A MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

by

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DECLARATION

I hereby declare that the work submitted here is a result of my own independent investigation. Where help was sought, it was acknowledged. I further declare that this work is submitted for the first time at this University/Faculty towards a Ph.D. degree in Health Professions Education and that it has never been submitted to any other University/Faculty for purposes of obtaining a degree.

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G.J. VAN ZYL

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G.J. VAN ZYL

Dedicated to:

Paulina, Wessel, Marike, Andries and my family.

For granting me the time to live my dreams, to achieve my goals and to do everything today because tomorrow is too late.

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SOLI DEO GLORIA

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LIST OF ACRONYMS

ACRONYM	EXPLANATION
AIDS	Acquired Immune Deficiency Syndrome
CEO	Chief Executive Officer
COHSASA	Council Of Health Services Accreditation in South Africa
DoE	Department of Education
DoH	Department of Health
DoL	Department of Labour
DOTS	Direct observation treatment system
DSM	Decision Space Map
EEA	Employment Equity Act
ENT	Ear Nose and Throat
GEAR	Growth and Employment Redistribution
GNP	Gross national product
HoD	Head of Department
HPCSA	Health Professions Council of South Africa
HR	Human Resource
HRD	Human Resource Development
ICAM	Interactive communication medium
ICU	Intensive Care Unit
IT	Information Technology
LPP	Limited Private Practice
MBM	Mission-based management
MBO	Management by Objective
MTEF	Medium-term Expenditure framework
NHLS	National Health Laboratory Services
NQF	National Qualification Framework
PDMS	Personnel development management system
PRIME	Penta-Rotating Integrated Management Efficiency

LIST OF ACRONYMS (Continued)

RBM	Result-based management
RDP	Reconstruction and development programme
RWOPS	Remunerative Work outside the Public Sector
SAQA	South African Qualifications Authority
STD	Sexually transmitted disease
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
UFS	University of the Free State

LIST OF DEFINITIONS

Academic development:	It is development in an academic environment. It is all about improving the performance of the individual on academic level (Smit and De J Cronje, 2002:476).
Leadership:	It is the process of directing the behaviour of others towards the accomplishment of the organisation's goals. It is a complex management function (Smit and De J Cronje, 2002:279).
Management:	The process of planning, organising, leading and controlling the resources of the organisation to achieve stated organisational goals as productively as possible (Smit and De J Cronje, 2002:9).
Merger:	The combining of two or more independent functional organisations or commercial companies into one organisation or company. (Sykes, 1982:634).
Motivational climate:	It is a climate in which a manager creates a work climate or environment in which he or she can incorporate elements which encourage people to be more efficient and more effective (Coetsee, 1996:23).
Personnel development:	Staff development involves all the activities, actions, processes, policies, programmes and procedures employed to facilitate and support staff so that their performance and potential may be enhanced and that they may serve their own and their institution's needs (Webb, 1996).

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A MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

CHAPTER 1

"Begin with and End in Mind" (Covey, 1994:97).

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Over the past few years the managerial role of Heads of Department has changed significantly. Previously the main responsibility of Heads of Department was to ensure that posts were filled with suitable candidates; to do ordinary management tasks regarding personnel management; and to ensure a suitable academic training programme for undergraduate and post-graduate students (Hospital Strategic Project, 1996a:7). Heads of Department were also required to work out work schedules and to ensure that proper service rendering was at the order of the day. Heads of Department were appointed according to their academic achievements and not their managerial skills. Policies, the environment, and the workplace have, however, changed significantly over the past couple of years. This has left Heads of Department without a proper model to manage the structure of their Departments (Hospital Strategic Project, 1996b:11). No proper training, formal or informal, was implemented to bridge this performance gap (RSA DoH, 2001:14).

As part of the academic environment Bitzer (1984:149) lists six dimensions of management for a Head of Department, which will also be the dimensions

relevant to change. These dimensions are namely that the management of departmental functions includes:

- Education.
- Research.
- Community service.

In addition, the Head of the Department is:

- An academic leader.
- An administrative functionary.
- A decision-maker.
- A personnel manager.
- An evaluator.

Changes are taking place at different levels of responsibility of Heads of Department in a medical school. At service delivery level, the National Health policy changed from a hospital-centred approach to a primary health care approach with change in-patient profiles referral patterns and available funding for the different levels of services (RSA DoH, 2001:11). At the training and education level, the policy - as spelled out in the *White Paper for the Transformation of the Health System in South Africa* (RSA DoH, 1997:38) - emphasises the recruitment and development of personnel who are competent to respond to the health needs of the people they serve. This has compelled medical schools to change the medical curriculum for undergraduate medical students. The *White Paper On Education: A Programme for Higher Education Transformation* (RSA DoH, 1997:2) indicates a vision focusing on people-driven development with a view to better quality of life.

The demands for this are:

- Responsiveness to societal needs and interests.
- Co-operation and partnerships in governance.
- Increased participation.

Transformation demands and requires more sophisticated admission and selection procedures. Equity is required in the training and education of medical students. Heads of Department also have to adapt their management style from a focus on resource-based education to a community-based approach for education and training, within new integrated curricula, organised in a modular system and no longer departmentally based.

