as reflected in the report by South Africa Department of Health, the District Health System in South Africa report, 2001: Online). Harrison (2009: Online) affirms that the establishment of a district-based system was one of the biggest post-1994 innovative highlights that made health management more responsive to local needs. However, Harrison (2009: Online) laments that the South African district health care model has been thwarted by erosion of efficiencies attributable *“to poor leadership and low staff morale”*.

The South African Department of Health, District Health System in South Africa report (2001: Online) report indicates that within the public health sector in South Africa, the first entry point to health care is at the clinic or a community health care centre which may offer also a 24 hours maternity service. Referrals from a clinic follow this pattern: to a district hospital, and then to a regional hospital, which may refer to a more specialized tertiary institution.

According to South Africa Department of Health, Quality Assurance Policy report (2007: Online) currently, access to the South African Health care System is through a parallel private and public health model. Statistical data confirm that 80% of the South Africa population accesses health care in state health care facilities. The remaining 20% accesses health care services of private institutions which often utilize state-of-the-art medical equipment. Private patients use a medical aid or pay cash to access private health care facilities.

The South Africa Department of Health, Quality Assurance Policy report, (2007: Online) further highlights that the socio-economic disparities are evident in the distribution of population accessing such facilities. The majority of whites who constitute the 20% of the population utilize private health care institutions, whilst the remaining 80% of the population which is predominantly black, utilizes public health care institutions where credibility is questionable. Corrective measures which need to be applied within the public health care context according to De Jong and Den Hartog (2007: 41) include the inculcation of the philosophy of employee innovation by management to achieve improved total quality management results.

The South Africa Department of Health, Quality Assurance Policy report (2007: Online) put emphasis on the fact that the current health care disparities are causing a public out-cry – especially in terms of mediocre services often offered at different public health care institutions nationwide. This is seen as denying citizens their constitutional right to quality health care. According to South Africa Department of Health National Health Insurance Policy paper (2011: Online) the current state of affairs within the South African health care system, pose a serious challenge to the government. Therefore, an attempt to address the current disparities is underway through introducing the National Health Insurance (NHI) System Initiative - which is still in the pipeline. The National Health Insurance initiative is aimed at mitigating inequitable access of the population to all the available health care services (*Mail and Guardian*, September, 2010: Online) (b). To realize the needed success of incorporating the NHI system, an intrapreneurial mind might help to reinvent the South African Health care System (*Mail and Guardian* September, 2010: Online) (b).

The plight of the South African population with regard to the inherent health care disparities is further debated by Sewankambo and Katamba (2009:957) who raise the concern that “*despite increased investments and improved social policies, South African Government has not adequately addressed health care disparities*”. Some of the inherent concerns that negatively affect the health care in South Africa according to Sewankambo and Katamba (2009:957) include a poorly prepared health care system to address the changing trend of the disease burden, poor stewardship, leadership and management, inadequate human resource capacity and a poor surveillance system. Post democratic South Africa has seen dramatic changes which

created a mandate for new opportunities that alter the basic political and economic institutions. According to Sewankambo and Katamba (2009:957), the strategic positioning of South Africa as a strong economy within the African continent, compels it to perform much better than it is currently doing in terms of offering better health care to its citizens. The authors believe that innovative research initiatives embarked upon by a range of scientists from different disciplines, would improve mortality and morbidity of populations throughout the entire continent.

#### **6.1.7 Quality Assurance in Health Care**

The delivery of quality health care is one of the fundamental obligations which every country has to offer to its citizens. Ducker (1991) as cited by Hayati (2010: Online) defines quality as “*what the customer gets and is willing to pay for rather than what the supplier puts in.*” Halvorsen, *et al.*, (2002: Online) advocate for a turn-around strategy that many public sector organizations are currently embracing. Such a strategy entails a cultural shift from the rigid rules and regulations prevalent in many public sector organizations to a more adaptive, responsive and client-oriented culture that places quality care at the centre stage. According to Glaveli, *et al.*, (2011:214) endless initiatives aiming at the improvement of quality health care services, have been embarked upon by different countries worldwide in order to mitigate a range of health care challenges.

Within the South Africa context, as has been endorsed by the constitution, it is the right of every citizen to have access to quality health care (South Africa Department of Health National Health Insurance Policy, 2011: Online). The delivery of quality health care is a crucial matter that challenges policy makers who are endlessly confronted with the need to improve the delivery of care and service – inclusive of using quality indicators, such as waiting time and patient satisfaction (Harrison, 2009: Online).

In an attempt by citizens to achieve universal access to health care services, the South African Government has embarked on a number of initiatives aimed at improving quality health care (South Africa Department of Health National Health Insurance Policy paper, 2011: Online). However, Bateman (2010:785) is concerned

that a strong South African economy does not necessarily reflect positive health care outcomes. The author compares financial health resources in South Africa with those of countries that share a similar health care spending, such as Brazil, Mexico and Thailand. These countries are considered to have better health outcomes than South Africa. The public sector in South Africa is charged with the responsibility of transforming poor practices by, for example, incorporating financial management reforms to create internal funding for innovation - instead of returning unused revenue back to the treasury (Borins, 2001:311). Adoption of reinvention initiatives by an ailing public sector that embraces an intrapreneurial culture, would allow employees to be creative, thereby developing an organizational identity, through accepting risks and functioning as a team. (Ahmadi,2010: Online).

The UNAID report by Marawa and Maverenge (2005: Online) reflects a list of at least four institutions that are mandated to accredit health care services in South Africa. Such organizations do not only assist the government for quality control within the health sector but also act as public watch dogs. The UNAID report by Marawa and Maverenge (2005: Online) confirms that a large responsibility lies with the public sector leadership to embrace innovative practices so that the recommendations from such bodies could be implemented. The role of the unit/operational nurse managers in this regard becomes critical in that they oversee the daily delivery of clinical care.

A range of scholars made different attempts to properly understand the different dimensions of quality. Within the South African context, the Council of Health Service Accreditation of Southern Africa (COHSASA) is one of the accredited bodies assessing the standards of performance for both public and private services. Hayati (2010: Online) suggests five broad dimensions which are critical in assessing the quality of health care in a facility as reflected in Table 6.2 below.



**Table 6.2: Five broad Dimensions of Service Quality**

| <b>Dimensions</b>     | <b>Definitions</b>                                                                                              |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Tangibles</b>      | Appearance of physical facilities, equipment, personnel and written materials                                   |
| <b>Reliability</b>    | Ability to perform the promised service dependently and accurately                                              |
| <b>Responsiveness</b> | Willingness to help customers and provide service                                                               |
| <b>Assurance</b>      | Employees' knowledge and courtesy as well as their ability to inspire trust and confidence                      |
| <b>Empathy</b>        | Caring, easy access, good communication, customer understanding and individualized attention given to customers |

**\*Adapted from Zeithaml et al., (1990) cited by Hayati (2010: Online)**

If one reflects on the above dimensions, it is clear how valuable intrapreneurial strategies and activities would be, to fulfil the requirements of the envisaged quality health care in public health care institutions.

## **6.2 INTRAPRENEURSHIP**

The perception of intrapreneurship by scholars as “*a curious, constantly searching activity at the frontier of the organization and not at the core*”, has laid a solid foundation on which different disciplines can be built on (Antoncic and Hisrich, 2003:2). Gapp and Fisher (2007:331) view intrapreneurship as being narrowly defined by Antoncic and Hisrich (2003:3) whose focus is limited to the establishment of new ventures. Instead, Gapp and Fisher (2007:331) propose a further expansion of the concept by including the introduction of new products or business or the adaptation of an existing product or business.

Jarna and Kaisu (2003: Online) concur with other scholars who perceive the process of intrapreneurship to be dependent on factors inclusive of the external environment and the organization and its strategy and management activities. The authors insist

that dynamic and hostile circumstances surrounding the environment create pressure for organizations to be intrapreneurial. Jarna and Kaisu (2003: Online) put into perspective the pivotal positioning of management in promoting or thwarting intrapreneurial activities. Intrapreneurial organizational cultures manifest on individual employees who are risk-takers who are consistently engaged in innovative and creative activities which bring positive change to the organization. Such individuals, constantly engage in learning to improve their different skills which culminate in quality care seen through customer satisfaction, job satisfaction and good financial performance by the organization (Jarna and Kaisu, 2003: Online).

In order for intrapreneurial innovation to flourish in the public health care sector, management should consider the meaningful allocation of resources, long term planning and a belief in the future (Gapp and Fisher, 2007:331). Shukla (2009:Online) acknowledges intrapreneurship as a novel way of making organizations more profitable through their imaginative employees who relentlessly entertain entrepreneurial thoughts which influence companies to reinvent themselves and thereby improve performance. In order for intrapreneurship to flourish in any organization, Goosen, De Coning and Smit (2002:39) identify eleven crucial ingredients which have to be considered, e.g., *“entrepreneurial teams, freedom and empowerment, executive champions, trust and management styles, communication and feedback, rewards and recognition, sharing, creativity and innovation, intra-capital, new blood and the promotion of success.”*

Furthermore, the issue of astute intrapreneurial behaviour is pondered by a range of scholars. For instance, Seshadri and Tripathy (2006:17) bring to the fore other crucial qualities of intrapreneurs evident through their ability to *“carve out new paths, initiate new ventures and defy the status quo in their organizations”*. Such outstanding intrapreneurial behaviour is reflected through resilience and energy applicable to intrapreneurs who are destined to turn around intricate bureaucracies common to large public sector organizations (Manimala, Jose and Thomas, 2006:50).

Yielding positive results from intrapreneurial employees is quite a crucial aspect in order for organizations to reinvent. This aspect is discussed by Abraham (1997:2)

whose view is also consistent with the value and existence of a positive work environment in order for intrapreneurship to flourish. The author strongly believes that *“within the horizontal individualism philosophy the existence of an autonomous self exists.”* A strong connection between the horizontal individualism and intrapreneurialism is perceived by Abraham (1997:2). The author highlights the prerequisites to intrapreneurial success within the organization to include; management’ needs to support innovative initiatives by adopting novel ideas of employees, recognizing the products of champions and apply capital for experimental projects.

Furthermore, creating an environment which allows employees’ autonomy/work discretion with no penalties for experimentation, to take cognisance of management needs for a reward/reinforcement system – that needs to be structured in such a way that it recognizes true achievement of employees who accept increasingly challenging tasks. Management also has to avail time to enhance novelty by creating a flexible work environment, allowing employees to consult with other creative team members to solve problems. Cognisance on limiting organizational boundaries needs to be addressed. The organizational boundaries need to be expanded to accommodate successful completion of novel ideas aimed at mitigating broad fundamental problems of the organization (Abraham, 1997:2).

In order for leadership to be really successful in bringing sustainable innovative intrapreneurial teams, efforts of key role players need to be coordinated (Elenkov and Manev, 2005:382). These authors put emphasis on bringing on board the key role players which include; *“idea generators, innovators, intrapreneurs, project leaders and innovation champions”*

The factors which promote intrapreneurship are widely debated by different researchers. Antoncic and Hisrich (2003:3) put into perspective that intrapreneurship behaviours and intentions operate at the organizational periphery and not at the core contrary to the management of public sector organizations which tends to focus more on the customary practices of repetition inherent to routine, and the efficiency of the current production and other support operations.

Innovation through intrapreneurship is strongly and separately positioned in the management literature as compared to other management concepts, such as diversification, strategy, capabilities, organizational learning and innovation.

Table 6.3 below depicts the similarities and differences of intrapreneurship with the above mentioned management concepts as deduced by Antoncic and Hisrich (2003:7)

**Table 6.3: Differentiation of intrapreneurship from similar management concepts**

| Concept                          | Key concern                                                                                      | Key similarities                                                                                             | Key differences                                                                                                                                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diversification strategy</b>  | Product relatedness of organizational businesses                                                 | Changes in diversification focus, especially in terms of entering new, product market or unfamiliar business | Product market relatedness and synergy across organizational business is not a primary focus of intrapreneurship; intrapreneurship also includes non-product market-based emergent activities and orientations |
| <b>Capabilities</b>              | Coherent combinations of resources and activities across value chains of organizational business | Intrapreneurship is a manifestation of organizational innovative capabilities                                | Search for organizational inter-business coherence and synergy not a key concern of intrapreneurship                                                                                                           |
| <b>Organizational learning</b>   | Knowledge acquisition and retention, and organizational routines' improvement                    | Intrapreneurship may create disruptions that are part of the learning process                                | Building new knowledge base organizational memory and routines not a main concern of intrapreneurship                                                                                                          |
| <b>Organizational innovation</b> | New combinations from the organizational                                                         | Creation of something new in terms of new combinations in production and                                     | Predominant focus of intrapreneurship is also on creation of new ventures, this is not the                                                                                                                     |

| Concept | Key concern                                                                 | Key similarities   | Key differences                            |
|---------|-----------------------------------------------------------------------------|--------------------|--------------------------------------------|
|         | perspective<br>(product,<br>technological,<br>administrative<br>innovation) | support activities | focus for organizational<br>innovativeness |

**\*Source:** Antoncic and Hisrich, (2003:7)

A more philosophical discourse on intrapreneurship is provided by Antoncic and Hisrich (2003:7) who are of the opinion that the concept is currently developed as a more complete integrative concept based on two predominant streams. These two streams are an entrepreneurial orientation and a corporate entrepreneurship which span the boundaries of entrepreneurship and strategic management literature. The authors developed a proposition relating to a multidimensional concept that holds eight distinctive components. These components include new ventures, new businesses, product service innovativeness, process innovativeness, self-renewal, risk-taking, pro-activeness and competitive aggressiveness. Antoncic and Hisrich (2003:7) strongly believe that through analysis, nurturing and advancing these intrapreneurship dimensions, it would assist public managers to make significant improvements in their performance.

The intrapreneurship dimensions, definition and theoretical grounds as stated by Antoncic and Hisrich (2003:9), are depicted in Table 6.4 below. The theoretical grounds refer to a number of scholars agreeing or referring to the particular dimension.

**Table 6.4: Intrapreneurship Dimensions**

| Dimensions              | Definition                                                                         | Theoretical grounds                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>New venture</b>      | Creation of new autonomous or semi-autonomous unit or firms                        | Schollhamer (1981)<br>Hisrich and Peters (1984)<br>Vesper (1984)<br>Kanter and Richardson (1991)<br>Sharma and Chrisman (1999) |
| <b>New businesses</b>   | Pursuit of and entering into new businesses related to current products or markets | Rule and Irvin (1988)<br>Zahra (1991)<br>Stopford and Boden-Fuller (1994)                                                      |
| <b>Product /service</b> | Creation of new products                                                           | Schollhamer (1981)                                                                                                             |

| Dimensions                        | Definition                                                                                                                | Theoretical grounds                                                                                                                                                                                                      |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>innovativeness</b>             | and service                                                                                                               | Covin and Slevin (1991)<br>Zahra (1993)<br>Damanpour (1996)<br>Burgelman and Rosenblom (1997)<br>Knight (1997)<br>Tushman and Anderson (1997)                                                                            |
| <b>Process innovativeness</b>     | Innovations in production procedures and techniques                                                                       | Schollhamer (1981)<br>Covin and Slevin (1991)<br>Zahra (1993)<br>Damanpour (1996)<br>Burgelman and Rosenblom (1997)<br>Knight (1997)<br>Tushman and Anderson (1997)                                                      |
| <b>Self-renewal</b>               | Strategy reformulation, reorganization and organizational change.                                                         | Vesper (1984)<br>Guth and Ginsberg (1990)<br>Zahra (1991,1993)<br>Stopford and Buden-Fuller (1994)<br>Muzyka et al; (1995)<br>Sharma and Chrisman (1999)                                                                 |
| <b>Risk-taking</b>                | Possibility of loss related quickness in taking bold actions and committing resources in the pursuit of new opportunities | Mintzberg (1973)<br>Khadwalla (1977)<br>Miles and Snow (1978)<br>Covin and Slevin (1986, 1989, 1991)<br>Stopford and Buden-Fuller (1994)<br>Dess <i>et al</i> ; (1996)<br>Lumpkin and Dess (1996,1997)<br>Lumpkin (1998) |
| <b>Pro-activeness</b>             | Top management orientation for pioneering and initiative thinking                                                         | Covin and Slevin (1986, 1991)<br>Venkatraman (1989)<br>Stopford and Baden-Fuller (1994)<br>Lumpkin and Dess (1996, 1997)<br>Dess <i>et al</i> (1997)<br>Lumpkin (1998)                                                   |
| <b>Competitive aggressiveness</b> | Aggressive posturing towards competitors                                                                                  | Covin and Slevin (1986,1991)<br>Miller (1987)<br>Covin and Covin (1990)<br>Lumpkin and Dess (1996, 1997)<br>Knight (1997)<br>Lumpkin (1998)                                                                              |

**\*Source:** Antoncic and Hisrich (2003:9)

In summary, Antoncic and Hisrich (2003:9) tie the closely related dimensions of intrapreneurship by highlighting it as being the process of creating a new venture - either as an autonomous or a semi-autonomous unit within an organization.

In a new business established through intrapreneurship initiatives, a specific product will be produced through incorporating innovative initiatives in production, procedures and techniques. The success of intrapreneurial initiatives is dependent on the organization's leadership and individual employees. A positive change would be possible through self-renewal, risk-taking, pro-active initiatives, support for pioneering of initiatives, and relentless attempts of the organization to achieve good results through competitive aggressiveness.

### **6.2.1 Value of Intrapreneurship**

According to Foba and De Villiers (2007:1) the need for new entrepreneurs to emerge is paramount in order to generate economic activities that will influence the development of larger businesses. According to the authors, such an initiative will result in capital growth and the generation of employment opportunities. Foba and De Villiers (2007:1) claim that intrapreneurship is based on the fact that it yields *"new knowledge-based and value-added business organizations to the global economic market."*

According to a range of scholars from different disciplines, innovation is a critical concept inherent to intrapreneurship. Therefore, Gapp and Fisher (2007: 331) insist that for any innovation to take place in any organization, the commitment of management with regard to productivity, is critical. Management needs to unmask policies and procedures that make middle management and their subordinates to make sceptical efforts in trying to create greater effectiveness. Success in achieving any initiative according to the authors depends on support of management by ensuring that the resources are allocated coupled with long-term planning which will influence the entire team to believe in the future.

### 6.2.2 Process and outcomes of Intrapreneurship

Goosen *et al.*, (2002:40) identify three common characteristics of intrapreneurship that are often highlighted by a range of scholars. These include innovation focusing on the improvement of products and services rendered by the organization, with more emphasis placed on development and innovation technology. Secondly, the self-renewal dimension reflects transformation and changes which are likely to occur within the organizations through the changing of key philosophies. The last characteristic is pro-activeness describing the posture of the organization in comparison to its competitors.

Public sector intrapreneurial innovation is further debated by Nasution and Mavondo (2008:484) who identify three types of innovation that are relevant to the public sector to include; “*product innovation, process innovation and administrative innovation.*” Product innovation involves bringing in a new product or service or modification of the existing one. Process innovation entails personal interaction of customers and staff seen through good communication skills and professional behaviour displayed by staff in assisting the client. Finally, the administrative innovation is depicted through staff performance standards. Goosen *et al.*, (2002:40) strongly feel that the three mentioned dimensions of intrapreneurship do not adequately describe the effects of the organization’s management on intrapreneurship, especially in terms of the employees and processes and thus proposes a more detailed set of dimensions. These dimensions and their descriptions are depicted in Table 6.5 below.

**Table 6.5: Intrapreneurial Dimensions**

| DIMENSION               | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Management style</b> | <ul style="list-style-type: none"> <li>• <b>Planning:</b> Vision for intrapreneurship, goal setting, future orientation;</li> <li>• <b>Implementation:</b> democratic style, input- from below, skill structure, executive; championing, open communication, innovation experience;</li> <li>• <b>Directing:</b> Encouragement, develop skills;</li> <li>• <b>Control:</b> don’t use traditional controls, limit control.</li> </ul> |
| <b>Communication</b>    | <ul style="list-style-type: none"> <li>• <b>Open:</b> no ‘turf’ in, no hierarchical communication;</li> <li>• <b>Synergism:</b> operational feedback; information exchange; sharing of ideas.</li> </ul>                                                                                                                                                                                                                             |



| DIMENSION                 | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Environment               | <ul style="list-style-type: none"> <li>• <b>External environment:</b> Scanning process</li> <li>• <b>Internal environment conducive to:</b> learning cultures, serendipity practiced and no defined turfs, no risk averseness, intrapreneurial freedom, encouraged; rewards and recognition; access to resources problem solving culture, idea receptive environment, experimenting culture opportunities part of culture interactive learning, changes recognised as opportunities;</li> <li>• <b>Individual employees:</b> excitement; creative climate empowered employees.</li> </ul> |
| Structures                | <ul style="list-style-type: none"> <li>• Informal, flat, generic, supporting intrapreneur, integration of sub-systems</li> <li>• Teams for intrapreneurship, use intracapital</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                  |
| Strategy                  | <ul style="list-style-type: none"> <li>• <b>Systematic planning for intrapreneurship:</b> Specific strategies and goal support for intrapreneurship, seeks new venture; adopt long term focus;</li> <li>• <b>Administration strategy for resources:</b> venture model in strategy; couple rewards to strategies; employ intrapreneurship as a strategy.</li> </ul>                                                                                                                                                                                                                        |
| Risk taking               | <ul style="list-style-type: none"> <li>• <b>Management:</b> Support, structure, provides resources, trust; encourage innovative changes, tolerance of failure;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Creativity and innovation | <ul style="list-style-type: none"> <li>• <b>Learning:</b> System for development and support;</li> <li>• <b>Innovation:</b> Practical search for creativity and innovation;</li> <li>• <b>Performance management system:</b> Prudent assessment of creativity and innovation, promotion plan;</li> <li>• <b>Management strategies:</b> Serendipity system; managing innovation; process model; streamline to be progressive,</li> </ul>                                                                                                                                                   |
| Product innovation        | <ul style="list-style-type: none"> <li>• <b>Innovation:</b> Product lines; product changes; research and development leadership</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pro-activeness            | <ul style="list-style-type: none"> <li>• <b>Management strategies:</b> bold decision making style,</li> <li>• <b>Work environment:</b> environmental boldness;</li> <li>• <b>Employee initiatives:</b> New techniques, competitive posture; risk taking propensity.</li> </ul>                                                                                                                                                                                                                                                                                                            |

\*Source: Goosen, De Coning and Smit (2002:40-41, adapted)

### 6.2.3 Factors influencing Intrapreneurship

The current understanding of the concept “entrepreneurship” and characteristics of the “entrepreneur” originates from three schools of thoughts (Hedner, Abouzeedan and Klofsten, 2011: Online). The first approach is based on research and the science of economics. The second approach focuses on entrepreneurship as a

psychological trait based on personality characteristics of an entrepreneur. Lastly, the social-behavioural approach stresses the influence of the social environment coupled with personality traits in forming an entrepreneur. Scholars have studied factors that influence such entrepreneurship flare within individuals. Hedner *et al.*, (2011: Online) insist on the need to understand entrepreneurial behaviour which does not only focus on the individual being innovative, but on how entrepreneurs perceive and cope with difficulties and failure. The stance taken by a resilient entrepreneur is applicable to the public sector intrapreneurship. Resilience is considered important to assist public sector managers to deal with inevitable failures in their innovative initiatives (Hedner *et al.*, (2011: Online).

The issue of globalization forms the crux of many debates in different fields such as management and business (Wunderer, 2001:193). Wunderer warns about the mounting pressure which is exerted on organizations to compete with the globalization of the economy. This is coupled with an industrial economy leading to a more knowledge-based playing field. Such developments compel employees to increase their level of performance. An increased level of novelty within each organization needs to be manifested with the direct input of intrapreneurship initiatives - bringing positive change. The visualized intrapreneurial innovation which organizations need to adopt is expanded further by Borins (2000:502) who identifies five key stimulants to innovation:

- Initiatives originating from the political system due to an election mandate, legislation enabling innovation, or pressure by politicians;
- new leadership whether from inside or outside the organization;
- a crisis defined as a current or anticipated publicly visible failure or problem;
- variety of internal problems (failing to respond to a changing environment, inability to reach a target population, inability to meet demands of the programme, resource constraints, or inability to coordinate policies):
- New opportunities created by technology or other causes.

Wunderer (2001:193) suggests that employees should be considered as significant role-players whose contribution is not only limited to production. Employees should be appreciated as strategic determinants of success within the organization. Therefore, in order for the organizations to realize the envisaged growth, the author suggests that they need to accept values that thwart independence, allowing creativity through team work and focusing on a result oriented service. Borins (2000:506) focuses on public service reinvention that could be realized by relaxing central urgency controls and by embracing a culture of experimentation.

The negative factors influencing public sector intrapreneurship are also scrutinized by Meynhardt and Diefenbach (2012: Online) who identify role ambiguity as one of the crucial factors that thwarts public sector intrapreneurship. The authors perceive role ambiguity as the extent to which organizational goals are perceived as ambiguous and numerous.

Intrapreneurship as a determinant of organizational success is further interrogated by Antoncic and Hisrich (2001:505). Their intrapreneurship model includes the two antecedents that influence occurrence of intrapreneurship. These two are the environment (both internal and external) and factors within the organization itself. According to this model, intrapreneurship culminates in new business venturing, innovativeness, self-renewal and pro-activeness. Such developments result in improved organizational performance manifested through its growth and profitability. Figure 6.1 below provides a graphic depiction of this model.

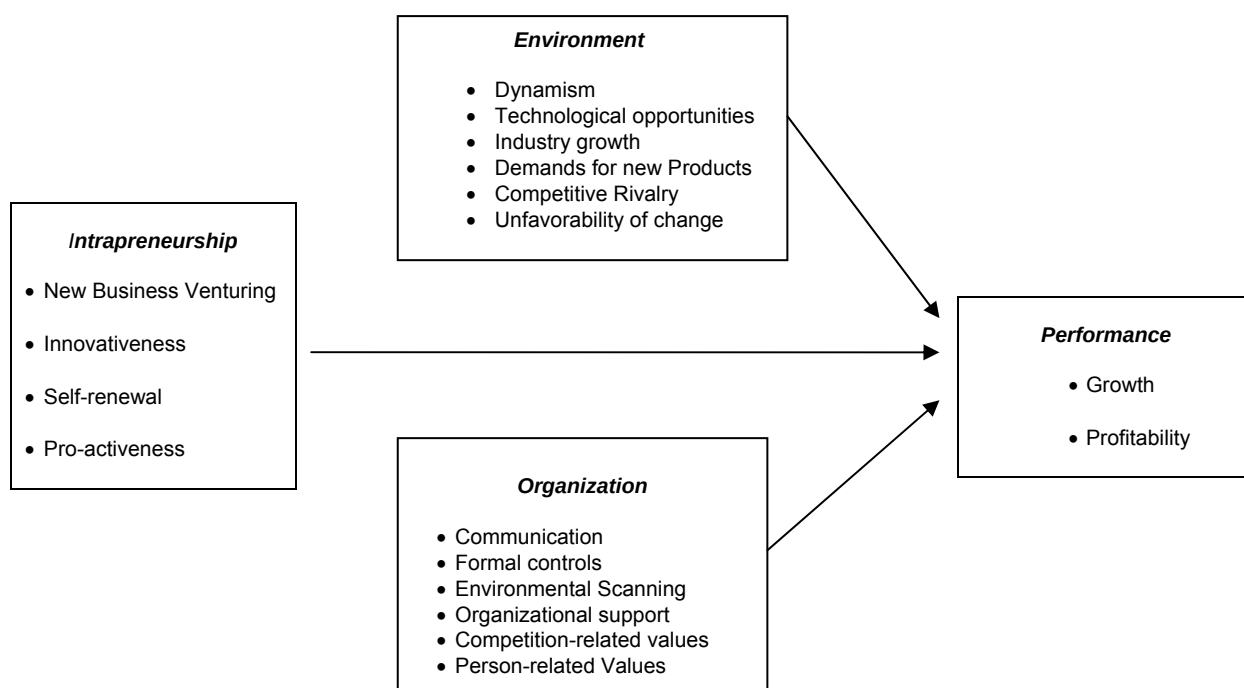


**Figure 6.1: Depiction of the intrapreneurial model.**

\* Source Antoncic and Hisrich (2001:505)

## 4.8 LEADERSHIP

Leadership is regarded as a crucial ingredient required to realize transformative initiatives by organizations (Raja and Palanichamy, 2011:167). In order for the organizational leadership to make a positive impact on individuals, teams and the organization at large, leadership paradigms need to change, extend and broaden from “*directive versus initiating structure, autocratic versus democratic leadership and task versus relations-oriented leadership*” Raja and Palanichamy, 2011:167). This is supported by Lieven, Van Geit and Coetsier (1997:416) who also perceive leadership as a critical factor influencing positive initiatives that will eventually transform the organization. The authors forward a proposition that challenges organizational leadership to broaden the traditional paradigms such as “*directive versus*

*participative, consideration versus initiating structure, autocratic versus democratic leadership”.*

The issue of public sector leadership poses a serious concern not only to the developing countries, but developed economies too face challenges requiring outstanding leadership. Deloitte Research report (2010: Online) indicates that the United Kingdom government believes that for any government to realize its goals, it has to address leadership issues within the public sector in order to improve service delivery. The report insists that the senior leadership in the public sector should effectively take stewardship of their organizations. Leaders need to develop insights on how to bring about successful change. They have to develop cognitive skills that will assist them in managing very demanding environments. The public sector leadership should demonstrate emotional intelligence which will enable them to motivate the teams they lead. The leadership should also aspire towards building leadership at all levels of the organization to ensure that complex bureaucratic structures do not thwart leadership abilities of employees who are potential future leaders (Deloitte Research report, 2010: Online).

Debates on organizational leadership are on-going in a number of scientific fields, with health care as no exception. Roberts and Coghlan (2011:231) acknowledge the fact that social and economic environments pose significant challenges for any health organization, thereby requiring the need for effective leadership. The authors highlight that recent mandates in health care reform, require more fully integrated services across disciplines necessitating a more collaborative problem solving approach which harnesses innovative thinking. As a result, in order that public sector organizations realize the envisaged growth, Molina and Callahan (2009:389) insist that on priority should be taken to leadership issues by employing individuals who can bring about change.

Contrary to socio-economic challenges affecting organizational leadership, Molina and Callahan (2009:388) highlight environmental and individual dynamics such as *“technology, aging and diversity of the workforce, information, change, environmental dynamics globalization and many more”*. These authors insist that this new changing

scenario calls for employees who are committed to learn quickly and bring innovation at different levels to the organization.

#### **6.2.4 Role of leadership in fostering Intrapreneurship**

In order to manage transformation in large organizations, there is a strong need for leaders who are more change-oriented. Lieven *et al.*, (1997:416) state that good leaders are those who “*enhance followers’ confidence and skills to devise innovative responses, to unleash their creativity through taking calculated risks*”. (Meynhardt and Diefenbach (2012: Online) explore the parameters of management support to include; “*championing or adopting innovative ideas; recognizing employees’ ideas; supporting small projects; providing expertise and institutionalizing entrepreneurial activity within the organization’s system and process*”. Middle managers in the public sector are more likely to unleash their intrapreneurial potential when supported by the organization’s senior management since they have their fingers on the pulse of operations (Meynhardt and Diefenbach, 2012: Online)

#### **6.2.5 Leadership approaches**

According to Boateng (2012:128), leadership is defined as “*a process whereby one individual influences a group of individuals to achieve a common goal*”. The concept of leadership is perceived to carry numerous connotations and it’s often used synonymously with concepts such as power, authority, management, administration and supervision. The author also indicates that many leadership theorists relate poor organizational productivity to ineffective leadership.

Gender and leadership issues are currently at centre-stage in the world of economics and management, where women in organizational leadership are gradually gaining momentum (Eagly and Carli, 2003:809). The authors indicate that the increase in female leaders has been accompanied by changes in theories and practices of leadership. In the past, leadership was based on authority that was determined by the individual access to political, economic or military power. Contemporary schools of thought on leadership existing in post-industrial societies, reflect the attributes of a leader as one who shares power through establishing collaborative relationships. Currently, good leadership is based on the leader’s ability to enhance team work, collaboration, empower colleagues, support, and engage workers. Eagly and Carli

(2003:809) further bring to the fore the vision of a contemporary leadership that reduces hierarchy and places the leader more in the role of a coach.

A relentless attempt to influence the reinvention of organizations, has lead Burns (1978) as cited by Raja and Palanichamy, (2011: 168) to introduce the concepts of “transformational and transactional leadership”. Burns then identified the difference between these two leadership styles to be related to what leaders and followers offer one another (Raja and Palanichamy, 2011: 168). Scholarly debates on transactional and transformational leadership affirm that transactions as a basis for transformation results in followers meeting organizational expectations and are then rewarded accordingly. However, the relevance of transformational leadership is seen more often where motivation of employees is required to move beyond the organizational expectations (Raja and Palanichamy, 2011: 168).

The success of good leadership has been associated with emotional intelligence by different scholars who see it as *“a specific set of abilities that include the capacity to understand, reason about, and use emotions in thinking and acting”* (Mittal and Sindhu, 2012:36). The authors conducted an extensive study by interviewing many senior executives on the relevance of emotional intelligence to the success of a company. Their findings reflected that effective leaders know their impact on others and use it to their advantage. Effective leaders display empathy for others but they should still be decisive on any issue of concern. They should reflect a true passion on their duties. Leaders need to balance personal feelings in order to bring in logic in decision making.

#### 6.2.5.1 Transformational leadership

Transformational leadership is described by Trofino (2000:233) as a process which motivates the followers by appealing to higher ideals and moral values. Peterson, Walumbwa, Byron and Myrowitz (2009:351), as well as Lieven *et al.*, (1997:416), highlight the four dimensions of transformational leadership to be charisma, inspirational motivation, intellectual simulation and individualized consideration. Peterson *et al.*, (2009:351) and (Raja and Palanichamy, 2011:168) view charisma as *“the extent to which the subordinates strive to identify with their leader in order to be able to emulate him”*. Inspirational motivation refers to a leader’s ability to articulate a

meaningful vision that will motivate and inspire followers. Intellectual stimulation on the other hand, emphasizes *“the leader’s ability to expand the followers’ use of potential”*. Individualized consideration refers to how attentive the leader is to the needs of subordinates in order to achieve the needed organizational growth and support. Such dimensions require a strong set of values e.g. loyalty, trust and personal attention or caring for employees (Raja and Palanichamy, 2011: 168).

Lieven *et al.*, (1997:416) warn that the concepts “charismic” and “transformational” leadership are often used interchangeably. A distinction is made by Bass (1985) as cited by Lieven *et al.*, (1997:416) that charisma is often perceived by some scholars as forming a sub-section of transformation.

According to Peterson *et al.*, (2009:349) studies on transformational leadership consistently produced a pattern of positive relationships between this form of leadership and performance, as well as other measures of organizational effectiveness. Transformational leaders are reputable for inspiring confidence in subordinates through communicating a positive vision and recognizing the subordinates’ strengths. The transformational type of leader has the potential to connect own positive psychological capabilities of being hopeful, optimistic and resilient to their subordinates (Peterson *et al.*, 2009: 349).

In order to realize positive organizational change, Lieven *et al.*, (1997:416) perceive the role of transformational leaders as being vital to elicit performance of employees beyond expectations. This type of leader installs pride, communicates personal respect, facilitates creative thinking and influences subordinates to aspire for positive initiatives that will take their organizations to greater heights.