The management of change is a managerial task that is a challenge to the manager in all fields and for Heads of Department the specific challenge lies in academic and service delivery management. The dual importance of this must not be underestimated. It needs a great deal of skills and dedication. Management of change has currently become the biggest issue Heads of Department have to deal with. Change affects the individuals within an organisation more fundamentally than it does the organisation as a whole (Siegal, Church, Javitch, Waclawski, Burd, Bazigos, Yang, Anderson-Rudolph & Burke, 1996:56). One also needs to know one's environment as well as one's organisation to be able to manage change. This has been the experience in the Health Sector. Kotter (1990:104) mentions that leadership is all about coping with change and more changes demand more leadership.

Gosteli (1997:40) states that one of the problems in getting people to change is that people fondly believe they are already doing things that they are not. Management leadership - especially top management – is probably the most critical element in a major organisational change effort.

Reynierse (1994:41) indicates the requirements in the change process as follows:

- Strategy-driven.
- Top-down involvement.
- Organisational assessment.
- Work force participation.
- Downstream to work force.

The major aspect in the Health Sector in the Free State Provincial Administration that needs to be addressed to change the Health Services to perform better, is the issue of the restructuring of the levels of service, together with a new financial plan that will ensure financial responsibility and accountability. This will incorporate the implementation of cost centres and the renewal of new referral patterns. At service delivery level this is the biggest challenge to Heads of Department as part of the new managerial responsibility (Van Zyl, 2002:14).

The Health Sector has gone through a process of change since the political change in 1994. This had major implications on the rendering of Health Services in South Africa (FS DoH, 1994:4). This specific indication of the Reconstruction and Development Programme (RDP) document on health as well as the integration of formerly Black and White hospitals had a major impact on Health Services at large. It is also important and a new managerial responsibility for Heads of Department with the funding available for hospital services that they furthermore render cost-effective service. This means the change of previous patterns of spending in hospitals to a situation where the hospitals will be run more like private hospitals in the public sector and will have to have a business plan as well as keep within the budget. This means that Heads of Department will have to have more financial skills. The structure (Hospital Strategic Project, 1996a:5) National Health is implementing in the

hospitals at the present moment, is that of cost centres with decentralised management with responsibility and accountability at the level of cost centre with Heads of Department as the managers of these units.

The management process of change includes specific issues (Hospital Strategic Project, 1996a:7):

- Structural changes.
- Financial changes.
- Human resource changes.
- Referral pattern changes.

In future the National Department of Health (DoH) will require that Heads of Department manage these cost centre units by setting objectives. Performance management is the process according to which an organisation sets specific goals as broad organisational goals. In a process where supervisors and subordinates are involved, goals are set in a joint participative process and - from these organisational goals - specific goals for an individual are derived. The process of setting goals and participating in the process of setting these goals, is then also a motivational process for the individual in selecting personal goals (Smit & De J Cronje, 1997:111). It is part of the job description of the individual and furthermore sets specific goals, objectives and performance targets for the individual. In the process of setting individual goals for personnel, it is also important to discuss and agree on certain evaluation mechanisms, as well as on and the process of determining performance successes.

The formulation and setting of broad objectives with specific goals linked to an objective, is thus a process where an individual discusses his personal objectives with his supervisor and involves himself on a participative process. The personnel member will be managed by his personal goals as set. The

process of performance management compels Heads of Department and subordinates to know the purpose, mission, long-term goals, as well as the strategy of the organisation.

Management by objectives is a very important management process. It needs to be used by managers as a tool. Management by objectives entails some processes, which can be clearly indicated in the following stepwise approach (Smit & De J Cronje, 1997:110-113):

- Setting a framework for management by objectives to work within.
- Setting of goals at an organisational level by top management.
- Creating a job description on an individual basis.
- Determining areas of responsibility per individual.
- Setting specific performance indicators and targets on an individual basis.
- Setting individual goals. In this process there is a participative process and discussion between supervisors and subordinates where both identify objectives for that specific individual on an individual basis.
- Determining checkpoints.
- Evaluation of performance according to indicators and targets.
- Communication of the evaluation process with the subordinates.
- Dealing with a good/bad performance.

This process is already utilised by the Health Services in the Free State outside the Faculty of Health Sciences. It is a motivational process which gives the individual the feeling of being involved and creates a setting of participative management. Creating the sense of ownership in services is needed at the present moment to improve the quality of service we need in the public sector.

Management by objectives also creates the environment where an individual will be measured according to his/her[1] performance and can, in addition, manage himself/herself to the participative standards set (Smit & De J Cronje, 1997:111). The only concern in the process is that it is time-consuming and involves much paper work. The process also needs assessment on a regular basis. If the enterprise has a flat management structure, it might create problems where individuals heading flat structures will have to sit down with a number of sub-ordinates to create these individual objectives and performance targets. This is specifically relevant to Heads of Department. They will, as managers, have to be trained and enabled to deal with these changes.

1.2 RATIONALE OF THE STUDY

The problem of Heads of Department in managing their departments has been spelled out previously (cf.1.1) in the document. The rationale was to establish a model for management for these Heads to enable them to improve their management; decrease their frustration; and optimally utilise the highly skilled person-power available. This management model will contribute significantly to the daily management process of Heads of Departments.

It was therefore important that Heads of Department had to be involved in the study to determine their needs for setting up a management model. The criteria were tested with senior managers to ensure that they also addressed the needs of specific managers within health. The rationale of such a model was to improve the overall management of health; to optimise utilisation of resources; and to improve health services at large. It is in line with the present tendency to improve quality within Health Services. The study provides a possible framework for induction of new Heads of Department to ensure that they function optimally and are provided with a management model for the management of academic departments.

[1] All references to male format will include female in the rest of the document.

1.3 PROBLEM STATEMENT

The academic level of functioning of Heads of Department created the perception with management structures that there was no need to address the managerial training needs of Heads of Department. To date, only informal discussions and information meetings were held with the implementation of new systems, processes and structures. No formal induction process is in place to help the newly appointed Heads of Department. This contributes to the present undesirable and unacceptable situation.

It must be remembered that the Heads of Department appointed in the Medical School still need to be the best academic appointment for the post. As part of the process of reaching the academic level, managerial skills will play a secondary role in the appointment of Heads of Department. Although this is the reality, managerial skills need to be addressed as part of the total armour of a medical head.

The change in the responsibilities, environment and expectations of Heads of Department without proper mechanisms and processes to support them to keep up with these changes, has created a performance gap that needs to be addressed.

The majority of Heads of Department in the School of Medicine, University of the Free State, were appointed before all of these changes and expectations from Heads of Department were at the order of the day.

The problem that was identified is that, in future, Heads of Department will still be appointed with their academic competencies bearing the biggest weight in the process, but they will have to function in two different environments, namely service and academic environments with two different sets of management requirements. This policy is also in line with the national trend. However, no suitable candidate will be found for this position if there is not at least an

evaluation of the managerial potential of a suitable candidate. With a suitable management model tailored to the needs available for future candidates who do have managerial potential, we shall establish a generation of Heads of Department who will take a Medical School into the next generation of Health Sciences.

This model will not only be used for new appointees but it will also be available to all present Heads of Department who are eager to use a structure to help them manage their Departments. The biggest challenge at the present moment is that Heads of Department who are leaders in their academic fields, do not become demotivated because of their frustrations with their managerial responsibilities. The feedback that they might experience with regard to the managerial issues can be so negative and demoralising that there is a real threat of losing some Heads of Department or not being able to recruit the quality candidates who are needed for these positions. Proof of this lies in the five Heads of Department posts that could not be filled during 2001 and 2002. In one case the post could not be filled after two processes of advertisement of this post (UFS, 2002). It is important that we invest in Heads of Department. This country does not have enough resources and funds available not to ensure that we appoint the best-qualified people to these posts, as was the case in the past. Medical education finds itself at a watershed period during which we have adopted new curricula to address the needs of this country to train and produce doctors and other health professionals who will support the national policy of a primary health care approach. To achieve this, we need Heads of Department who are leaders at academic as well as managerial level. As part of these appointments, we have to redress the imbalances of the past in the demographic spread of our appointments in the different categories of posts, including Heads of Department. The Faculty of Health Sciences, University of the Free State, adopted an equity employment plan and an implementation plan (Faculty Management, UFS, 2002:15) to address transformation and equity in appointments. The essence of the problem is that

there is no specific management model for Heads of Department available in the School of Medicine, UFS.

1.4 AIM AND OBJECTIVES

The aim of this study was to create a managerial model for Heads of Department of the Medical School measured against the background of good managerial practices as well as to set a management model for new Heads of Department, in addition to the training of new and present Heads of Department.

To achieve this aim, the following objectives were pursued:

- Conducting a literature study on available management models in order to collect information to serve as a background for the empirical study.

- Conducting a literature search on the needs on managerial issues of Heads of Department of medical schools in order to identify indicators of need.

- Doing an empirical study by means of a questionnaire survey to determine the managerial needs of Heads of Department in the Medical School of the University of the Free State.

- Finalising criteria for a management model by means of a Delphi technique.

- Proposing a managerial model for Heads of Department of the Medical School, University of the Free State.

- The proposed model was aimed at making a significant contribution to the managerial needs of Heads of Department.

It was envisaged that this process would also address the fears of Heads of Department, motivate them, and establish a working environment that would be conducive to retain Heads of Department.

1.5 METHODS AND PROCEDURES

The study conducted can be described as a descriptive study. It has quantitative and qualitative elements in the case of the questionnaire to Heads of Department and the statements in the Delphi technique. It took the following approach:

- A literature study on the needs of Heads of Department.
- A literature study on the application of available management models to a management need of a school of medicine.
- A questionnaire to determine the needs of Heads of Department at the Medical School of the University of the Free State.
- Making use of the Delphi technique with representative samples of deans, Heads of medical schools, Heads of health departments, and senior clinical managers on the proposed managerial model.

The methods used in this study consisted of a literature study on the management models available for departments in medical schools. The service, education and educational features were investigated as part of the management models. Global changes at health services and education were given specific attention. A literature search on the needs of Heads of

Department of academic institutions with regard to managerial issues was conducted. This search addressed not only the managerial needs in the educational and training areas, but also in service delivery areas.