#### 6.2.5.2 Transactional leadership

According to Boateng (2012:129), transactional leadership theory was founded *“upon the idea that leader-follower relations were based on negotiations, exchange and contractual dimensions”*. The premise of transactional theory rests on the management of the organization which only focuses on satisfying the followers’ lower level or intrinsic needs. Success in the utilization of transactional leadership by an



organization is achieved through incorporation of the reward and penalty aspects of contractual leadership and includes factors such as “*contingent reward, management by-exception-active and management-by-passive*” (Boateng, 2012:129). The transactional leadership approach is further explored by Raja and Palanichamy (2011: 168) who bring into perspective the assertion that transactional leadership motivates employees through contingent rewards and provision of constructive feedback.

#### 6.2.5.3 Laissez-faire leadership

The Laissez-faire type of leadership does not reflect either transformational or transactional qualities of leadership. Therefore, Boateng (2012:130) affirms that this form of leadership is not ideal within an intrapreneurial organization, because the leader completely abdicates control (Boateng, 2012:130). Early studies on this type of leadership, compared to autocratic and democratic leadership styles, found that it resulted in lower productivity and satisfaction among followers. Passive behaviour often displayed by some organizational leadership, signals that it does not have any significant role to play in an intrapreneurial organization.

### 6.3 NURSING LEADERSHIP

The relevance of the role that nursing leadership plays in addressing diverse public health care challenges cannot be ignored. Despite their presence in terms of numbers, nursing as a gendered profession still faces enormous challenges including gender stereo types (Faugier, 2005:50). In order for nurses to make meaningful contributions within the health care system, which is predominantly male dominated by professions such as medicine (Salvage and Smith, 2000:1019) suggest the need for nursing leadership to take advantage of their numbers in spearheading collaborative interdisciplinary innovative initiatives aimed at addressing diverse health care challenges.

Debates by a range of scholars around the caring role of nurses usually trigger endless discourse on issues such as gender and whether or not nursing is a profession (Davies, 2003: 322). The author sets the record straight on the fact that nurses skills are not only limited to medical technical knowledge and related skills, instead they also have a range of skills and expertise inclusive of leadership (Davies,

2003:723). Davies puts into perspective the fact that other pertinent skills such as communication and management, are equally crucial for the nurse managers to be able to adequately address endless health care challenges they are faced with on a daily basis.

Blattel-Mink and Kuhlmann (2003:6) draw attention to the fact that the process of change in gender relations influences different variables in the health care systems which are highly segregated and governed through hierarchical gender order. Within the South African context, Gilson on Independent Online, 27<sup>th</sup> October 2011 9am News emphasised the need for the country to improve its responsiveness to population needs and expectations regarding health improvement. The move requires leadership and governance to be strengthened across the health care system. More emphasis is placed on public hospitals as the first port of entry for the majority of the South African population. Although Gilson acknowledges the difficult conditions in which public health care managers work, she still insists that the public hospital leadership should still be held accountable for actions taken.

The following remedial measures aimed at improving the quality of nursing leadership in public hospitals as were proposed by Gilson on Independent Online 27<sup>th</sup> October 2011, 9am News included; recruitment of nurse leaders and managers who possess relevant experience and skills including competence on technical issues, general management and emotional intelligence of leaders. The profile and value of those in these vital positions should be raised and acknowledged, people should be allowed to choose leadership as a career path.

Despite several transformative initiatives aimed at addressing diverse issues which tend to negatively affect service delivery in South Africa, the study by Dovey (2008:42), which sought to identify factors inhibiting change in public health care facilities, painted a different picture. The study singled out enormous challenges still existing within public health care facilities that include centralization of decision making (thus abdicating power from the front and middle nurse managers), autocratic and abusive senior management and bureaucratic practices, deteriorating health care resources and constant negative publicity by the media.

## **6.4 REALITIES OF GENDER**

The prevalent diversity in South Africa is evidenced in terms of ethnicity, religion and linguistic groups. According to the South Africa Department of Statistics (2011: Online), 79% of the population is categorized as African, 9% Coloured, 2.5% Asian and 9% as white. Despite the remarkable strides which are accomplished by countries in recognizing women as potential leaders, Eagly and Carli (2003:825) raise a concern that the main stumbling block that females still encounter to climb the corporate ladder of leadership, is brought on by the incongruity of the traditional female roles that tend to clash with the demands of the organizations.

The CNN news, report of *June 7th 2010* on gender equality in South Africa places emphasis on the fact that traditional institutions are subjected to the principles of the constitution which is often ineffective in replacing the customary law, especially in rural areas. The report raises a concern that in South Africa, discriminatory practices, social norms and persistent gender stereotypes, continue to determine opportunities and interactions for women and men.

The dawn of the civil rights movement saw remarkable developments globally in the recognition of individual rights and those of women in particular. Eagly and Carli, (2003:808) reflect a paradigm shift from gender stereotypes which used to place men as superior leaders to their female counterparts in different organizations.

In comparison to other leadership styles, transformational leadership seems to offer more room to women, because it encompasses behaviours consistent with the female gender role, inclusive of supportive and considerate behaviour (Eagly and Carli, 2003:809).

## **6.5 CONCLUSION**

The discussion of literature relevant to intrapreneurship in public hospitals has been categorized into three themes, each with a sub-category. These relate to health care, intrapreneurship and leadership. In chapter seven, findings from the concept analysis, Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill, the outcomes of the focus groups and the literature review will be compared and triangulated to create meta-inferences which will guide the researcher towards the

development of an intrapreneurship framework usable in a range of contexts, for example, nursing education programmes

## **CHAPTER SEVEN: OUTCOMES OF META-INFERENCE**

### **7.1 INTRODUCTION**

In chapter 6, a summary of literature findings related to the perception and context of applying and fostering intrapreneurship was provided. A number of local and international scholars from different backgrounds, including health, were included. In this chapter, the inferences of data from both the qualitative and quantitative strands will be integrated with those from the concept analysis framework of Walker and Avant. Furthermore, the literature review will also be incorporated to establish meta-inferences. These inferences will inform and facilitate in the development of a framework that will foster intrapreneurship within unit/operational nurse managers.

### **7.2 BACKGROUND: THREE PUBLIC HOSPITALS USED IN THIS STUDY**

The convergent parallel mixed methods design is viewed as an approach to integrate both qualitative and quantitative data collection without espousing for a particular research method (Morris and Burkett, 2011). In this context, the making of inferences and the triangulation of data makes sense. Within this particular study, the researcher was interested to obtain a deep and thorough understanding of the matter at hand. It was thus important to bring the strengths of a range of approaches to the table to facilitate such a well-grounded understanding. The concept analysis, the collection and analysis of quantitative and qualitative data were done independently. This could be seen as parallel mixing with the so-called “mixing-point” related to the comparison of and using the complimenting ability of data sets (Creswell and Clark, 2011, Johnson, Onwuegbuzie, and Turner, 2007).

Literature on the convergent parallel mixed methods used in research, makes a clear distinction between inferences and the data from which they were derived. In discussing findings within the convergent parallel mixed methods design, Teddlie and Tashakkori (2009:291) bring to the fore a number of guidelines. These include the need to keep the focus on the research purpose and questions, to examine each question separately and to include a summary of all results relevant to the question. The authors emphasise that tentative interpretations of each part of the results

should be made in the form of an answer to a question. Thereafter, answers to questions must be examined and then a decision should be made on whether there is a need to combine, or not combine answers in a meaningful whole.

### **7.3 AIM AND OBJECTIVES OF THE STUDY**

In order to create credible inferences from qualitative and quantitative strands of data, including those from concept analysis and literature search, the researcher revisited the aim and objectives of the study as recommended by Teddlie and Tashakkori (2009:291) in an attempt to establish whether or not inferences are congruent with the purpose.

The aim of the study was to develop a framework to foster intrapreneurship among unit/operational nurse managers working in the three selected public hospitals situated in Mangaung, Free State. This aim was broken down in four objectives that relates to the:

- concept analysis using the framework of Walker and Avant,
- exploration of unit/operational nurse managers' understanding and view on intrapreneurship within their working environment through the use of focus groups. Here five trigger questions were used to elicit meaningful information, namely;
  1. What is your understanding of the concept intrapreneurship/entrepreneurship?
  2. In what ways does your hospital work environment foster intrapreneurship? Please provide examples
  3. In what ways does your hospital work environment hinder intrapreneurship?
  4. What can be done to make your hospital working environment more conducive to intrapreneurship?
  5. What can be done to remove hindrances to intrapreneurship in your hospital? working environment?
- The conduciveness to intrapreneurship practiced in selected hospitals, were explored through the use of focus groups and Intrapreneurship Intensity (III) Questionnaire (2003) by Hill.

- The intrapreneurial characteristics of unit/operational nurse managers were explored, also using Intrapreneurship Intensity (III) Questionnaire (2003) by Hill.

## 7.4 INFERENCES

In convergent parallel mixed methods research studies, the creation of inferences is considered to be part of the last phase of the research project. Teddlie and Tashakkori (2009:287) define inferences as “*conclusions and interpretations that are made on the basis of collected data in a study.*” In the creation of inferences, researchers use a logical and critical thinking process to come to conclusions, accepting that always inherent limited information is available (Polit and Beck, 2012:175). Two processes are at work namely, the use of inductive reasoning moving from premises assumed to be true or from given facts, and secondly, the deduction of inferences from a range of data.

However, Teddlie and Tashakkori (2009:287) warn that the interpretation of mixed methodology findings through the creation of inferences is an intricate analytical process that requires the meticulous scrutiny of data by the researcher.

The authors identify three crucial aspects of inferences, namely;

- Inference creation process that has to deal with making sense of the results of data analysis
- Inference quality that deals with standards for evaluating the quality of conclusions created on basis of research findings
- Inference transferability that is “the degree to which these conclusions may be applied to other similar settings, people, time periods, contexts and theoretical representations of constructs” (Teddlie and Tashakkori, 2009:287)

### 7.4.1 Quality of inferences and Meta-Inferences

Quality and the transferability of results, form the crux of any study. Polit and Beck (2012:625) expand further on the issue of inference quality and inference

transferability. Inference quality incorporates notions of both internal and external validity and statistical conclusion validity within the quantitative framework, and credibility within a qualitative framework. According to Polit and Beck (2012:625), the quality of inference refers to *“believability and accuracy in the inductively and deductively derived conclusions from a mixed method study”*. Polit and Beck (2012:625) bring to the fore another umbrella term encompassing the quantitative term ‘external validity’ and the qualitative term ‘transferability’.

Teddlie and Tashakkori (2009:301) also acknowledge that the assurance of quality is crucial in convergent parallel mixed methods studies. The authors discuss three aspects of quality that require attention in convergent parallel mixed methods studies. These include design quality, interpretive rigour and aspects quality. In order to yield quality results, Teddlie and Tashakkori (2009:301) insist that for each type of quality initiative the relevant criterion and indicator audit needs to be applied. The authors discuss a number of quality issues for convergent parallel mixed methods studies. The criteria are useful when reflecting on a study as a whole. It includes the design quality where aspects, such as design suitability, are discussed, whether the study methods answer or match the research questions and purpose and whether or not strands answer the same research question. Design fidelity or adequacy relate to whether the qualitative, quantitative and convergent parallel mixed methods design components such as sampling, data collection and data analysis procedures are implemented with the necessary quality and rigor to capture meanings, effects, and/or relationships.

When reflecting on inferences, Teddlie and Tashakkori (2009:301) focus on interpretive consistency - whether inferences closely follow the relevant findings in terms of type, scope and intensity. This also includes whether multiple inferences, made on the basis of the same findings, are consistent with one other and whether scholars will probably reach the same conclusions when reviewing the results (Interpretive agreement). They also include theoretical consistency where the question inquires whether the inferences are consistent with the theory and state of knowledge in the field. The criterion of integrative efficacy relates to whether the meta-inferences adequately incorporate the inferences that are made in each strand



of the study, inclusive of the exploration of inconsistencies, and the provision of plausible explanations (Teddle and Tashakkori, 2009:301).

#### 7.4.2 Quality issues to consider

A convergent parallel mixed methods study is often complex and taxing. The availability of research criteria and their related audit indicators is considered helpful to establish and confirm the quality of the convergent parallel mixed methods study. In Table 7.1, Teddle and Tashakkori (2009:301) highlight three broad research criteria that require attention in any convergent parallel mixed methods study. The audit indicators, as stated in the table, were considered helpful to assist the researcher in the review of the study.

**Table 7.1: Integrative Framework for inference quality**

| RESEARCH CRITERION                                | AUDIT INDICATOR                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DESIGN QUALITY</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. <b>Design suitability</b><br>(appropriateness) | 1.1 Are the study methods appropriate for answering the research question? Does the design match the research questions?<br>1.2 Does the convergent parallel mixed methods design match the stated purpose for conducting an integrated study?<br>1.3 Do the strands of convergent parallel mixed methods study address the same research questions (or closely related aspects of questions)? |
| 2. <b>Design fidelity</b><br>(adequacy)           | 2.1 Are the QUALITATIVE, QUANTITATIVE, and MIXED METHOD (MM) procedures or design components<br>(e.g. sampling, data collection procedures, data analysis procedures) implemented with the quality and rigor necessary for (and capable of) capturing the meanings, effects, or relationships?                                                                                                 |
| 3. <b>Within-design consistency</b>               | 3.1 Do components of the design fit together in a seamless manner? Is there within-design consistency across all aspects of the study?<br>3.2 Do strands of MM study follow each other (or are they linked) in a logical and seamless manner?                                                                                                                                                  |
| 4. <b>Analytic adequacy</b>                       | 4.1 Are the data analysis procedures/strategies appropriate and adequate to provide possible answers to research questions?<br>4.2 Are the MM analysis strategies implemented effectively                                                                                                                                                                                                      |
| <b>INTERPRETIVE RIGOR</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. <b>Interpretive consistency</b>                | 5.1 Do inferences closely follow the relevant findings in terms of type, scope and intensity?                                                                                                                                                                                                                                                                                                  |

| RESEARCH CRITERION                                   | AUDIT INDICATOR                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      | 5.2 Are multiple inferences made on the basis of the same findings consistent with each other?                                                                                                                                                                                                                  |
| 6. Theoretical consistency                           | 6. Are the inferences consistent with theory and state of knowledge in the field?                                                                                                                                                                                                                               |
| 7. Interpretive agreement                            | 7.1 Are other scholars likely to reach the same conclusions on the basis of the same results?<br>7.2. Do inferences match participants' constructions?                                                                                                                                                          |
| 8. Interpretive<br>• Distinctiveness                 | 8.1 Is the inference distinctively more plausible than other possible conclusions that might be made on the basis of the same results?                                                                                                                                                                          |
| ASPECTS QUALITY                                      |                                                                                                                                                                                                                                                                                                                 |
| 9. Integrative efficacy (mixed and multiple methods) | 9.1. Do the meta-inferences adequately incorporate the inferences that are made in each strand of the study?<br>9.2 If there are credible inconsistencies between the inferences made across strands, are the theoretical explanations for theses Inconsistencies explored, and plausible explanations offered? |
| 10. Interpretive correspondence                      | 10.1 Do the inferences correspond to the stated purposes/questions of the study? Do the inferences made in each strand address the purposes of the study in that strand?<br>10.2 Do the meta-inferences meet the stated need for using an MM design? (i.e., is the stated purpose for using MM met?)            |

\*Source:Teddlie and Tashakkori (2009:301)

It is the pivotal responsibility of a researcher to return to the question on why the research investigation was initiated in the first instance. Teddlie and Tashakkori (2009:287) state that at the end of the entire process, findings need to be interpreted to offer answers, and thereby develop a better understanding of the phenomenon under investigation.

## 7.5 FINDINGS

Despite the separate ways in which two sets of data analysis in mixed methodology studies occur, Teddlie and Tashakkori (2009:266) and Polit and Beck (2012:625) agree that the best analogy should allow different sets of analysis to “*talk to each other in a meaningful, reflexive and thought provoking way*”. In this study, different

inferences on pertinent issues relevant to the public health care sector intrapreneurship were deduced from the findings of both the qualitative and quantitative strands. Further inferences deduced from concept analysis using the framework of Walker and Avant is also informed by a number of literature sources on the subject matter of interest. Often, major categories of inferences used by scholars, relate to the external environment, the internal environment and the individual. Therefore, using the logical thinking process purported by Polit and Beck, (2012:175) the researcher identified common, prominent categories across each research strategy. A further synthesis of data eventually resulted in the surfacing of meta-inferences concerning the critical factors which promote or hinder public sector intrapreneurship. Inferences were developed from a wide range of data, namely from the concept analysis, the focus groups, the utilization of the adapted Intrapreneurship Intensity (III) Questionnaire (2003) by Hill and the literature findings.

### 7.5.1 Concept Analysis Inferences By Walker And Avant

In table 7.2 inferences from the concept analysis on intrapreneurship are summarized. The researcher interrogated the concept of interest in the context of the external and internal environment, as well as individual attributes. Identified inferences for the external and internal environment were clustered according to those that hinder and those that foster intrapreneurship initiatives. Inferences related to personal attributes, included qualities such as being an innovator, inherent individual leadership abilities, innate qualities, demographic qualities and situational attributes.