The literature studies were followed by an empirical study by means of a questionnaire survey (Huysamen, 1994:128) to determine the managerial needs of Heads of Department. The questionnaire was developed from the literature study on managerial needs. It was of a quantitative as well as a qualitative nature with questions and statements evaluated according to a set scale and open-ended questions of a qualitative nature. The population used was all full-time (permanent) Heads of Department of the Medical School, University of the Free State (UFS). “Full-time” in this situation refers specifically to Heads of Department who were formally appointed through a process of formal interviews and included heads with a permanent appointment working less than a forty-hour week. No selection was involved, as the population was so small that everybody was used. A total of 28 persons were involved. The questionnaire was handed to the Heads of Department after they had had a meeting. Heads were requested, if possible, to complete the questionnaires there. If not possible, they were granted an opportunity of two weeks to complete the questionnaire and these were then collected from their offices. The questionnaire was anonymous and the process protected identity. The Heads were asked to put their questionnaires in a sealed box to keep the process anonymous. Based on the findings of the literature review and the empirical study, a management model for Heads of Department at the Medical School of the University of the Free State was developed.

The criteria for a management model were tested by using the Delphi technique (Kreitner & Kinicki, 1998:375), using a representative group of people in management positions with specific reference to deans, heads of medical schools, heads of health departments and senior clinical managers in South Africa. It was decided to use six persons in the application of this Delphi

technique to have a representative sample. These participants were used as experts to evaluate the criteria for a management model. The systematic process of the Delphi technique provided a suitable medium to reach consensus on criteria for a management model. The criteria were put to the experts in a specific format of statements that the experts needed to respond to by rating these statements according to a set of criteria. It was important to use the Delphi technique more than one round to reach sufficient consensus in the group of experts. A final management model was developed according to the outcome of these inputs.

Both the needs questionnaire and the questionnaire on statements were tested by using a pilot study beforehand in the Faculty of Health Sciences, using a previous acting Head of the Department and one of the senior managers in the Faculty.

The respondents to the questionnaire in determining the needs of Heads of Department were Heads of Department appointed in the Medical School, Faculty of Health Sciences, University of the Free State. The Delphi participants were deans, heads of medical schools, heads of health departments and senior clinical managers in South Africa.

1.6 THE SIGNIFICANCE AND VALUE OF THE STUDY

The value of this research is to establish a management model for the Heads of Department of the Medical School, University of the Free State, that adapted to the present situation, taking into account the changed environment as identified. This model should also address the needs of the Heads of Department with regard to managerial issues while it should in addition contribute to better management of education, training and service delivery issues.

The research product will, in addition, be able to serve as an important reference document for education, training and induction of Heads of Department. This needs to be seen especially against the background of the fact that references and documentation on management in a medical school in the South African context are extremely limited.

1.7 ANALYSIS OF INFORMATION

The Department of Biostatistics, School of Medicine, Faculty of Health Sciences, assisted with the statistical analysis of data with regard to the needs questionnaire and the Delphi questionnaire.

Open-ended questions were interpreted and processed by the researcher. The expert inputs, as part of the Delphi technique, were used to change the criteria for subsequent rounds in the Delphi technique. The rounds were repeated until consensus was reached on the final criteria for the management model. Consensus was reached when five or more of the six participants were satisfied with the criteria.

1.8 IMPLEMENTATION OF FINDINGS

The findings of the questionnaire of the needs for Heads of Department, the Delphi questionnaire, and the literature studies were used to finalise a management model for Heads of Department of the medical school. It is foreseen that, as part of this model, an induction programme for Heads of Department will emanate and the model will immediately be implemented in the Medical School. The research findings were submitted in stages of the research as articles in academic journals. The management model will be

submitted to the Faculty management and the Board with a request for implementation to be used as a management model within the Faculty of Health Sciences.

1.9 ETHICAL CONSIDERATIONS

All inputs received from participants were dealt with confidentially. The Delphi technique provided support to this confidentiality and gave participants opportunities to review their views without any influence from other participants. Only the researcher knew the participants to both the questionnaire and the statement questionnaire, but no information was shared by him with any other party regarding the identity of the participants.

The research proposal was submitted to the Ethics Committee of the Faculty of Health Sciences of the University of the Free State and the Committee approved the proposal. The approval number is ETOVS 183/02.

1.10 ARRANGEMENT OF THE CHAPTERS IN THE THESIS

In Chapter 1 the orientation to the study was addressed. The rationale of the study was spelled out and the aim and objectives listed. The methods and the procedures of the study were briefly discussed. The importance and the value of the study were pointed out. As part of the chapter, certain ethical considerations were also spelled out.

Chapter 2 states the history of academic health, providing background information. It spells out the history of academic health of the past few years, as well as the composition of the platform where we are at the present moment. It continues to spell out the challenges in the different areas for the future to set the framework in which a management model needs to function.

Chapter 3 is a report of the part of the literature study that deals with the needs of Heads of Department. Attention is specifically given to the needs per grouping of Heads of Department with specific reference to management issues.

In Chapter 4 management models are addressed for departments with reference to:

- Types of management
- Definitions
- Types of models
- Frameworks for and approaches to the management of a department.

Chapter 5 deals with factors influencing the management of a department and how these factors have an impact on the models of management.

In Chapter 6 research and methodology are discussed. The chapter deals with the theoretical perspectives on the research methodology, methods and procedures and a summary of the process.

Chapter 7 addresses the key findings of results, including the analysis, interpretation and discussion there of.

Chapter 8 describes the compilation of a model for the management of a department, including the main sections, indicators and the model itself.

In Chapter 9 the final management model is indicated and discussed in detail.

Chapter 10 deals with the conclusion, limitations of the study, further research, and recommendations.