**Table 7.2: Inferences related to the environment (internal and external) and individual from the concept analysis of “intrapreneurship”**

| Research strategy: Concept analysis (referring to Objective: Analyse the concept of intrapreneurship using Walker and Avant’s framework for concept analysis) |                                                                                                                                                                                             |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| INFERENCES                                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                                  |
| External environment                                                                                                                                          | Internal environment                                                                                                                                                                        | Individual                                                                                                                                       |
| <b>FOSTER (+)</b>                                                                                                                                             |                                                                                                                                                                                             | <b>1 Personal attributes</b>                                                                                                                     |
| <ul style="list-style-type: none"> <li>• <b>Opportunities</b></li> <li>- Technological opportunities</li> <li>- Industry growth</li> </ul>                    | <ul style="list-style-type: none"> <li>• <b>Communication</b></li> <li>- Open communication</li> <li>- Frequent and meaningful communication across departmental lines and among</li> </ul> | <ul style="list-style-type: none"> <li><b>Innovator</b></li> <li>- Recognize organizational weakness</li> <li>- Identify new missions</li> </ul> |

| Research strategy: Concept analysis (referring to Objective: Analyse the concept of intrapreneurship using Walker and Avant's framework for concept analysis)                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INFERENCES                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| External environment                                                                                                                                                                                                                                             | Internal environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>and demand for new products</p> <ul style="list-style-type: none"> <li>• <b>Dynamicity</b></li> <li>- Mechanisms for focusing attention on changing condition</li> <li>• <b>Uncertainty</b></li> <li>- Moderate environmental uncertainty</li> </ul>          | <p>people with dissimilar views</p> <ul style="list-style-type: none"> <li>• <b>Organizational wellbeing</b></li> <li>- Organizational values</li> <li>- Performance objectives</li> <li>- More staff with specialized training</li> <li>Participative decision-making</li> <li>• <b>Organizational and management support</b></li> <li>- Structures that provide access to innovation role models and mentors, moderate personnel turnover</li> <li>- Psychological contracts that legitimise spontaneous innovative behaviour developed from shared - participation</li> <li>- Supportive attitudes</li> </ul>                                                                                 | <ul style="list-style-type: none"> <li>- Positive attitude towards innovation</li> <li>- Consistent enthusiasm for technology</li> <li><b>Leader</b></li> <li>- Status and visibility</li> <li>- Specialized expertise</li> <li>- Power and influence</li> <li><b>Team builder</b></li> <li>- Motivate group members</li> <li>- Encourage collaborative decision making</li> <li>- Espouse trust</li> <li>- Build coalitions</li> <li>- Work cohesively with open conflict resolution mechanisms that integrate creative personalities into the mainstream</li> </ul> |
| HINDER (-)                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Constraints and obstacles                                                                                                                                                                                                                                        | Poorly defined and enacted organizational culture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul style="list-style-type: none"> <li>• <b>Legislative or regulatory</b></li> <li>• <b>Opposition (political, private, public)</b></li> <li>• <b>Doubt</b> (re viability of the project)</li> <li>• <b>Inability to connect</b> (reach target group)</li> </ul> | <ul style="list-style-type: none"> <li>• Type, size and structure of organization</li> <li>• Multiplicity and ambiguity of goals over time;</li> <li>• Clarity of performance objectives</li> <li>• System of rewards or sanctions</li> <li>• Limited autonomy</li> <li>• Control mechanisms</li> <li>• Lack of competition among employees;</li> <li>• Turf fights</li> <li>• Resistance to change</li> <li>• Inadequate resources</li> </ul> <p><b>Bureaucracy</b></p> <ul style="list-style-type: none"> <li>• Use of fewer integrating devices in decision-making, central decision-making</li> <li>• massive regulation and accountability requirements through red tape and the</li> </ul> | <ul style="list-style-type: none"> <li><b>2 Innate qualities</b></li> <li>- Risk taking</li> <li>- Persistence and persuasiveness</li> <li>- Credibility</li> <li>- Assuredness</li> <li>- Energy and spiritedness</li> <li>- Faith and trust</li> <li>- Intuition and judgement of character</li> <li><b>3 Demographic qualities</b></li> <li>• Race, gender, age</li> <li>• Education</li> <li>• Years of service</li> <li>• Current and previous occupations</li> </ul>                                                                                            |

| Research strategy: Concept analysis (referring to Objective: Analyse the concept of intrapreneurship using Walker and Avant's framework for concept analysis) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INFERENCES                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| External environment                                                                                                                                          | Internal environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                               | <p>measurement of in-puts rather out-puts;</p> <p>Inherent bureaucratic processes of public sector departments and institutions.</p> <p>Skewed and ineffective reward/punishment systems</p> <p><b>Constricting political sanctioning</b><br/>                     -On-going or relatively secure government financial backing;</p> <p>Continuous need for consultation with stakeholders before decision-making;<br/>                     -Political intrusion into management and other aspects of service</p> <p>Restrictive employee policies and rigid salary scales;</p> <p><b>Limited resource control</b><br/>                     -Weak financial discipline;<br/>                     -Poor resource control;<br/>                     -Soft' budget constraints;</p> <p><b>Limited ownership</b><br/>                     -Managers not penalized when risky projects fail;</p> <p>-Sharp exposure to media on projects that fail;</p> | <p><b>4 Situational attributes</b></p> <ul style="list-style-type: none"> <li>• Network of contacts</li> <li>• Professional organization membership</li> <li>• Community organization membership</li> <li>• Civic leadership role</li> <li>• Affinity for local community</li> <li>• Groups' desire to                             <ul style="list-style-type: none"> <li>o Change and/or adapt</li> <li>o Innovate</li> <li>o Entertain risk</li> </ul> </li> <li>•</li> </ul> |

| Research strategy: Concept analysis (referring to Objective: Analyse the concept of intrapreneurship using Walker and Avant's framework for concept analysis) |                           |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|
| INFERENCES                                                                                                                                                    |                           |            |
| External environment                                                                                                                                          | Internal environment      | Individual |
|                                                                                                                                                               | risk aversion tendencies. |            |

### 7.5.2 Focus groups inferences (Objective 2 of the study)

Through the interrogation of data from the focus groups, the researcher came up with three categories of inferences based on factors perceived to foster and those hindering intrapreneurship and inferences defining intrapreneurship.

The definition of intrapreneurship as perceived by participants in this category can be summarized as venturing into business by an individual to create something of value through the involvement of different role-players in order to bring in innovative change within an organization.

Participants considered the factors that foster intrapreneurship to be business-orientated; influenced by innovative programmes and effective planning of quality initiatives within such a business undertaking. Factors identified as major hindrances towards the attainment of intrapreneurship, included aspects such as a lack of infrastructure, lack of the necessary resources, poor security (which tends to endanger the lives of patients and employees), poor communication between different levels of hierarchy, rights of nurses (which are least considered) and lastly, the poor incentive system.

**Table 7.3: Objective and inferences of focus group discussions on understanding intrapreneurship within the public hospital setting.**

| <b>Objective: Explore unit nurse managers' understanding and view of intrapreneurship within the hospital working environment.</b> |                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Research strategy</b>                                                                                                           | <b>Inferences</b>                                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                                              |
| <b>Focus groups</b>                                                                                                                | <b>Foster</b>                                                                                                                                                       | <b>Definition of intrapreneurship</b>                                                                                                             | <b>Hinder</b>                                                                                                                                                                |
|                                                                                                                                    | <ul style="list-style-type: none"> <li>• Business orientation</li> <li>• Planning</li> <li>• Quality improvement</li> <li>• Innovative programs/projects</li> </ul> | <ul style="list-style-type: none"> <li>• Business venture</li> <li>• New/innovative</li> <li>• Involvement</li> <li>• Valued and value</li> </ul> | <ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Resources</li> <li>• Security</li> <li>• Communication</li> <li>• Rights</li> <li>• incentives</li> </ul> |

### 7.5.3 Inferences For Objective 3 Of The Study From Intrapreneurship Intensity (III) Questionnaire (2003) By Hill

Discussions of inferences on Intrapreneurship Intensity (III) Questionnaire (2003) by Hill were based on the following six indexes: Task innovation, intrapreneurial employee, structural flexibility, incentive policies, intrapreneurial leadership, and intrapreneurial culture. The quantitative discussion of inferences were based on the descriptive analysis of inferential statistics, namely, means, Standard Deviations and Cronbach Alpha results of the six sub-indexes of Intrapreneurship Intensity (III) adapted questionnaire (2003) by Hill - with additional biographical data.

### 7.5.4 Inferences for objective 4 of the study from Intrapreneurship Intensity (III) Questionnaire (2003) By Hill

Inferences on the intrapreneurial leadership characteristics reflected in table 7.4, relate to a visionary leader who takes risks through embracing innovative change within the organization by creating endless opportunities for the teams they lead. The leader aims at building employees' confidence so that they gain a sense of independence in completing the assigned tasks.

Table 7.4 below depicts a summary of identified inferences. The findings did not meaningfully reflect factors which foster intrapreneurship in the hospitals concerned.

The picture painted by these results seems to confirm the lack of intrapreneurial drive by the leadership of public hospitals in South Africa.

**Table 7.4: Inferences, objective, intrapreneurial characteristics of/and the hospital environment conduciveness to intrapreneurship**

| <b>Inferences</b>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Characteristics of a leader</b>                                                                                                                                        | <b>Hospital working environments that hinder intrapreneurship</b>                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>• Vision</li> <li>• Embraces innovation</li> <li>• Creates opportunities</li> <li>• Independence</li> <li>• Risk-taking</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of innovation</li> <li>• Extreme bureaucracy</li> <li>• Lack of incentive policies for innovation</li> <li>• Leadership lacking vision</li> <li>• Leadership which does not encourage team approach</li> <li>• Leadership that does not encourage intrapreneurial spirit</li> </ul> |

#### 7.5.5 Literature review inferences

Through an extensive literature search from a wide range of scholars from different disciplines, inferences on factors which foster and/or hinder intrapreneurship, were identified and depicted in Table 7.5. Characteristics of an intrapreneurial leader were also put to the fore coupled with a summary of intrapreneurship definitions.

On the other hand, factors identified as hindrances to intrapreneurship within the hospital working environment included, for example, a management that is highly influenced by the political mandate of the government of the day, poor management practices, tight financial regulations, poor allocation of resources, bureaucracy, poor staff morale, gross staff shortages, caused by a number of factors, and professional turf fights influenced by issues of gender.

Inferences on the characteristics of the intrapreneurial leadership include a leader with a strong vision, motivating staff and displaying a strong set of values, such as loyalty, trust and empathy to the subordinates at all times. The leader's good interpersonal skills and outstanding communication skills are mentioned frequently –



such a leader also tolerates risk and carries bold decisions aimed at bringing positive change to the institution.

A summary of intrapreneurship definitions from a range of literature sources consented to attributes such as novelty, curiosity, innovation, creativity, competition and risk-taking - the abilities of an intrapreneur.

**Table 7.5: Literature review inferences on factors fostering and/or hindering intrapreneurship, definition of intrapreneurship and characteristics of an intrapreneurial leader**

| <b>Literature inferences</b> |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                         |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Research strategy</b>     | <b>Inferences</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                         |
| <b>Literature</b>            | <b>Foster</b>                                                                                                                                                                                                                                                                                            | <b>Characteristics of intrapreneurial leaders</b>                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Factors that foster or hinder intrapreneurship</b>                                                                                                                                                                                                                                                                                   |
|                              | <ul style="list-style-type: none"> <li>• Management support of novel ideas identifying champions and capital for experimental projects</li> <li>• Work autonomy</li> <li>• Rewards</li> <li>• Allocation of time</li> <li>• Creation of organizational boundaries for innovative initiatives,</li> </ul> | <ul style="list-style-type: none"> <li>• Inspirational/motivator</li> <li>• Strong vision</li> <li>• Expand followers' potential</li> <li>• Strong set of values such as:               <ul style="list-style-type: none"> <li>• - Loyalty</li> <li>• - Trust</li> <li>• - Empathy</li> </ul> </li> <li>• Good interpersonal skills</li> <li>• Good communicator</li> <li>• Tolerating risk-taking behaviour</li> <li>• Bold decision-maker</li> </ul> | <ul style="list-style-type: none"> <li>• Management being influenced by political will</li> <li>• Poor management</li> <li>• Tight financial regulations</li> <li>• Poor allocation of resources</li> <li>• Bureaucratic structures</li> <li>• Poor staff morale</li> <li>• Gross shortage of nurses</li> <li>• Gender issue</li> </ul> |

**An inclusive summary on the of intrapreneurship revealed:**

- Novelty
- Curiosity
- Creativity
- Competition
- Creation of new services/product through risk taking and innovation

## **7.6 TRIANGULATION**

According to Polit and Beck (2012:625) triangulation refers to “the combinations and comparisons of multiple data sources, data collection and analysis procedures, research methods, investigators and inferences that occur at the end of the study”. Polit and Beck (2012:625), however, warn that, although convergent parallel mixed methods create opportunities for triangulation and corroboration, it can be quite a daunting task for a researcher to demonstrate a strong inference on quality, because there are three sets of standards applicable:

*“Inferences derived from the quantitative component must be judged in terms of standard validity criteria, inference from qualitative component must be judged in terms of standard validity criteria, inferences from the quantitative component must be judged in terms of trustworthiness standards, and meta-inferences from the two integrated strands must also be evaluated for their soundness” (Polit and Beck, 2012:625).*

In this study, inferences of data from concept analysis, focus groups, Intrapreneurship Intensity Questionnaire (III) (2003) by Hill and a literature review, were triangulated in order to better understand factors which foster and also those that hinder intrapreneurship in a public hospital environment. Through the triangulated inferences, meta-inferences were established from different sources of data.

## 7.7 META-INFERENCE

Teddie and Tashakkori (2009:287) perceive meta-inferences as *“conclusions generated through an integration of the inferences that were obtained from strands of the study”*. According to Polit and Beck (2012:625), in order for the researcher to arrive at a meta-inference, cognizance has to be placed on the quality of inputs which incorporates issues such as *“quality of the design, data, analytic procedures and the process of meaning making through systematic linking and interpretation”*.

According to Burns and Grove (2009:726), triangulation of the results denotes “the use of two or more theories, methods, data sources, investigators or analysis methods in a study, usually involving qualitative and quantitative research methodologies”. The elicited results from the triangulated findings of concept analysis, focus groups, Intrapreneurship Intensity (III) Questionnaire (2003) by Hill, and a literature review, facilitated the researcher towards the development of an intrapreneurship teaching framework for the unit nurse/operational managers working at public hospitals in the study.

To ensure quality of the meta-inference identified, the researcher once again re-visited the inferences in each research strategy to seek common factors fostering or hindering intrapreneurship in a public hospital environment (Polit and Beck, 2012:625).

### 7.7.1 Discussion of Meta-Inference

Discussion of meta-inferences in Table 7.6 below was based on a summary of triangulated findings from concept analysis, focus groups, Intrapreneurship Intensity (III) Questionnaire (2003) by Hill and a literature review. The meta-inferences were based on the effects of both the external and internal environment towards intrapreneurial behaviour by organizations, definition of intrapreneurship and individual leadership characteristics. Environmental factors fostering and hindering intrapreneurship were also established.

Data emanating from the range of research strategies used in this study concluded that technological opportunities, industry growth and endless demands for creation of

new products, dynamicity and moderate environmental uncertainty are some of the external environmental factors which tend to foster intrapreneurship within the organizations.

Within the internal hospital environment, factors which tend to foster intrapreneurship included structures which provide access to innovative initiative, communication openness, participative decision-making, management support to innovation, hiring of skilled personnel, embarking on on-going training initiatives within the organization, allocation of time for innovation and provision of incentives.

On the contrary, lack of political support was identified as a major external factor which hinders intrapreneurship development for organizations.

Within the organization, the main factors which came to the fore in hindering intrapreneurship, included: bureaucracy, constricting political sanctioning, poor management practices that include poor clarity of performance objectives, lack of reward for innovative initiatives, limited autonomy for intrapreneurial activities, resistance to change from senior management and staff, lack of resources, and poor staff morale.

A definition of an intrapreneur from a range of sources included: Novelty championing, creativity, risk-taking, competition, curiosity, and innovation. Such characteristics are congruent with transformational leadership characteristics which are quite similar in nature with the intrapreneurial leadership qualities. Intrapreneurship was perceived as a business venture, something innovative and of value. The meta-inference exercise on the characteristics of an intrapreneurial leader yielded the following attributes: vision, risk-taking and innovation.

The second commonly identified characteristics were; persistence, decisiveness, confidence, evidenced through excellent communication skills, energy and a collaborative decision-making ability by bringing all the stake-holders on-board.

**Table 7.6: Meta-inferences from concept analysis, focus groups Intrapreneurship Intensity (III) Questionnaire (2003) by Hill, and literature review.**

| <b>Meta-inferences</b>                                                                                         |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>External environment</b>                                                                                    | <b>Internal environment</b>                                                                                                                            | <b>Individual</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Concept analysis</b>                                                                                        |                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Personal attributes</li> <li>• innovator</li> <li>• leader</li> <li>• team builder</li> <li>• innate qualities</li> <li>• Risk-taking</li> <li>• Persistence and persuasiveness</li> <li>• Credibility</li> <li>• Energy and spiritedness</li> <li>• Faith and trust</li> <li>• Intuition and judgement of character</li> <li>• Demographic qualities</li> <li>• Situational attributes</li> </ul> |
| <b>Foster (+)</b>                                                                                              |                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>• Opportunities</li> <li>• Dynamicity</li> <li>• Uncertainty</li> </ul> | <ul style="list-style-type: none"> <li>• Communication</li> <li>• Organizational wellbeing</li> <li>• Organizational and management support</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Hinder (-)</b>                                                                                              |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                | <ul style="list-style-type: none"> <li>• Poorly defined organizational structure</li> <li>• Bureaucracy</li> </ul>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Constricting political sanctioning</li> <li>• Limited resources</li> <li>• Limited ownership</li> </ul>                                                                                                                                                                                  |                                                                                                                                                                          |
| <b>Focus groups</b>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |
| <b>Foster (+)</b>                                                                                                                                                                | <b>Hinder (-)</b>                                                                                                                                                                                                                                                                                                                 | <b>Definition of Intrapreneurship</b>                                                                                                                                    |
| <ul style="list-style-type: none"> <li>• Business orientation</li> <li>• Planning</li> <li>• Quality</li> <li>• Improvement</li> <li>• Innovative programmes/projects</li> </ul> | <ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Resources</li> <li>• Security</li> <li>• Communication</li> <li>• Rights</li> <li>• Incentives</li> <li>•</li> </ul>                                                                                                                                           | <ul style="list-style-type: none"> <li>• Business venture</li> <li>• New/innovative</li> <li>• Involvement</li> <li>• Valued and value</li> </ul>                        |
| <b>Intrapreneurship Intensity Questionnaire (2003) By Hill</b>                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |
| <b>Foster (+)</b>                                                                                                                                                                | <b>Hinder (-)</b>                                                                                                                                                                                                                                                                                                                 | <b>Individual</b>                                                                                                                                                        |
|                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Lack of innovation</li> <li>• Extreme bureaucracy</li> <li>• Lack of incentive policies for innovation</li> <li>• Leadership lacking vision</li> <li>• Leadership which does not encourage team approach</li> <li>• Leadership that does not encourage intrapreneurial spirit</li> </ul> | <ul style="list-style-type: none"> <li>• Vision</li> <li>• Embrace innovation</li> <li>• Creates opportunities</li> <li>• Independence</li> <li>• Risk-taking</li> </ul> |
| <b>Literature Review</b>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |
| <b>Foster (+)</b>                                                                                                                                                                | <b>Hinder (-)</b>                                                                                                                                                                                                                                                                                                                 | <b>Individual</b>                                                                                                                                                        |

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Management support</li> <li>• Work autonomy</li> <li>• Rewards</li> <li>• Allocation of time</li> <li>• Organizational boundaries for innovative initiatives</li> </ul> | <ul style="list-style-type: none"> <li>• Management being influenced by political will</li> <li>• Poor management/ leadership</li> <li>• Tight financial regulations</li> <li>• Poor allocation of resources</li> <li>• Bureaucracy</li> <li>• Poor staff morale</li> <li>• Gross shortage</li> <li>• gender issues</li> </ul> <p><b>An inclusive summary of characteristics of intrapreneurship revealed:</b></p> <ul style="list-style-type: none"> <li>• Novelty</li> <li>• Curiosity</li> <li>• Creativity</li> <li>• Competition</li> <li>• Creation of new services/products through innovation</li> <li>• Risk-taking</li> </ul> | <ul style="list-style-type: none"> <li>• Inspirational/motivator</li> <li>• Strong vision</li> <li>• Expand followers' potential</li> <li>• Strong values</li> <li>• Good interpersonal skills</li> <li>• Good communicator</li> <li>• Tolerates risk-taking behaviour</li> <li>• Bold decision-maker</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 7.8 CONCLUSION

A more elaborate picture from internal and external factors hindering and fostering intrapreneurship is reflected through a concept analysis by Walker and Avant. The focus group results, on the contrary, brought in a slightly different perspective towards the participants' perception of intrapreneurship attaching great value to the concept. The Intrapreneurship Intensity (III) Questionnaire (2003) by Hill reflected a dismal performance of the public hospital management in five indexes: loss of employees' trust in the management in terms of moving their organizations to greater heights. Conclusively, the literature review was congruent with other research

strategies which were used in this study on the factors which tend to foster, or hinder, intrapreneurship and also on the characteristics of an intrapreneurial leader.

The discussion of findings in chapter seven incorporated the mixed methods approach whereby inferences of both qualitative and quantitative data were integrated with those from the concept analysis (by Walker and Avant) and the literature review. This process provided insight into different factors facilitating or hindering intrapreneurship in a public services setting, and more specifically, public hospital context in South Africa. Through integrating data from a range of literature sources, meta-inferences were made. The meta-inferences would guide the development of an intrapreneurship framework to be used for the guidance and development of unit nurse/operational managers in three public hospitals. Chapter 8 describes this framework.



## **CHAPTER EIGHT: CONCLUSIONS, RECOMMENDATIONS AND LIMITATION OF THE STUDY.**

Chapter seven provided a summary of inferences obtained from the data collected from both the focus groups and the Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill. This information was placed within the context of the concept analysis of intrapreneurship and the literature review done. Chapter eight describes the suggested framework to foster intrapreneurship amongst unit/operational nurse managers working in the selected public hospitals in Mangaung, Free State. It is also believed that this framework could have wider application possibilities. The chapter thus provides a graphic presentation and a description of the main tenets of/and conditions for framework implementation followed by recommendations related to and limitations of the study.

### **8.1 CONTEXTUALIZATION OF FINDINGS**

Organizations worldwide are subjected to insurmountable pressures compelling them to deliver outstanding services to the communities they serve. Issues concerning globalization and technological advances tend to exert enormous pressure on these organizations. The survival of organizations is depended upon their ability to support the inherent intrapreneurial spirit that exists within employees. The strategic intrapreneurial approach is aimed at defying the status quo of complacency in service delivery within organizations (Seshadri and Tripathy, 2006:17).

A paradigm shift to perceive an organization as a business is still considered a bit foreign within the nursing fraternity, but according to the International Council of Nurses (2004:9), it is gaining momentum due to the presence of a number of socio-economic factors that include :

*“An economic crisis that favoured decentralization and implementation of innovative cost effective approaches, including entrepreneurship; world focus on privatisation; liberalisation of trade in services, including international (e.g. trade blocs, international trade agreement); facilities for entrepreneurial projects, information networks, legislation, public expectations, credit access (especially for women), changes in societal perceptions of authority, higher level of basic education and easier access to further education; increased consumer awareness and changing demands, including in health matters, women’s new assertiveness in all parts of society, greater diversity in women, chronic dissatisfaction of nurses in the workplace due to poor public image, unsatisfactory working conditions, inadequate decision-making authority, inability to put into practice the knowledge and competencies acquired” (International Council of Nurses, 2004:9).*

Intrapreneurship can play an important role as a turn-around strategy for the concerns related to public health services in South Africa. Although a number of significant achievements have been made since 1994 in South Africa, the availability of resources inclusive of financial, infrastructure and human resources has been identified as a major challenge to translate excellent transformative government policy into action. The current absence of/or limited intrapreneurial approach confounds the situation.

Intrapreneurship contributes significantly to the survival of organizations by bringing about desired change through on-going innovative endeavors. In this study, some participants’ perception of intrapreneurship, as a business venture, is thus relevant. An analysis on the definition of intrapreneurship using Walker and Avant’s framework of concept analysis provided meaningful insight into the concept as seen through the lenses of a range of scientists from different disciplines. Different authors defined intrapreneurship by including at least three attributes, namely innovation, risk taking and creativity.

Vision, pro-activeness and championing were also cited by a number of authors, followed by commitment and acting as change agents (Antonic and Hisrich, 2003:459). Participants considered business orientation, education and well-executed planning practices as important to foster intrapreneurship. Quality improvement measures were mentioned, inclusive of meaningful resource management practices. Participants considered limited incentives, scarce resources, the realities of patient versus nurses' rights, poor communication, run-down infrastructure and compromised security at health care facilities as counteracting innovation and intrapreneurship.

Several scholars highlighted the attributes of an intrapreneur as being championing, creativity, risk-taking, competition, curiosity and innovation. The most outstanding intrapreneurial characteristics mentioned by a range of authors are well-summarized by Bosma *et al.*, (2010:8) who see an intrapreneur as an individual who has the ability to identify opportunities by thinking out-of-the-box. The intrapreneur is able to champion and generate ideas culminating in the design of a new product (or service) by persuading management towards 'buying into' the conceptualized idea.

Findings from the Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill highlighted the lack of outstanding leadership in the three selected public hospitals as a major hindrance towards intrapreneurship for example hereof is seen in nurse participants' lack of confidence as leaders in persuading subordinates towards goal achievement, leadership that does not take calculated risks and does not engage in open communication with their teams. These results are congruent with government concerns on the existing poor leadership within health, which therefore thwarts excellent transformative policies aimed at improving health care for South African citizens.

## **8.2 A FRAMEWORK TO FOSTER INTRAPRENEURSHIP AMONGST UNIT/OPERATIONAL NURSE MANAGERS**

A framework is perceived by Polit and Beck (2012:128) as "*the overall conceptual underpinning of the study*". The conceptual nature of a framework is further extrapolated by Burns and Grove (2009:155) who emphasizes that such a framework

is anchored in its ability to be abstract but still encompassing a logical structure of meaning that guides the development of the study thereby enabling the researcher to link the findings to the body of knowledge used in nursing. Burns and Grove (2009: 155) therefore, emphasise the imperative need for researchers to integrate the framework with the methodology through a careful structure and clear presentation.

### 8.2.1 Introduction

According to Heinonen (2007:311) both public and private organizations are concerned with equipping their teams with intrapreneurial qualities embracing “*alertness, opportunity recognition, creative problem solving, initiative-taking, handling uncertainty*”. Therefore employers, institutions of Higher Education, programme developers and educators are facing a challenge to empower and support practitioners and to provide a conducive climate for intrapreneurship development and intrapreneurship practices. The need to follow and support an intrapreneurial approach in career development and career fulfilment is considered important (Heinonen, 2007:311).

Based on the outcomes of the study as depicted in Chapter 7, a framework was designed to guide and support intrapreneurship and intrapreneurship development amongst unit/operational nurse managers. The framework illustrates the interplay between the external, internal and intra-environmental factors playing a role in intrapreneurship support, development and enactment. The framework maintains the positive (+) and negative (-) schema as stated in the objectives of the study and that was used within the focus group discussions (helping and hindering) as well as in the concept analysis.

The external environment refers to realities outside the specific organization – realities that are often more difficult to manage or control. The internal environment refers to the environment within an organization, and in this context, a public health service. The concept analysis and literature review provided relatively detailed information on the so-called intra-environment where personal, innate, demographic and situational elements were underlined.

The results from the Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill provided further insight into the unit/operational nurse managers' view and experiences of the realities of intrapreneurship within their context. It was interesting to learn that unit/operational nurse managers considered themselves to be innovative, ready – accepting to be change agents. They, however, considered themselves to be hampered by the realities of mostly the internal and external environment - emphasizing aspects such as poor communication, security and poor infrastructure.

## **8.2.2 A description of the elements of the framework to guide and support Intrapreneurship**

### **8.2.2.1 The positive elements of the external and internal environment**

The external environment refers to three critical umbrella concepts that would foster or enhance intrapreneurial activities. These are dynamicity intrapreneurial opportunities and uncertainties. Dynamicity refers to the ability of the external environment to provide constant and ever-changing opportunities for intrapreneurship and most importantly, innovation. Nurses tend to refer to “business” ventures-taking our understanding back to the advent of entrepreneurship in private companies. Dynamicity and intrapreneurial opportunities are thus linked with the ability of the external environment to make and leave room for a range of intrapreneurship-type ventures – welcoming and sanctioning such practices.

The power of uncertainty further provides the external environment with the necessary conditions to make intrapreneurial activities flourish. Such uncertainty is often preferred to be moderate. The extreme uncertainty tends to create threats for the organization thereby stimulating further pursuit for intrapreneurial initiatives (Antoncic, 2007:313). The author identifies the following environmental characteristics that tend to stimulate intrapreneurship to include; *“increased dynamism increased technological opportunities, industry growth, increased demand for new products, resistance to change and increased competitive rivalry”*.

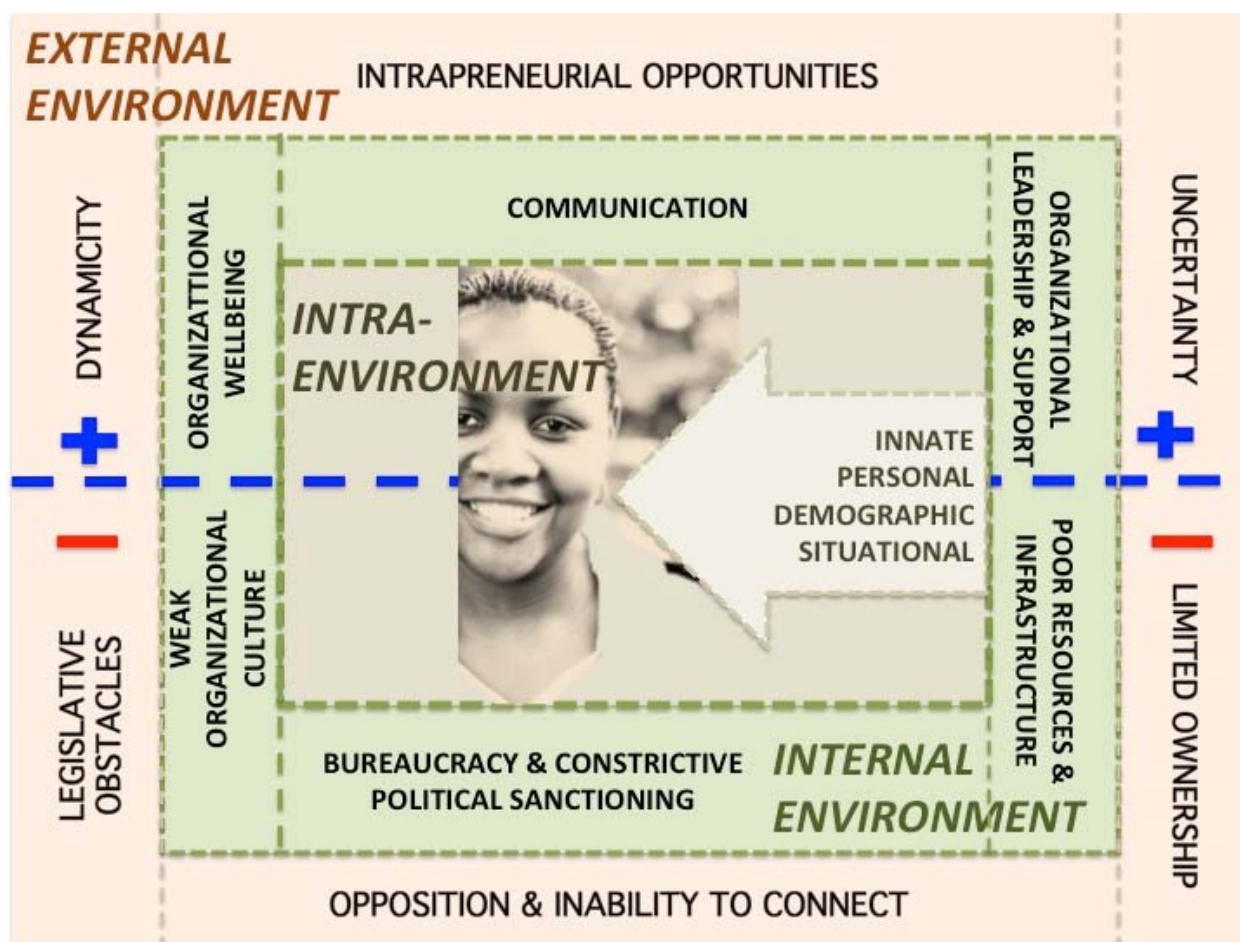


**Figure 8.1: Conceptual framework to guide intrapreneurship support and development.**

The internal environment holds three positively-inclined umbrella-concepts. Organizational wellbeing refers to the meaningful and espoused values of the organization, the presence of collaboratively agreed performance objectives, a skilled employee force and participative decision-making. Communication is required to be frequent, open and meaningful across departmental lines to foster and positively impact on intrapreneurial activities. Different voices are well-tolerated and listened to.

Organizational leadership and support is considered a positive critical factor within the internal environment - the presence of a supportive attitude, participative leadership, intrapreneurial mentors and role models, cannot be overstated. In this study, Unit/operational nurse managers considered their leaders to be persuasive towards goal achievement, but do not easily take calculated risks.

### 8.2.2.2 The negative elements in the external and internal environment

If one reflects on the factors that are considered to have a negative influence on intrapreneurship in the external environment, then legislative obstacles come to the fore. These include, e.g. constrictive laws, regulations and policies, limited protection of intrapreneurs in the work place and opposition from the private and public spheres within communities. These oppositional-type behaviours may lead to an inability to connect with relevant target groups within the organization and the community. Another aspect that requires attention, relates to the inability of the external environment to take ownership – often doubting the feasibility or value of an intrapreneurial venture.

Within the internal environment, the organizational culture comes to the fore. This mostly refers to organizations that tend to be large and having too many, ambiguous goals. The cultures which encourage control and discourage or are resistant to change are found to be present. Rewards are few and competition not well tolerated with turf fights and other negative interpersonal practices.

Another critical concept that relates to bureaucracy linked with poor or constrictive political sanctioning. Examples hereof would be a centralized decision-making process, over-regulation and accountability requirements with skewed and ineffective rewards and punishment systems. Political sanctioning would refer to the dependence on relatively secure public funding, the need to continuously consult with a large range of stakeholders and political intrusion into aspects of management.

### 8.2.2.3 The intra-environment

This part of the framework refers to the factors that are part of, or directly influence an individual's ability to be an intrapreneur. Within the framework, the absence or opposite of these factors may hinder intrapreneurship or limit the ability of individuals to be intrapreneurial.

Innate factors may include, e.g. the ability to take risks, persistence, persuasiveness, energy, intuition and the ability to judge character.

Personal factors refer to being innovative, willing and able to take on leadership responsibilities (inclusive of specialized skills) and being a team builder that connects with others and espouses trust.

Demographic factors refer to factors such as race, gender and age. It may also include current experience, educational level and current or previous experience.

Situational factors or attributes refer to the range of personal contacts or network, organizational membership, civic leadership and affinity and connection to the local community and/or organization.

### **8.3 CONCLUSIONS**

Intrapreneurship is a complex and multi-faceted concept that has not been theoretically well analysed. The concept analysis done in this study highlights a range of uses of the concept, definitions, attributes, antecedents, consequences and empirical referents. Further, being intrapreneurial requires conducive, external and internal environment coupled with a unique range of intra-environmental attributes.

The research findings (obtained from focus groups and Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill, meta inferences made and relevant literature highlight the difficult circumstances existing within South African public health care sector which does not adequately allow or foster intrapreneurial interventions. It may also be true that many nursing management educational programmes do not necessarily focus on the development of intrapreneurship in the work place per se.