1.11 CONCLUSION

Creating and designing a management model for Heads of Department is a very complex and extended process. The increasing frustration as result of demands made on Heads of the Department with limitations in funding and resources has created a problem, which needs to be addressed. The model is envisaged to help to address this issue. It is also in line with the quality of health envisaged for the future.

Establishing a framework for the management of academic departments in a format of a model will contribute significantly to the management of academic health. The benefit of such a model is to improve the overall management of health; to optimise utilisation of resources; and to improve health services at large. It is in line with the present tendency to improve quality within Health Services. The study provides a guide for the induction of new Heads of Department to ensure that they function optimally and are provided with a model for the management of academic departments.

For such a model to be developed, an analysis of the needs of Heads of Department on management issues had to be determined. This process took into account the present situation within academic health. The model is not supposed to address all the issues in detail, but to provide a model for academic management of departments based on the needs indicated and the academic management models available for such management. The study reported in the form of a thesis here was conducted with this in view. The aim is also to improve the academic lives of Heads of Department.

The next chapter will deal with the history of academic health.

***

CHAPTER 2

"South Africa lies at the crossroads. We have a choice" (Mol, 1990:179).

THE HISTORY OF ACADEMIC HEALTH

2.1 INTRODUCTION

Reference to the future and Academic Health needs to include an analysis of what occurred in Academic Health in the past. The past few years have brought significant changes within Academic Health.

As early as 1996 the Hospital Strategic Project of the National Department of Health indicated that the role of hospitals would be redefined to be consistent with primary health care principles and would include, *inter alia*, classification of the appropriate level of medical care and hospital service provision, as well as the clear distinction of functioning between primary, secondary and tertiary levels of care (Hospital Strategic Project, 1996a:4). The authors developed a comprehensive strategy for transforming hospital management; reviewed indicators of hospital service provision, utilisation and efficiency; and developed guidelines on functions and service delivery for different types of hospitals and levels of care.

As far as Academic Health is concerned, it is necessary to refer to level III and IV institutions, as well as medical schools as part of Academic Health. The Hospital Strategic Project defines level III care as care requiring the expertise of clinicians working in a subspecialty or in a rare specialty, e.g. surgery that includes the specialties of urology, neurosurgery, plastic surgery and cardiothoracic surgery (Hospital Strategic Project, 1996b:6). The expertise provided by subspecialties, including services that are much newer, require

special expertise and highly expensive technology and, as a result, is found only in one or two centres in the country and forms part of level III services, are defined as level IV services. This was the platform created for Academic Health as part of service rendering in the mid-1990s.

The main aim of the Hospital Strategic Project was the formulation of national affordable guidelines for planning to facilitate the restructuring of an inefficient, fragmented, inequitable hospital-centred health service to an efficient, integrated, decentralised, equitable and comprehensive health care system which is supportive of the primary health care approach.

Significant changes have taken place over the past eight years since 1996. Academic Health has gone through a process of change since the political change in 1994. This had major implications on the rendering of Academic Health services in South Africa (FS DoH, 1994:4). The specific indication of the RDP on health, as well as the integration of formerly Black and White hospitals, had a major impact on Academic Health services at large.

The management process of change includes specific issues (Hospital Strategic Project, 1996a:7) such as structural, financial, human resource and referral pattern changes. To take note of these changes, one needs to identify the different levels of Academic Health. There are five major levels, which can be identified as part of the change process of Academic Health:

- Service delivery.
- Academic research.
- Academic education and training.
- Academic management.
- Academic financial management.

At service delivery level, the National Health policy changed from a hospital-centred approach to a primary health care approach with changes in in-patient profiles, referral patterns and the availability of funding for the different levels of service (RSA DoH, 2001:11). This brought about a focus on clinics away from hospitals in service delivery. On the academic training and education level the policy, as spelt out in the *White Paper for the Transformation of Health Systems* in South Africa (RSA DoH, 1997:38), emphasises the recruitment and development of personnel competent to respond to the health needs of the people they serve. The restructuring of service delivery along with the changes in health needs of society resulted in medical schools changing the medical curriculum for undergraduate medical students to ensure appropriateness of education and training.

The management of change is a managerial task challenging the manager in all fields of Academic Health, with the specific challenge that lies in academic and service delivery management. The due importance of this must not be underestimated.

The major aspects in Academic Health in the Free State Provincial Administration which need to be addressed to change the Academic Health services in order to perform better, are:

- The issues of restructuring of levels of service.
- Together with a new financial plan, the restructuring will ensure financial responsibility and accountability.
- The implementation of managerial process.
- The increase in focussed need-based research.
- New education and training programmes.
- Financial management.

Slabber (1990) already indicated in a letter to the president of the South African Medical and Dental Professions Board that the National Department of Health needs to work with universities to establish a management model for academic hospitals. This was a model that was already identified in his days, namely to have new management within academic hospitals and the management model for Heads of Department.

It was already indicated in this letter that our problems were experienced as major problems, e.g. the delays in appointments with personnel; problems concerning creating new posts; as well as inappropriate requirements for appointments and shortages of posts. Regarding finances it was indicated that there were insufficient financial control, inappropriate determination of priorities, and a shortage of funds. Regarding the issue of management, an autocratic non-participative management style, as well as insufficient powers and responsibilities delegated to institutions and Heads of Department were indicated as major problems. With regard to procurement it was mentioned that there were delays and an inappropriate ability to handle crises. With regard to services it was indicated that the overload of services with too many patients with insufficient time for teaching and research was one of the problems that looked at establishing a management model for academic institutions and Heads of Department.