From the above framework, it is clear that a multi-pronged approach to intrapreneurship development and support is needed. It is believed that educational programmes, such as nursing management, could make a meaningful contribution to such development – raising awareness, acceptance and focusing on the critical skills required to be a successful intrapreneur. However, such programmes require intrapreneurial thinking and action – applying adult learning principles in the teaching and learning process.



## 8.4 RECOMMENDATIONS

From the findings, recommendations related to teaching and learning, follow below.

### 8.4.1 Teaching and learning

The framework as depicted in figure 8.1 could be used meaningfully in teaching and learning, especially in nursing management programmes – both formal and non-formal. Accepting adult learning principles that place the adult learning environment at centre-stage is quite pivotal through effective educational planning, enactment and assessment strategies (Egle, 2007:6). Educators need to consider the learning environment in a broader context to incorporate elements such as the creation of conducive social, physical, emotional, cognitive and holistic learning experiences. Dermol (2010:31) states that *“intrapreneurial learning methods should be interactive and action oriented”*. Intrapreneurial teaching should involve students as much as possible and preferably the teacher should provide a number of real life entrepreneurial experiences. A range of teaching and learning strategies should be used, inclusive of role plays, discussion of case-studies, guest lecturers who share real-life experiences, and designing intrapreneurial business plans (Dermol, 2010:31).

Kessels and Poell (2004:147) emphasise the value of the workplace environment as an excellent platform for teaching and learning. The authors perceive the andragogy and social capital theory as an excellent avenue that can offer a contribution towards transforming the traditional work place into a conducive learning environment through existing *“social net-works, partnerships, collaboration, interaction and knowledge sharing”*. The premise of social capital is the provision of a network of meaningful relations within an organization, thereby helping to integrate learning into a day-to-day work environment.

Heinonen (2007:312) warns that entrepreneurial teaching should not only focus on the phenomenon itself, but instead should assist students to reflect upon their own propensity in behaving entrepreneurially through identifying and promoting intrapreneurial behaviour in their own organizations. Therefore, the author recommends a teaching approach which addresses the context and the process of intrapreneurship through the incorporation of experiential learning.

Trivette *et al.*, (2009:2) suggest four adult learning methods that include accelerated learning, coaching, guided design, and just-in-time training. The accelerated adult learning method *“includes procedures for creating a relaxed emotional state”*. Coaching on the other hand, is a method *“of transferring skills and expertise from more experienced and knowledgeable practitioners to less experienced one”*. Coaching focuses on procedures that place emphasis on partnership between the adult learner and the coach by planning setting goals together, sharing information with coach and modelling learning, gathering information and practicing analysis and reflection on the learners’ experiences and feedback from coach (Trivette *et al.*, 2009:2). The guided design is characterized by effective decision-making skills and problem solving process that which places emphasis on the usage of real world problems in order for the students to master learning content through the use of small group or teams and facilitator guidance and feedback. Finally, just-in-time training includes a number of different methods and strategies used in the context of real-life challenges and in response to learner requests for guidance or mentoring” (Trivette *et al.*, 2009:2).

#### **8.4.2 National Department of Health policy and practice support**

The implementation of quality care is one of the strategic goals of the National Department of Health through the innovative approaches in the delivery of health care services. Therefore, the incorporation of policies and practices that guide and support intrapreneurial activities and the development of intrapreneurship, would contribute towards improvement of quality health care provided, and meaningful use of resources in this public health organizations.

Progressive government measures which include transformative policies, flatter hierarchical structures, improving work relations, an organizational culture that promotes risk-taking behaviour without any penalty, rewarding of intrapreneurial initiatives, transformational leadership, and embracing a culture of innovation that should be a priority in challenged times.

#### **8.4.3 Provincial government involvement**

As an important stakeholder responsible for the delivery of national policy in the province, support from the Free State Department of Health in the implementation of the intrapreneurship support framework and linked development strategies would be meaningful. Allowing for the participation of nurse unit/operational managers in relevant educational and mentoring activities would be welcomed. The provincial government may also need to pay attention to the concerns of unit/operational nurse managers related to the negative influence of a poor infrastructure, limited resources, communication, etc.

#### **8.4.4 Management support**

Support from management creates and provides intrapreneurial employees with the necessary platform to develop new initiatives that will improve the delivery of services (Christensen, 2005:308). In order for public hospital management to be able to fully embrace intrapreneurship, policies aimed at improving production or service delivery, have to be incorporated. These policies would relate to the management of time, physical and financial resources. Management would aim at stimulating on-going innovation and creativity within the workforce and workplace - encouraging employees to accept that innovation is embedded in the role of all employees (Christensen, 2005:308).

The traditional rigid bureaucratic public sector organizational structures are considered to be a major stumbling block towards implementing a positive change. Therefore, the devolution of centralized power from the provincial Department of Health to institutions through, for example, direct budget allocation to different business units, will foster autonomy and the ability to address diverse health care needs faster and better – provided the unit members are skilled in such planning and enactment.

#### **8.4.5 Inspiring Unit Nurse Managers to be Intrapreneurs**

Intrapreneurship is still a relatively novice concept in public health services. The management of public health care facilities could be instrumental in sensitizing their

workforce concerning the dynamic nature of health care and of supporting relevant individuals and teams to search for, and implement innovative but scientifically sound solutions to diverse problems they are confronted with. The researcher in this study will support the sharing of knowledge and skills related to intrapreneurship on relevant platforms.

Changes in the hierarchical structure of the public health sector organizations to matrix or flatter hierarchies will open lines of communication between the different levels. This could also contribute to intrapreneurial activities and the sharing of information and strategies that work.

#### **8.4.6 Transformational Leadership style**

Intrapreneurial organizations are urged to incorporate a transformational leadership style - motivating their teams to bring about innovative change in their business units. Transformational leaders are known to contribute towards building a strong innovative organization.

#### **8.4.7 Stakeholders' preparation and 'buy-in'**

The transformative strategy geared towards improvement in the delivery of health care services should bring on-board different stake holders to buy into the idea. Such a diverse group includes; the professional nurses, senior management of public hospitals, the South African Nursing Council, trade union movements, business communities, Non-Governmental Organizations and training institutions, to mention but a few.

#### **8.4.8 Funding and enhancement of resources**

Financial support from the National Department of Health is quite crucial in order to enable the innovative projects to get off the ground. Participants emphasized the influence of a lack of resources as one of the major stumbling blocks for public sector organizations to bring about innovation and change.

Time is considered an important resource – the allocation and availability of time for intrapreneurial activities is considered essential for the organization to reach desired outcomes. In order to be able to gain access to and control over public funds, each public health care facility would need to establish monitoring and evaluation structures for on-going intrapreneurial endeavours.

#### **8.4.9 Autonomy for experimentation and space for taking calculated Risks**

An intrapreneurial work environment granting employees the autonomy to innovate through experimentation is an essential ingredient that will positively influence health care outcomes. Therefore, the National Department of Health should set aside funds for each public health care institution in order to stimulate creativity and innovation. A culture of trial and error should be encouraged among potential intrapreneurs so that they do not have any fear of reprimand in case the idea does not come into fruition.

Creating public hospital work spaces which encourage risk-taking behaviour among the employees is advocated. Employees should be encouraged to relentlessly search for new ways of carrying out tasks of importance in service provision. Such risk-taking spaces and opportunities could contribute to service improvement. Public hospitals should give intrapreneurs the latitude to experiment without being penalized even if the idea or trial does not succeed (Christensen, 2005:308).

#### **8.4.10 Rewards and positive competition**

According to Ahmad, Nasuridin and Zainal (2012: Online), introduction of a reward system is proven to influence the meaningful generation and application of new ideas. Therefore, the National Department of Health should design new policies that acknowledge and reward outstanding innovative performances. Public health care institutions should identify champions that will act as team leaders when initiating new projects. Christensen (2005:310) emphasises that intrapreneurs are motivated by rewards such as *“regular pay, bonuses, profit share, equity share, expense accounts and promotions”*.

Inculcating a competitive hospital working environment where unit/operational nurse managers would deliver quality nursing care through embracing a culture of excellence is essential. This is achieved by healthy competition with other units to bring in new product/services that will improve care. The competitive positive intrapreneurial behaviour will enable unit/operational nurse managers to compare ideas and actions through benchmarking initiatives with other forward thinking organizations at national and international level.

#### **8.4.11 Intrapreneurial teams**

A culture promoting individualism as opposed to collectivism, contradicts the intrapreneurial philosophy. Therefore, intrapreneurial teams which are led by champions regarded as mentors to junior team members should be established. Such an approach fosters cohesion among group members who then develop a common goal of strengthening services/products within the organization through innovative endeavours.

#### **8.4.12 Capacity building**

Creation of a workforce that is inquisitive and willing to acquire new knowledge through continuing capacity development programmes makes good sense. The use of on-going formal and informal programmes on site or at institutions of higher education to acquire more theoretical depth on the clinical content as well as research-based content is deemed necessary. The aim of unit/operational nurse managers enrolling in institutions of higher education is to acquire post-graduate qualification to gain more knowledge and skills that are anchored in research and evidenced practice. This will support budding intrapreneurs to gather, analyse, and apply scientific knowledge in their day-to-day challenges.

#### **8.4.13 Incorporation of technology**

The need to incorporate technology is considered critical for any “forward-thinking” organization. Therefore, embracing different aspects on technology is necessary to be able to out-perform competitors. For instance, knowledge of communication

technology is considered necessary for unit/operational nurse managers to search for new information in order to assist them in their research endeavours and to keep abreast with the current trends affecting health care.

#### **8.4.14 Future Studies**

Subsequent research studies should focus on the value and utilization of the framework to guide and support intrapreneurship development in nurse managers. This should also be supported by the formulation of strategies to guide intrapreneurship development in various contexts. This includes but is not limited to formal nursing education at the postgraduate and undergraduate level and to continuing education in nursing. The use of mentors and role models in intrapreneurship development also warrants further research.

This research study was the first to utilize the Intrapreneurial Intensity Index (III) Questionnaire (2003) by Hill in a specified public health care context and the health care profession. It may be useful to utilize this instrument in other health care disciplines or in other contexts, such as primary health care clinics. It would be useful in further studies to apply a wider range of statistical techniques such as exploratory factor analysis, inclusive factor extraction, factor loading and confirmatory factor analysis methods.

### **8.5 LIMITATIONS OF THE STUDY**

The study incorporated a range of research strategies to obtain meaningful and comprehensive data. The following could be considered as limitations of the study:

#### **8.5.1 Concept Analysis**

- The concept analysis process as described by Walker and Avant (2011) is considered to be complex and cumbersome.
- A relatively large number of literature sources were available in a range of disciplines, but sources were limited within nursing science.

- Due to the multifaceted research approach, it was agreed to only develop a model and contrary case.

#### **8.5.2 The Intrapreneural Intensity Index (III) Questionnaire (2003) by Hill**

A total of 42 out of 104 questionnaires distributed were returned. This presents a relatively small sample size for the quantitative component of the convergent parallel mixed methods study which depended on a much larger sample size to influence the quality of results.

- To describe the sample, a number of biographical items were included. The eight items were added in the Intrapreneural Intensity Index (III) Questionnaire (2003) of Hill by the researcher, but were not fully integrated into the six different indexes. Thus, the significance thereof in this study, is not clear.
- The instrument used, was well-tested for validity and reliability in a management and leadership context, but not tested for the specific population where it was administered.

#### **8.5.3 Focus groups:**

- Participants' limited knowledge and understanding of the concept of intrapreneurship may have influenced the meaningful identification of factors that hinder or foster intrapreneurship in the selected public hospital working environment.
- Participants opted to identify and discuss challenges with which they are confronted on daily basis.
- Aspects such as different work shifts, on-going trainings which some potential participants attended at the time of data collection affected the sample size of unit/operational nurse managers who eventually participated in this study.
- The current situation within health care services with large transformative and restructuring initiatives was seen to create uncertainty and fear of cutting



positions. This resulted in insecurity amongst unit/operational nurse managers and may have affected full disclosure on factors hindering or fostering intrapreneurship in public hospitals.

- The intrapreneurship framework developed in this study does not include the curriculum design. Therefore, successful implementation of the framework is least understood.
- The presence of the researcher, and the facilitator who were both academic staff of the local university, might have influenced the willingness or comfort of participants.

## **8.6 CONCLUSION**

This final chapter of the study provided a brief contextualized summary of findings followed by a detailed description of the framework to support the development intrapreneurship in unit/operational nurse managers. This was followed by conclusions, a discussion of recommendations and limitations of the study.

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## **LIST OF ANNEXURES**

***ANNEXURE A***

**An adopted intrapreneurship questionnaire developed by M. E Hill (2003)  
Rhodes University in fulfilment of a Masters of Arts (MA) in Industrial  
Psychology**





UNIVERSITY OF THE FREE STATE

FACULTY OF HEALTH SCIENCES

SCHOOL OF NURSING

Phd STUDY

### **INSTRUCTIONS**

- o **READ THE QUESTIONS CAREFULLY**
- o **THE QUESTIONNAIRE WILL TAKE YOU ABOUT 30 TO 40 MINUTES TO COMPLETE.**
- o **COMPLETE ALL QUESTIONS**
- o **TICK THE MOST SUITABLE ANSWER**
- o **PLEASE COMPLETE THE QUESTIONNAIRE ON YOUR OWN**
- o **IF YOU REQUIRE FURTHER CLARITY ON ANY QUESTION,THE RESEARCHER'S CONTACT DETAILS ARE INCLUDED AT THE END OF THIS QUESTIONNAIRE**
- o **THE QUESTIONNAIRE IS DIVIDED INTO SIX COMPONENTS. QUESTIONS FOLLOW THIS SEQUENCE:**
  - 1.THE ORGANIZATION**
  - 2.MYSELF AS AN EMPLOYEE**
  - 3.ORGANIZATION & ITS SYSTEMS.**
  - 4.REWARDS IN THE ORGANIZATION**
  - 5.LEADERSHIP IN THE ORGANIZATION**
  - 6.THE ORGANIZATIONAL CULTURE**

□□□ 1-3



|   |                                                                                                                                                                                                                                                                                                                                                                                               |    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| A | <p><b>Our organization has a high rate of new service introduction.</b></p> <p><i>Strongly agree      Agree      Unsure      Disagree      Strongly disagree</i></p> <p><b>5                      4                      3                      2                      1</b></p>                                                                                                              | 12 |
| B | <p><b>How does the number of new services introduced compare to that of your competitors?</b></p> <p><i>A lot less than      Less than      The same      More than      Many more than</i></p> <p><b>1                      2                      3                      4                      5</b></p>                                                                                   | 13 |
| C | <p><b>Our organization has increased the number of services offered during the past two years</b></p> <p><i>Strongly agree      Agree      Unsure      Disagree      Strongly disagree</i></p> <p><b>5                      4                      3                      2                      1</b></p>                                                                                    | 14 |
| D | <p><b>Our organization is primarily influenced by the potential untapped opportunity.</b></p> <p><i>Strongly agree      Agree      Unsure      Disagree      Strongly disagree</i></p> <p><b>5                      4                      3                      2                      1</b></p>                                                                                            | 15 |
| E | <p><b>Customers are invited and encouraged to provide feedback to the organization in order to get new ideas to improve services.</b></p> <p><i>Always                      Often                      Sometimes                      Seldomly                      Never</i></p> <p><b>5                      4                      3                      2                      1</b></p> | 16 |
| F | <p><b>In our organization there is a strong relationship between the number of new ideas and the number of new ideas implemented.</b></p> <p><i>Strongly disagree      Disagree      Unsure      Agree      Strongly agree</i></p> <p><b>1                      2                      3                      4                      5</b></p>                                                | 17 |
| G | <p><b>Our Organization is continually pursuing new opportunities.</b></p> <p><i>Strongly agree      Agree      Unsure      Disagree      Strongly disagree</i></p> <p><b>5                      4                      3                      2                      1</b></p>                                                                                                                | 18 |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| H | <p><b>Our organization places a strong emphasis on new and innovative products and services.</b></p> <p><i>Never</i>                      <i>Seldomly</i>      <i>Sometimes</i>      <i>Often</i>                      <i>Always</i></p> <p><b>1</b>                              <b>2</b>                              <b>3</b>                              <b>4</b>                              <b>5</b></p>                     | 19 |
| I | <p><b>Employees are continually being encouraged to do things in new and different ways.</b></p> <p><i>Strongly agree</i>      <i>Agree</i>                      <i>Unsure</i>                      <i>Strongly disagree</i>      <i>Disagree</i></p> <p><b>5</b>                              <b>4</b>                              <b>3</b>                              <b>2</b>                              <b>1</b></p>        | 20 |
| J | <p><b>Our Organization places a strong emphasis on continuous improvements in service delivery.</b></p> <p><i>Strongly agree</i>      <i>Agree</i>                      <i>Unsure</i>                      <i>Strongly disagree</i>      <i>Disagree</i></p> <p><b>5</b>                              <b>4</b>                              <b>3</b>                              <b>2</b>                              <b>1</b></p> | 21 |