On the 31st of January 1990 the Cabinet of South Africa decided that an investigation should be conducted at academic hospitals with a view to the following:

- The establishment of increased management autonomy.
- The establishment of procedures to place the relationship between academic and service function on a firm footing.
- The creation of financial and personal procedures that link with the above-mentioned two.

- That this investigation be done by the Department of National Health and Population Development with the assistance of the Commission of Administration and the Department of Finance (Slabber 1990).

On the 29th of August 1990 the Cabinet further approved that a new management model be implemented experimentally at academic hospitals (Venter, 1990:6). It is important to identify certain of the definitions are important to identify as part of this submission.

First academic hospitals were defined as:

- An organisational complex consisting of a Medical Faculty, one or more academic hospitals in some cases, additional partly independent research institutes.
- Academic hospitals: A hospital making provision for comprehensive health services ranging from general practitioner services to the most sophisticated specialist services, as well as the training of health professionals.

There were certain points of departure that were requirements for the management model with certain points that are important, for instance:

- As regards that proportion of health care for which the government takes responsibility, the government must remain politically accountable. Organisational arrangements may not affect political accountability. Administrative and political responsibility and accountability are interlinked, therefore any arrangement for the management of health care must ensure that the line of accountability is not disturbed.

- The Medical Faculty is part and parcel of the university. The University Council and Senate are responsible and accountable for research and teaching.
- Academic hospitals are an integral part of the total health care system. These hospitals cannot be seen in isolation. Their outputs must be co-ordinated with the outputs of other parts of the total system.
- Any arrangement affecting the organisation and/or management of academic hospitals must always take into account that the academic complex is a joint operation with three functions, namely health care, research and training.

According to the points of departure as regards management, it is important to mention the following issues:

- Organisational arrangements must ensure and enhance efficient management. The arrangements must ensure maximum output within the limits of affordable resources.
- Efficient management requires the appointment of efficient managers. These managers must develop clear, quantifiable management goals/objectives and must create an environment in which sound management is possible.
- A prerequisite for an environment that promotes sound management is that the chief executive officer and other managers, including Heads of Department, must as far as possible have as much direct control over the resources needed to execute their functions. They must have maximum management autonomy.
- The opposite side of the coin to manage autonomy is responsibility and accountability. This is true for all levels of management and not just for the chief executive officer.

Criteria that were already set in out by Slabber's document in 1990 for the management model were the following:

- The mission and goals of an academic complex must be clearly defined and accepted by health authority and the university.
- The balance must be established between health care research and training.
- An environment for efficient management and financial administration must be created.
- Management autonomy must be enhanced. The emphasis must shift from the centralised management practices to decentralised management autonomy. This requires the delegation of responsibility and power.
- Unity of control is essential. Unitary control structures enhance loyalty and purposeful actions.
- Although it is accepted that the comprehensive health services are rendered in the academic hospital, a system of referrals must be implemented. An appropriate spectrum of patients are required for training. On the other hand, an uncontrolled influx of patients must be prevented.
- International academic alliances must be maintained and expanded.
- The unique circumstances prevailing at each academic hospital must be acknowledged.
- Expert and efficient supporting services must be available locally. This includes the staff functions (personnel, finances, logistics, etc.).
- The management of the hospital must meet the demand for appropriate norms for professional management.

The proposed management model that was envisaged was a complete autonomy as far as possible, although it was envisaged that this was not possible. Different degrees of autonomy were set to be granted as a vision. On the one side of the spectrum, they had a model similar to that of the research councils. This model made provision for the statutory council with extensive responsibilities. This model required that universities and health authorities had to renounce certain of their present functions and responsibilities. The statutory council would have performed certain functions that were at present functions of the university council or the executive committee of the Provincial Administration.

Two problems were envisaged regarding this model. First was legislation which is required to transfer the responsibilities to the council and the second problem was a problem of the position of the present personnel, as they might only be transferred from one employer to another employer with their written approval.

It was also an important vision that the executive management, which includes Heads of Department, would have certain responsibilities, namely:

- To take the lead in determining the strategy and policies of the hospital.
- To motivate subordinates, especially with regard to the principles of decentralised management.
- To compile budgets and five-year projections.
- To implement efficient management information systems.
- To implement cost-control measures.

These were some of the views that were expressed in Slabber's letter as Director-General of the National Department of Health, to Dr Bekker, Chairperson of the Medical and Dental Board. This never materialised despite the problems of management that continued after 1990.

In the letter to the Director-General, Nel (1992) addressed his concerns about the project report that had been handed out to everybody and circulated on the decentralisation of management. The management of the university as well as the Faculty of Medicine was not part of the process at that stage and, at the end of the stage, it was not implemented as a management model because of problems and the change of government in the country.

2.2 WHERE ARE WE NOW?

Academic Health originated in a separate academic hospital; old departmental-based curricula; and academic research focussed on academic achievement with an abundance of money. It developed to a position of integrated service-delivery with specific reference to a primary health care approach, the separation of levels of service, a new integrated curriculum – i.e. research focussed according to need and contract research - and financial constraints with limited budgets.

Academic Health centres bring a unique and special set of values to health care. It is important that the business model for Academic Health centres needs to meet a high threshold of performance to fulfil its special role in society. The private and public resources of Academic Health should be clearly identified. Societies should decide what they choose to support and to know that such support is being used for the intended purposes. One of the challenges in doing this is defining private vs. public resources in order to determine what should be subsidised with public funds. Public resources such as clinical research, public health measures, and national research should be fully financed with public funds.

As part of the process to determine where we are at the present moment, it is important to address certain issues. According to the National Academic Press (2002:1), the first issue which should be addressed is to meet the societal needs and expectations over the coming decades in the following areas:

- An educated and trained professional workforce.
- Assessment of the value and cost-effectiveness of new technologies and facilitation of their dispersion.
- Provision of health care services to populations dependent on them, e.g. the poor and uninsured.
- Provision of leadership in relation to ethical and societal aspects of health.

Second, Academic Health services need to carry out their multiple functions in an effective and efficient manner. Third, Academic Health services need to identify steps which can be taken by themselves and communities, policy-makers and others to maintain enhanced performance of these services. Fourth are issues like access to the development, contribution and performance of Academic Health in teaching research and technology development; patient care, including the provision of specialised care; and community services, including caring for underserved populations.

Rapid changes in the information technology and biomedical advances in health care are likely to affect all the current roles of Academic Health (National Academic Press, 2002:1). In terms of patient care, the demands of caring for a population with chronic conditions are expected to rely on the use of interdisciplinary teams in order to deliver the set of services needed by such a population and improve both the quality and efficiency of care. In terms of the educational role, interdisciplinary approaches could train people in the types of teams in which they will be expected to work. In terms of the research role,

advances in biomedical sciences, especially genonomics, could influence the demand for interdisciplinary approaches to conduct the research and apply its results, including inputs from non-health disciplines.

Reinhardt (2002:4) suggests that the private for profit model in the private sector could serve as a model for the management of Academic Health centres. The ability of the marketplace to discipline organisations and create wealth is evident in other industries and offers lessons for the management of complex organisations such as Academic Health centres.

Goldsmith (2002:5) emphasises three points in his address on the roles of Academic Health centres in the 21st century and indicates that Academic Health centres are very vulnerable to the economic cycle. The "health" of Academic Health centres is dependent on the vitality of the general economy and the government. In times of economic recession, many effects are possible, all of which could potentially harm Academic Health centres to the extent that the budget cuts may hurt the Academic Health service centres; hence the need for safety nets. At the same time the number of uninsured patients may grow. The private industry as employer may also change its benefit structures with a recession in response to the rising health care costs. As a result, patients may have to bear a greater portion of health care costs. Goldsmith (2002:6) also indicates that there will be a shortage of health professionals, not due to an increased demand for health care services, but rather because of the earlier retirement of physicians who are currently part of the "baby boom" generation. This group of professionals is burnt out and additional increments in salary will not be sufficient to address the demands of the practice today.

As Academic Health centres are faced with having to expand their training programmes, a significant source of pressure will be exerted in the recruiting, training and funding of these expanded functions. The next issue is related to

technology. Both information and biomedical technologies will require a rethinking and retooling of health care delivery. One of the major advances in information technology has been the maturation of the electronic medical record. This will be more than a passive digital replication of the written medical record. Instead, the electronic medical record will be a guidance and decision support system able to find, acquire and deliver both patient-specific and comparative information to the bedside.

This is like trying to rewire a car while it is running (Goldsmith, 2002:5). Thus it is important to identify that Academic Health centres in South Africa are experiencing major change as a result of the effects of managed care, reduced rate and growing expenditure on health services. In addition to restructuring of the clinical services, academic centres are being challenged to sustain their academic mission and priorities in the face of resource constraints. In order to tackle these challenges, institutions need physicians in administrative positions at all levels who can provide leadership and thoughtful managerial initiatives. Some of these initiatives will be making organisational shifts in order to streamline management. Centres of emphasis and excellence can be formed. Each would have to be formed to be multidisciplinary and integrated within the school, the hospital and the department. In the process of change it is therefore important that the schools of medicine focus on identifying the core competencies, and specifically provide potential access to a wide variety of markets, as well as utilise and build on these core competencies for the future.

These core competencies will lead from competency to core products. Porter (1996:74) states that a company can outperform rivals only if able to establish a difference that it can preserve. The aim to establish a competitive advantage within the market must drive both competitive advantage and sustainability. It is also indicated that the competitive value of individual activities cannot be separated from the whole. Strategic positions should have a horizon of a decade or more, not of a single planning cycle. It is therefore important to

move towards the next phase, and that is to establish academic health by 2010 as a future challenge.

PriceWaterhouseCoopers indicates in its document *Health Cast: Smaller World Bigger Expectations* (1999:3) that there are three forces of change, viz.:

- An empowered consumerate creates impatient patients.
- E-health adaptability equals survival.
- Genomics shifts health care from cure to prevention.

Within these three forces there are four future trends, viz.:

- Health insurance trends are converging in the United States, Canada and Europe.
- Health processes are becoming standardised.
- Workforces must adapt to technology and consumerism.
- Ageing, technology and consumerism create difficult choices.

PriceWaterhouseCoopers (1999) goes on to indicate that there are 12 implications of all these trends, viz.:

- Health care organisations that are consumer-friendly will be winners.
- Organisations must distinguish between themselves through brands.
- Service and speed will be the key to customer satisfaction.
- New e-business models will emerge and challenge traditional medicine.
- The race for capital will hinge on the ability to demonstrate equality, efficiency and customer focus.
- Resources must be reallocated to retrain the workforce.