### About myself as an Employee

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| A | <p><b>I am able to achieve even when there are few guidelines or systems in place.</b></p> <p><i>Always</i>                      <i>Often</i>                      <i>Sometimes</i>                      <i>Seldomly</i>                      <i>Never</i></p> <p><b>5</b>                              <b>4</b>                              <b>3</b>                              <b>2</b>                              <b>1</b></p>                   | 22 |
| B | <p><b>I am willing to be criticized for breaking with tradition, if this is what it takes to succeed</b></p> <p><i>Always</i>                      <i>Often</i>                      <i>Sometimes</i>                      <i>Seldomly</i>                      <i>Never</i></p> <p><b>5</b>                              <b>4</b>                              <b>3</b>                              <b>2</b>                              <b>1</b></p> | 23 |
| C | <p><b>My biggest successes have resulted from my refusal to give up.</b></p> <p><i>Strongly Agree</i>      <i>Agree</i>                      <i>Unsure</i>                      <i>Disagree</i>                      <i>Strongly disagree</i></p> <p><b>5</b>                              <b>4</b>                              <b>3</b>                              <b>2</b>                              <b>1</b></p>                                | 24 |
| D | <p><b>I tackle problems with enthusiasm and zest</b></p> <p><i>Never</i>                      <i>Seldomly</i>      <i>Sometimes</i>                      <i>Often</i>                      <i>Always</i></p> <p><b>1</b>                              <b>2</b>                              <b>3</b>                              <b>4</b>                              <b>5</b></p>                                                                     | 25 |
| E | <p><b>I look for new and innovative ways to improve the way we do things.</b></p>                                                                                                                                                                                                                                                                                                                                                                        |    |

|          |                                                                                                                                                                                                                                                                                                                                                                    |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|          | <p><i>Never</i>      <i>Seldomly</i>      <i>Sometimes</i>      <i>Often</i>      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                                                                                                                        | 26 |
| <b>F</b> | <p><b>I am excited and full of enthusiasm when new opportunities arise.</b></p> <p><i>Never</i>      <i>Seldomly</i>      <i>Sometimes</i>      <i>Often</i>      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                                        | 27 |
| <b>G</b> | <p><b>I view change as an opportunity for improvement rather than as a threat to my identity.</b></p> <p><i>Strongly Agree</i>   <i>Agree</i>      <i>Sometimes</i>      <i>Disagree</i>      <i>Strongly disagree</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p> | 28 |
| <b>H</b> | <p><b>I like to try different approaches to things even if there is a chance I might fail.</b></p> <p><i>Always</i>      <i>Seldomly</i>      <i>Sometimes</i>      <i>Often</i>      <i>Never</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                     | 29 |
| <b>I</b> | <p><b>When things go wrong I am able to bounce back very quickly.</b></p> <p><i>Never</i>      <i>Seldomly</i>      <i>Sometimes</i>      <i>Often</i>      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                                              | 30 |
| <b>J</b> | <p><b>It is better to have attempted a difficult task and failed than to have tackled it at all.</b></p> <p><i>Always</i>      <i>Often</i>      <i>Sometimes</i>      <i>Seldomly</i>      <i>Never</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>               | 31 |

### **About Organization and its systems**

|          |                                                                                                                                                                                                                                                                                                                                             |    |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>A</b> | <p><b>Our organization can be described as a bureaucratic organization.</b></p> <p><i>Strongly agree</i>      <i>Agree</i>      <i>Maybe</i>      <i>Disagree</i>      <i>Strongly disagree</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p> | 32 |
| <b>B</b> | <p><b>Our organization 's structure allows for resources sharing and encourages flexibility</b></p>                                                                                                                                                                                                                                         |    |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|   | <p><b><i>Strongly agree</i></b>      <b><i>Agree</i></b>      <b><i>Unsure</i></b>      <b><i>Disagree</i></b>      <b><i>Strongly disagree</i></b></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                                                                                                                   | 33 |
| C | <p>Ideas and suggestions of lower level employees are taken seriously and valued.</p> <p><b><i>Always</i></b>                      <b><i>often</i></b>                      <b><i>Sometimes</i></b>      <b><i>Seldomly</i></b>      <b><i>Never</i></b></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>              | 34 |
| D | <p>Employees have to ask permission from superior before performing a task in a different way.</p> <p><b><i>Always</i></b>                      <b><i>often</i></b>                      <b><i>Sometimes</i></b>      <b><i>Seldomly</i></b>      <b><i>Never</i></b></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p> | 35 |
| E | <p>Our organization has flexible job designs rather than formal job descriptions.</p> <p><b><i>Strongly agree</i></b>      <b><i>Agree</i></b>      <b><i>Unsure</i></b>      <b><i>Disagree</i></b>      <b><i>Strongly disagree</i></b></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                             | 36 |
| F | <p>Employees at lower levels of our organization have very little power over how they do their work.</p> <p><b><i>Strongly disagree</i></b>      <b><i>Disagree</i></b>      <b><i>Sometimes</i></b>      <b><i>Agree</i></b>      <b><i>Strongly agree</i></b></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>       | 37 |
| G | <p>Management makes all the important decisions for our organization.</p> <p><b><i>Strongly disagree</i></b>      <b><i>Disagree</i></b>      <b><i>Unsure</i></b>      <b><i>Agree</i></b>      <b><i>Strongly agree</i></b></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                                         | 38 |
| H | <p>In our organization, people have to follow lines of authority and skipping levels is strongly discouraged.</p> <p><b><i>Strongly disagree</i></b>      <b><i>Disagree</i></b>      <b><i>Unsure</i></b>      <b><i>Agree</i></b>      <b><i>Strongly agree</i></b></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p> | 39 |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>I</b> | <p><b>Employees are encouraged to manage their own work and have the flexibility to resolve problems.</b></p> <p><i>Always</i>                      <i>Often</i>                      <i>Sometimes</i>                      <i>Seldomly</i>                      <i>Never</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                     | 40 |
| <b>J</b> | <p><b>In our organization, people are discouraged from informal job-related contacts across departments.</b></p> <p><i>Strongly disagree</i>                      <i>Disagree</i>                      <i>Unsure</i>                      <i>Agree</i>                      <i>Strongly agree</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p> | 41 |

### About rewards of the organization

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>A</b> | <p><b>Our organization's compensation and reward system is valued – based with unlimited earning potential for employees.</b></p> <p><i>Strongly agree</i>                      <i>Agree</i>                      <i>Unsure</i>                      <i>Disagree</i>                      <i>Strongly disagree</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p> | 42 |
| <b>B</b> | <p><b>Employees are given support for self-initiated unofficial activity that it is to benefit of the organization.</b></p> <p><i>Never</i>                      <i>Seldomly</i>                      <i>Sometimes</i>                      <i>Often</i>                      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                        | 43 |
| <b>C</b> | <p><b>Employees are given time to work on their own projects which benefit the organization.</b></p> <p><i>Never</i>                      <i>Seldomly</i>                      <i>Sometimes</i>                      <i>Often</i>                      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                                               | 44 |
| <b>D</b> | <p><b>The organization sets and regularly evaluates goals related to innovative, risky and proactive behavior.</b></p> <p><i>Strongly disagree</i>                      <i>Disagree</i>                      <i>Unsure</i>                      <i>Agree</i>                      <i>Strongly agree</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>            | 45 |

|          |                                                                                                                                                                                                                                                                                                                    |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>E</b> | <p>The organization uses a broad range of evaluation criteria when considering support for new initiatives.</p> <p><i>Strongly Agree</i>      <i>Agree</i>      <i>Unsure</i>      <i>Disagree</i>      <i>Strongly Disagree</i></p> <p><b>5</b>      <b>4</b>      <b>3</b>      <b>2</b>      <b>1</b></p>       | 46 |
| <b>F</b> | <p>The organization has system that offers both financial and non-financial rewards for entrepreneurial behavior.</p> <p><i>Strongly disagree</i>      <i>Disagree</i>      <i>Unsure</i>      <i>Agree</i>      <i>Strongly agree</i></p> <p><b>1</b>      <b>2</b>      <b>3</b>      <b>4</b>      <b>5</b></p> | 47 |
| <b>G</b> | <p>Employees are rewarded for taking calculated risks.</p> <p><i>Strongly agree</i>      <i>Agree</i>      <i>Unsure</i>      <i>Disagree</i>      <i>Strongly disagree</i></p> <p><b>1</b>      <b>2</b>      <b>3</b>      <b>4</b>      <b>5</b></p>                                                            | 48 |
| <b>H</b> | <p>Our organization has clear goals, which have been mutually agreed upon by employees and management</p> <p><i>Strongly disagree</i>      <i>Disagree</i>      <i>Unsure</i>      <i>Agree</i>      <i>Strongly agree</i></p> <p><b>1</b>      <b>2</b>      <b>3</b>      <b>4</b>      <b>1</b></p>             | 49 |
| <b>I</b> | <p>Our organization's philosophy is "if it's not broken why fix it?"</p> <p><i>Strongly agree</i>      <i>Agree</i>      <i>Unsure</i>      <i>Disagree</i>      <i>Strongly disagree</i></p> <p><b>1</b>      <b>2</b>      <b>3</b>      <b>4</b>      <b>5</b></p>                                              | 50 |
| <b>J</b> | <p>Employees receive recognition from the organization for innovative ideas and suggestions.</p> <p><i>Never</i>      <i>Seldomly</i>      <i>Sometimes</i>      <i>Often</i>      <i>Always</i></p> <p><b>1</b>      <b>2</b>      <b>3</b>      <b>4</b>      <b>5</b></p>                                       | 51 |

### About the Leadership of the Organization



|          |                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>A</b> | <p><b>Our leader takes calculated risks with regard to exploring and seizing growth opportunities.</b></p> <p><i>Always</i>                      <i>Often</i>                      <i>Sometimes</i>                      <i>Seldomly</i>                      <i>Never</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p> | 52 |
| <b>B</b> | <p><b>Our leader can be described as charismatic.</b></p> <p><i>Definitely not</i>      <i>Not really</i>      <i>Sometimes</i>      <i>Perhaps</i>      <i>Definitely</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                                                                                                 | 53 |
| <b>C</b> | <p><b>Our senior executives solve problems by brain storming together.</b></p> <p><i>Never</i>                      <i>Seldomly</i>                      <i>Sometimes</i>                      <i>Often</i>                      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                             | 54 |
| <b>D</b> | <p><b>Our leader continually examines potential new market opportunities.</b></p> <p><i>Never</i>                      <i>Seldomly</i>                      <i>Sometimes</i>                      <i>Often</i>                      <i>Always</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                          | 55 |
| <b>E</b> | <p><b>Our leader never appears to lose enthusiasm for the organization.</b></p> <p><i>Strongly agree</i>      <i>Agree</i>                      <i>Sometimes</i>      <i>Disagree</i>      <i>Strongly disagree</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                                                        | 56 |
| <b>F</b> | <p><b>Our leader has a great ability to persuade others to achieve a certain goal.</b></p> <p><i>Strongly disagree</i>      <i>Disagree</i>                      <i>Sometimes</i>      <i>Agree</i>                      <i>Strongly agree</i></p> <p><b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b></p>                             | 57 |
| <b>G</b> | <p><b>Our leader DOES NOT encourage open discussion with employees.</b></p> <p><i>Never</i>                      <i>Seldomly</i>                      <i>sometimes</i>                      <i>Often</i>                      <i>Always</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                                | 58 |
| <b>H</b> | <p><b>Our leader has instilled an entrepreneurial philosophy in all employees.</b></p> <p><i>Strongly agree</i>      <i>Agree</i>                      <i>Unsure</i>                      <i>Disagree</i>                      <i>Strongly disagree</i></p> <p><b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b></p>                    | 59 |

|   |                                                                     |              |                  |                 |                          |    |
|---|---------------------------------------------------------------------|--------------|------------------|-----------------|--------------------------|----|
| I | Our leader can be described as visionary and flexible.              |              |                  |                 |                          |    |
|   | <i>Strongly agree</i>                                               | <i>Agree</i> | <i>Sometimes</i> | <i>Disagree</i> | <i>Strongly disagree</i> |    |
|   | 5                                                                   | 4            | 3                | 2               | 1                        | 60 |
| J | Our leader's enthusiasm rubs off employees within the organization. |              |                  |                 |                          |    |
|   | <i>Always</i>                                                       | <i>Often</i> | <i>Sometimes</i> | <i>Seldomly</i> | <i>Never</i>             |    |
|   | 5                                                                   | 4            | 3                | 2               | 1                        | 61 |

### About Organizational culture

|   |                                                                                                                                  |                 |                  |                   |                          |    |
|---|----------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-------------------|--------------------------|----|
| A | Our organization has a widely held belief that innovation is an absolute necessity for the organization's future.                |                 |                  |                   |                          |    |
|   | <i>Strongly agree</i>                                                                                                            | <i>Agree</i>    | <i>Sometimes</i> | <i>Disagree</i>   | <i>Strongly disagree</i> |    |
|   | 1                                                                                                                                | 2               | 3                | 4                 | 5                        | 62 |
| B | People in our organization are continuously encouraged to expand their capacity to achieve more.                                 |                 |                  |                   |                          |    |
|   | <i>Never</i>                                                                                                                     | <i>Seldomly</i> | <i>Sometimes</i> | <i>Often</i>      | <i>Always</i>            |    |
|   | 1                                                                                                                                | 2               | 3                | 4                 | 5                        | 63 |
| C | Our organization nurtures new and expansive pattern of thinking.                                                                 |                 |                  |                   |                          |    |
|   | <i>Definitely</i>                                                                                                                | <i>Perhaps</i>  | <i>unsure</i>    | <i>Not really</i> | <i>Definitely not</i>    |    |
|   | 1                                                                                                                                | 2               | 3                | 4                 | 5                        | 64 |
| D | We are encouraged to continually look at things in new ways.                                                                     |                 |                  |                   |                          |    |
|   | <i>Strongly agree</i>                                                                                                            | <i>Agree</i>    | <i>Sometimes</i> | <i>Disagree</i>   | <i>Strongly disagree</i> |    |
|   | 5                                                                                                                                | 4               | 3                | 2                 | 1                        | 65 |
| E | There is an extensive employee orientation program for new employees to ensure employees share the corporate vision and purpose. |                 |                  |                   |                          |    |
|   | <i>Strongly disagree</i>                                                                                                         | <i>Disagree</i> | <i>sometimes</i> | <i>Agree</i>      | <i>Strongly agree</i>    |    |
|   | 1                                                                                                                                | 2               | 3                | 4                 | 5                        | 66 |
| F | There is continual recruitment of individual entrepreneurs into the                                                              |                 |                  |                   |                          |    |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|          | <b>organization.</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
|          | <p> <i>Definately</i>      <i>Perhaps</i>      <i>Unsure</i>      <i>Not really</i>      <i>Definitely not</i> </p> <p> <b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b> </p>                                                                                                                                                                                    | 67 |
| <b>G</b> | <p><b>There is strong emphasis on team work in the organization.</b></p> <p> <i>Strongly disagree</i>      <i>Disagree</i>      <i>Sometimes</i>      <i>Agree</i>      <i>Strongly Agree</i> </p> <p> <b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b> </p>                                                                                                     | 68 |
| <b>H</b> | <p><b>The organization encourages individuals that have different views to those of the company to stimulate innovation.</b></p> <p> <i>Always</i>                      <i>Often</i>                      <i>Sometimes</i>                      <i>Seldomly</i>                      <i>Never</i> </p> <p> <b>5</b>                      <b>4</b>                      <b>3</b>                      <b>2</b>                      <b>1</b> </p> | 69 |
| <b>I</b> | <p><b>Our organization has a clear-cut vision to ensure an innovative company.</b></p> <p> <i>Strongly disagree</i>      <i>Disagree</i>      <i>Sometimes</i>                      <i>Agree</i>      <i>Strongly agree</i> </p> <p> <b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b> </p>                                                                       | 70 |
| <b>J</b> | <p><b>Confidence, trust and accountability are words which describe how management treats the employees at our organization.</b></p> <p> <i>Strongly disagree</i>      <i>Agree</i>                      <i>Sometimes</i>                      <i>Agree</i>      <i>Strongly disagree</i> </p> <p> <b>1</b>                      <b>2</b>                      <b>3</b>                      <b>4</b>                      <b>5</b> </p>         | 71 |

#### RESEARCHER'S CONTACT DETAILS:

**NAME: THANDI LETSIE**

**WORK: 0514013880**

**CELL: 0833793156**

**E-MAIL: letsietm @ufs.ac.za**

**ANNEXURE B**

***Letter requesting Hill's permission***

Page 1 of 3

**Thandi Letsie - RE: permission to adopt an instrument**

---

**From:** "AP Moerdyk" <a.moerdyk@ru.ac.za>  
**To:** "Thandi Letsie" <LetsieTM@ufs.ac.za>  
**Date:** 5/3/2011 3:18 PM  
**Subject:** RE: permission to adopt an instrument

---

Hi

As a co-author and designer of the instrument, I do not have any problems with you using it. I would ask you not to make commercial use of it and not to publish it in a way that others could use it for gain. I would also like to see a copy of any reports/publications that result from using it.

Keep well

Alwyn Moerdyk

***ANNEXURE C***  
***Consent Form***

### CONSENT TO PARTICIPATE IN RESEARCH

**STUDY TITLE:** A frame work to foster intrapreneurship amongst Unit nurse managers working at three public hospitals in Mangaung Free State.

You have been asked to participate in this study by the researcher.

You have been informed about this study by the HoD health in the Free State, and the CEO of your institution and by the researcher Mrs T. Letsie a Phd student in the School of Nursing, University of the Free State.

You have been informed that there is no compensation for your participation, and that the study carries no potential risks.

You can contact the following offices if you have any questions about rights as a research participant:

The secretariat of the Ethics committee of the Faculty of Health Sciences, UFS, at telephone number (051)4052812.

Your participation in this research is voluntary, and you will not be penalized if you refuse to participate or decide to terminate participation.

The research study, including above information has been verbally described to me. I understand what my involvement in the study means and I voluntary agree to participate.

|                                                  |               |
|--------------------------------------------------|---------------|
| -----<br>Signature participant                   | -----<br>Date |
| -----<br>Signature Witness<br>(where applicable) | -----<br>Date |
| -----<br>Signature of Translator                 | -----<br>Date |
| (where applicable)                               |               |

***ANNEXURE D***

***Letter requesting the participants' permission***

School of Nursing,  
Idalia Iloots Building,  
Bloemfontein,  
26<sup>th</sup> September, 2011.

Dear Sir/Madam,

**Request to participate in the study**

You have been selected to participate in my research study in which I am intending to develop a framework that will assist in fostering intrapreneurship within unit nurse managers working in three public hospitals in Mangaung, Free State. I am a PhD student at the School of Nursing, University of the Free State. This study is carried out in fulfilment of my study. Therefore, your participation will be highly appreciated.

The study will proceed into two stages. The initial stage will be conducted through focus group discussions. The second stage of this study will entail completion of a questionnaire by participants. The researcher will complete the first stage of this study before convening the second stage. Participants will only be unit nurse managers. At the end of this study, the researcher is intending to develop a framework that will inform the development of intrapreneurship of nurse managers. You will also be informed of the outcomes of the study as a whole through appropriate means.

The researcher will adhere to the necessary ethical standards required to protect you as a participant. Your participation in this study will be voluntary. Therefore, you are free to terminate participation at any point of the study.

I hope my request will meet with your favorable consideration.

Sincerely,

Mrs. T. Letsie (Lecturer & student, School of Nursing, UFS)

Work 0514013880

E-mail [letsietm@ufs.ac.za](mailto:letsietm@ufs.ac.za)



***ANNEXURE E***

***Permission from Head of Department***

***Free State Department of Health***



health

Department of  
Health  
FREE STATE PROVINCE

02 November 2011

Mrs T.M. Letsie  
University of the Free State  
School of Nursing  
**BLOEMFONTEIN**  
**9300**

Dear Mrs Letsie

**Subject: PERMISSION TO INTERVIEW UNIT NURSES MANAGERS**

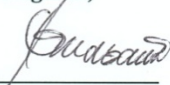
The above mentioned correspondence bears reference.

Permission is hereby granted for the above – mentioned research on the following conditions:

- Participation should be by consent
- Participation should be protected from all forms of harm
- Study should not interfere with service delivery
- Final results before publication are discussed and shared with us.

Trust you find the above in order.

Kind Regards,

  
**Dr S Kabane**  
**HEAD: HEALTH**  
Date: 07/11/2011

Head : Health  
PO Box 227, Bloemfontein, 9300  
4<sup>th</sup> Floor, Executive Suite, Bophelo House, cnr Maitland and, Harvey Road, Bloemfontein  
Tel: (051) 408 1107/8 Fax: (051) 408 1055, e-mail: [hodpa@fshealth.gov.za](mailto:hodpa@fshealth.gov.za) / [fshealth.gov.za](mailto:fshealth.gov.za)

[www.fs.gov.za](http://www.fs.gov.za)

***ANNEXURE(S) F***

***F1 Permission from CEO Pelonomi Regional hospital***

***F2 Permission from CEO National District hospital***

***F3 Permission from CEO Universitas Tertiary hospital***



pelonomi hospital

Department of Health  
Pelonomi Regional Hospital  
FREE STATE PROVINCE

|       |                                                               |                                                                           |
|-------|---------------------------------------------------------------|---------------------------------------------------------------------------|
| DATE: | 10 NOVEMBER 2011                                              | ENQUIRIES                                                                 |
| FROM: | Dr KHOALI R.J<br>CHIEF EXECUTIVE OFFICER<br>TEL: 051 405 1929 | TO: Mrs. LETSIE THANDIWE<br>SCHOOL OF NURSING<br>UNIVERSITY OF FREE STATE |

SUBJECT: PROJECT TITLE: A FRAMEWORK TO FOSTER INTERPRENEURSHIP AMONGS  
UNIT NURSE MANAGERS WORKING AT THREE PUBLIC HOSPITALS IN  
MANGAUNG FREE STATE

Pelonomi Regional Hospital grant you permission to conduct the project, the following criteria must be met.



That the Hospital incurs no cost in the course of your research.



That access to the staff and patients at the Pelonomi Hospital will not interrupt the daily provision of services.



That prior to conducting the research you will liaise with the supervisors of the relevant sections and introduce yourself with permission letter and to make arrangements with them in a manner that is convenient to the sections.

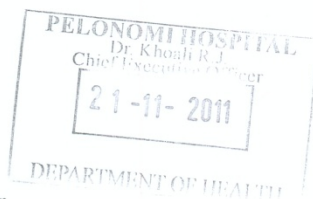
Recommended by:

Molefe M.C  
Nursing Service Manager



Approved by:

Dr Khoali R.J  
Chief Executive Officer





**national hospital**

Department of Health  
National District Hospital  
FREE STATE PROVINCE

18 November 2011

Me. Thandiwe Letsie  
School of Nursing  
University of Free State  
BLOEMFONTEIN  
9300

Dear Madam

**Re: LETTER TO CEO OF THE THREE PUBLIC HOSPITALS  
CONFIRMING GRANTING OF PERMISSION BY THE FREE  
STATE DEPARTMENT OF HEALTH TO CONDUCT A  
RESEARCH STUDY**

This is noted and please service delivery should not be compromised.

Regards.

Me. BS Ramodula  
CEO: National District Hospital



Chief Executive Officer: Me. BS Ramodula, Private Bag X20598 Bloemfontein, 9300  
Tel: (051) 403 9601 Fax: (051) 403 9626, E-mail : [Ramodulabs@fshealth.gov.za](mailto:Ramodulabs@fshealth.gov.za)



health

Department of  
Health  
FREE STATE PROVINCE

9 November 2011

Me T Letsie  
School of Nursing  
UFS

Dear Me T Letsie

**RESEARCH PROJECT: A FRAMEWORK TO FOSTER  
ENTREPRENEURSHIP AMONGST UNIT NURSE MANAGERS WORKING  
AT UNIVERSITAS ACADEMIC HOSPITAL**

Herewith permission for the mentioned project to be done at Universitas Academic Hospital on condition that approval is obtained from the Ethics Committee

The Chief Executive Officer must be notified if the findings of the project will be published.

Yours sincerely

**DR NIC R J VAN ZYL**  
**HEAD: CLINICAL SERVICES**  
**UNIVERSITAS ACADEMIC HOSPITAL**

**HEAD: CLINICAL SERVICES: DR NRJ VAN ZYL**  
Private Bag X20660, Bloemfontein, 9300. Tel. No.: 051-4052866,  
Fax: 051-4053500, Room 1077, First Floor, Universitas Academic Hospital  
Email: vanzylnr@universitas.fs.gov.za

[www.fs.gov.za](http://www.fs.gov.za)

***ANNEXURE G***

***Permission from Head of School of Nursing  
University of the Free State***



UNIVERSITY OF THE  
FREE STATE  
UNIVERSITEIT VAN DIE  
VRYSTAAT  
YUNIBESITHI YA  
FREISTATA



UFS·UV  
HEALTH SCIENCES  
GESONDHEIDSWETENSKAPPE



APPROVAL FORM FOR PARTICIPATION OF STUDENTS/STAFF OF THIS  
FACULTY IN RESEARCH PROJECTS  
GOEDKEURINGSVORM VIR DEELNAME VAN STUDENTE/PERSONEEL VAN  
HIERDIE FAKULTEIT AAN NAVORSINGSPROJEKTE  
FOR APPROVAL BY THE DEAN  
VIR GOEDKEURING DEUR DIE DEKAAN

Name & student/ staff number

Naam & studente-/personeelnr Thandiwe Letsie Personnel no 0748137, Student no 1998530305

Department

Departement Nursing

Tel nr & e-mail

Tel nr & e-pos 0514013880 letsietm@ufs.ac.za

Study leader(s)

Studieleier(s) Prof Anita Van der Merwe Tel: +4526995980, Denmark  
Dr Delene Botha 0514013100

Biostatistician

Biostatistikus Dr J Raubenheimer Tel: 0514013115

Title of project / Titel van projek

A framework to foster intrapreneurship amongst unit managers working at the three public hospitals in Mangaung, Free State.

Who will be involved in the study? Please tick (✓) in appropriate box. / Wie sal by die studie betrek word? Merk (✓) asseblief in die gepaste blokkie.

YES / JA NO / NEE

Personnel

Personeel

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Students

Studee

YES / JA

NO / NEE

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Please specify / Spesifiseer asseblief

Health Nursing Management students in the Post –Basic programme

Please attach the protocol for the study and the ethical approval application form.

Heg asseblief die protokol vir die studie aan, asook die etiese goedkeuringsvorm.

APPROVED BY / GOEDGKEUR DEUR:

Head of School / Goedgekeur deur Hoof van die Skool

Signature / Handtekening

Date / Datum

Dean: Faculty of Health Sciences, Prof GJ van Zyl

Dekaan: Fakulteit Gesondheidswetenskappe: Prof GJ van Zyl



School of Nursing,  
Idalia Loots Building,  
Room 30,  
Bloemfontein.  
9323.  
8<sup>th</sup> February, 2012

Prof Mulder,  
Head: School of Nursing,  
Faculty of Health Sciences,  
University of the Free State,  
Bloemfontein.  
9300.

Dear Prof Mulder,

**ETHICS NO: ECUFS NR 151/2011**

**Title of the study: A framework to foster intrapreneurship amongst unit managers working at three public hospitals in Mangaung, Free State.**

I am currently registered at the School of Nursing, University of the Free State for PhD Degree in Nursing. Last year in November, my proposal was accepted by the Ethics Committee of the Faculty of Health Sciences. Permission to conduct this study was also granted by the relevant authorities in the Department of health Free State

In the above mentioned study i am using a mixed method design. Therefore, at the initial stage of data collection exercise, i will conduct focus group discussions to the unit managers in each hospital till saturation of data is achieved. After thoroughly completing the first stage of the study, a survey from an adopted Hill's intrapreneurship questionnaire will follow.

---

School of Nursing/Skool vir Verpleegkunde

T: +27(0)51 401 2967/2407, F: +27(0) 401 3399, E: [vermeucd@ufs.ac.za](mailto:vermeucd@ufs.ac.za)/[gnvkadj@ufs.ac.za](mailto:gnvkadj@ufs.ac.za)  
205 Nelson Mandela Drive/Rylaan, Park West/Parkwes, Bloemfontein 9301, South Africa/Suid-Afrika  
P.O. Box/Posbus 339, Bloemfontein 9300, South Africa/Suid-Afrika, [www.ufs.ac.za](http://www.ufs.ac.za)



A framework to foster intrapreneurship amongst unit/operational nurse managers working at the three public hospitals in Mangaung, Free State

---

I am requesting you to grant me permission to conduct a pilot study of both my focus group questions and the questionnaire to the Health Care Management students in the School of Nursing.

Attached please find a copy of the protocol and the Ethics Committee, Faculty of Health Sciences' approval letter.

Yours Sincerely

.....

T.M M LETSIE

Student no: 19985305

Tel: 0514013880/0833793156

***ANNEXURE H***

***Permission from Vice Chancellor Academic Affairs***

***University of the Free State***

SCHOOL OF NURSING

IDALIA LOOTS BUILDING

ROOM 30

UNIVERSITY OF THE FREE STATE

BLOEMFONTEIN

9323

8<sup>th</sup> FEBRUARY 2012

PROF DRIEKIE HAY

VICE RECTOR

UNIVERSITY OF THE FREE STATE

BLOEMFONTEIN

9300

Dear Prof Hay

ETHICS NO: ECUFS NR 151/2011

*Ek dink ons  
kan goedkeuring gee. Lig  
my om is ook deur  
Fakulteit se Ethise Komitee  
goedgekeur.*  
*[Signature]* 10 Febr. 2012

Title of the study: Title of the study: A framework to foster intrapreneurship amongst unit managers working at three public hospitals in Mangaung, Free State.

I am currently registered at the School of Nursing, University of the Free State for PhD Degree in Nursing. Last year in November, my proposal was accepted by the Ethics Committee of the Faculty of Health Sciences. Permission to conduct this study was also granted by the relevant authorities in the Department of health Free State

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I am requesting you to grant me permission to conduct a pilot study of both my focus group questions and the questionnaire to the Health Care Management students in the School of Nursing.

Attached please find a copy of the protocol and the Ethics Committee, Faculty of Health Sciences' approval letter.



1

APPROVED :  
*[Signature]*  
13-02-2012  
PROF. HR HAY  
VICE-RECTOR: ACADEMIC  
TEL: 051-4013773

A framework to foster intrapreneurship amongst unit/operational nurse managers working at the three public hospitals in Mangaung, Free State

---

Attached please find a copy of the protocol and the Ethics Committee, Faculty of Health Sciences' approval letter.

Yours Sincerely

.....

T.M M LETSIE

Student no: 19985305

Tel: 0514013880/0833793156

***ANNEXURE I***

***Permission from Dean, Faculty of Health Sciences***

***University of the Free State***

UNIVERSITY OF THE  
FREE STATE  
UNIVERSITEIT VAN DIE  
VRYSTAAT  
YUNIBESITHI YA  
FREISTATA



UFS-UV  
HEALTH SCIENCES  
GESONDHEIDSWETENSAPPE



APPROVAL FORM FOR PARTICIPATION OF STUDENTS/STAFF OF THIS  
FACULTY IN RESEARCH PROJECTS  
GOEDKEURINGSVORM VIR DEELNAME VAN STUDENTE/PERSONEEL VAN  
HIERDIE FAKULTEIT AAN NAVORSINGSPROJEKTE  
FOR APPROVAL BY THE DEAN  
VIR GOEDKEURING DEUR DIE DEKAAN

Name & student/ staff number

Naam & studente-/personeelnr Thandiwe Letsie Personnel no 0748137, Student no 1998530305

Department

Departement Nursing

Tel nr & e-mail

Tel nr & e-pos 0514013880 letsietm@ufs.ac.za

Study leader(s)

Studieleier(s) Prof Anita Van der Merwe Tel: +4526995980, Denmark  
Dr Delene Botha 0514013100

Biostatistician

Biostatistikus Dr J Raubenheimer Tel: 0514013115

Title of project / Titel van projek

A framework to foster intrapreneurship amongst unit managers working at the three public hospitals in Mangaung, Free State.

Who will be involved in the study? Please tick (✓) in appropriate box. / Wie sal by die studie betrek word? Merk (✓) asseblief in die gepaste blokkie.

Personnel YES / JA NO / NEE  
Personeel ☐ ☐

Students YES / JA NO / NEE  
Studente ☒ ☐

Please specify / Spesifiseer asseblief

Health Nursing Management students in the Post –Basic programme

Please attach the protocol for the study and the ethical approval application form.

Heg asseblief die protokol vir die studie aan, asook die etiese goedkeuringsvorm.

APPROVED BY / GOEDGKEUR DEUR:

Head of School / Goedgekeur deur Hoof van die Skool

Signature / Handtekening

Date / Datum 16/2/12

Dean: Faculty of Health Sciences, Prof GJ van Zyl

Dekaan: Fakulteit Gesondheidswetenskappe: Prof GJ van Zyl

Signature / Handtekening

Date / Datum 17/2/12



School of Nursing  
Idalia Loots Building,  
Room 30,  
Bloemfontein,  
9323.

8<sup>th</sup> February, 2012

Prof G.J Van Zyl,  
Dean: Faculty of Health sciences,  
University of the Free State,  
Bloemfontein.  
9300.

Dear Prof Van Zyl

ETHICS NO: ECUFS NR 151/2011

**Title of the study: A framework to foster intrapreneurship amongst unit managers working at three public hospitals in Mangaung, Free State.**

I am currently registered at the School of Nursing, University of the Free State for PhD Degree in Nursing. Last year in November, my proposal was accepted by the Ethics Committee of the Faculty of Health Sciences. Permission to conduct this study was also granted by the relevant authorities in the Department of health Free State

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I am requesting you to grant me permission to conduct a pilot study of both my focus group questions and the questionnaire to the Health Care Management students in the School of Nursing.

Attached please find a copy of the protocol and the Ethics Committee, Faculty of Health Sciences' approval letter.

Yours Sincerely



A framework to foster intrapreneurship amongst unit/operational nurse managers working at the three public hospitals in Mangaung, Free State

---

.....  
**T.M M LETSIE**

**Student no: 19985305**

**Tel: 0514013880/0833793156**

***ANNEXURE J***

***Permission from Hill's study leader***

**Thandi Letsie - RE: permission to adopt an instrument**

---

**From:** "AP Moerdyk" <a.moerdyk@ru.ac.za>  
**To:** "Thandi Letsie" <LetsieTM@ufs.ac.za>  
**Date:** 5/3/2011 3:18 PM  
**Subject:** RE: permission to adopt an instrument

---

Hi

As a co-author and designer of the instrument, I do not have any problems with you using it. I would ask you not to make commercial use of it and not to publish it in a way that others could use it for gain. I would also like to see a copy of any reports/publications that result from using it.

Keep well

Alwyn Moerdyk

***ANNEXURE K***

***Permission from the Ethics Committee, Faculty of Health Science  
University of the Free State***



Research Division  
Internal Post Box G40  
☎ (051) 4052812  
Fax (051) 4444359

E-mail address: StraussHS@ufs.ac.za

Ms H Strauss

2012-03-08

REC Reference nr 230408-011  
IRB nr 00006240

MS TM LETSIE  
SCHOOL OF NURSING  
UFS

Dear Ms Letsie

**ECUFS NR 151/2011**

**PROJECT TITLE: A FRAMEWORK TO FOSTER INTRAPRENEURSHIP AMONGST UNIT NURSE MANAGERS WORKING AT THREE PUBLIC HOSPITALS IN MANGAUNG FREE STATE.**

- You are hereby kindly informed that the Ethics Committee approved the above project at the meeting held on 6 March 2012 after the following was submitted:
  - Permission letter received from the Head of the Department of Health, Dr S Kabane*
  - Permission letters received from the Chief Executive Officer of National District Hospital, Ms BS Ramodula and from the Chief Executive Officer of Pelonomi Hospital, Dr RJ Khoali*
  - Permission received from the Clinical Head, Dr NRJ van Zyl, Universitas Academic Hospital*

*(Dr Delene Botha did not take part in the discussion of the above study)*

- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.



- The Committee must be informed of any serious adverse event and/or termination of the study.
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.
- Kindly refer to the ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully

  
.....  
**For CHAIR: ETHICS COMMITTEE**  
Cc: Dr D Botha