- Functional silos in health care must be eliminated and replaced with seamless service.
- Payers must stress prevention, because early detection and intervention will cost more.
- Consumers will want more and will not be prepared to pay for it.
- Ethical dilemmas will accelerate for consumers, providers and purchases.
- New opportunities for private health insurers outside the United States will expand rapidly.
- Medical professionals need to work towards global standards of medical treatment.

The implementations of these forces are powerful. Some of the national achievements which should be mentioned are the following (FS DoH, 1999:7):

- Substantial improvement in antenatal care.
- Improvement in laboratory services and turn-around time.
- Improvement in the use of direct observation treatment system (DOTS) for tuberculoses (TB) patients.
- Improvement in the infrastructure in fixed clinics.
- Slight improvement in TB and sexually transmitted disease (STD) care.
- Moderate improvement in family planning and post-natal care of the DoH.

Let's move on to the future challenge!

2.3 FUTURE CHALLENGES

The future challenges can only be dealt with if one focuses on the different areas. Specifically, one needs to focus on service delivery, research, health

education and training, Academic Health management, professionalism and financial management. The areas will no be discussed to some extend.

2.3.1 Service delivery

Service delivery is an enormous challenge at all levels including Academic Health in the future. It is important to finalise the restructuring of the different levels of health services and to specifically identify what is meant by the term "Academic Health".

Service delivery is part of management and has an important role as part of the management of a department. With regard to the issue of service delivery the following challenges will have to be addressed:

2.3.1.1 AIDS

Acquired Immune Deficiency Syndrome (AIDS) is the most important threat to health services in South Africa and needs to be addressed as soon as possible with academic involvement as part of the interaction. Academic research also needs to be focussed on avoiding this disaster within health.

2.3.1.2 Trauma

Trauma is very important in a country like South Africa with a crime wave and high motor accident rate (*cf.* 5.3 and 9).

2.3.1.3 Outreach

After the establishment of Academic Health as the platform for rendering Academic Health services, the aspect of outreach needs to be defined. Outreach is by definition where a department or health discipline renders

a service at a lower level. As part of academic resource shift and the decrease in resources for Academic Health, a process of outreach needs to be implemented so that the secondary hospitals can also be used as part of the academic platform for training.

2.3.1.4 Customer satisfaction

It is important to address customer satisfaction within Academic Health services. The same principles as in the business world need to be implemented. Kotler and Armstrong (1996:667) indicate that customer satisfaction is all about:

- Being flexible to meet customer needs.
- Accommodating customer time schedule.
- Handling requests and complaints promptly.
- Training employees to motivate.
- All employees being part of the customer service team.
- Suggesting a wide variety of options to customers.
- Conducting market research so that there is awareness of customer expectations.
- Providing customer tailored service.
- Training your staff on your complaint handling policy.
- Follow up on customer contracts.

These issues need to be implemented as part of customer satisfaction within Academic Health care for the future.

2.3.1.5 Accreditation

It is important to accredit all functions within Academic Health. This includes services, laboratories, as well as teaching. The accreditation of services will be done through the Council of Health Service Accreditation of South Africa (COHSASA) and the Universitas Hospital is currently engaged in this process. The Health Professions Council of South Africa (HPCSA) already accredited the undergraduate training in part and accredited the postgraduate training in 2003.

The accreditation of laboratory services is also implemented in one of the laboratories at the Academic Health services in the Free State and this needs to be extended to other laboratories. Research accreditation is very important as well. Research accreditation needs to be done on standard operating procedures as well as on ethical guidelines and practices. This can be done as part of future research, the COHSASA and other processes and research focussed by professional bodies.

Improving quality of health care is a key national challenge that was identified for the next five years and beyond (RSA DoH, 2001:5). The National Health system, which in this document is the term used to describe the combined public and private health sectors, absorbed over 8% of the gross national product (GNP). An average of 60% of the total health spending is in the private sector providing care to 20% of the population. Any national policy must therefore include both private and public sector issues and by so doing contributes towards strengthening the partnership between the public and the private sector.

Many problems regarding quality have been identified, including disregard for human dignity; under-use of health care services; overuse of services; avoidable errors; and variation in services. These

shortcomings endanger the health and lives of all patients, add cost to the health care system, and reduce productivity.

Efforts by public and private sector stakeholders have helped to identify problems and initiated the process of finding solutions. What is needed now, is a national commitment to measure, improve and maintain quality care for all citizens.

2.3.1.6 Services

Many challenges exist in health services. The challenges within services are as follows:

- To increase the availability of primary health care services including emergency, curative and preventative care and laboratory services.
- Other areas that require focus in the future will be infrastructure; referral patterns; drug availability; supervision of clinics; the number of patients consulted by nurses and doctors; and drug distribution.
- Provision of adequate tertiary care while the cost is rapidly escalating and there is pressure on the budget of central hospitals.
- Creation of mutual supportive organisational structures.
- Strategies and systems to bring out the best in everybody involved in resources in the faculty, hospital and department to the benefit of the community of the Free State.

2.3.2 Research

Academic research in the School of Medicine (UFS) has been stable with limited increase in output over the past few years. The number of academic articles produced indicates this trend. In 1996 the number of research articles published in journals was 25, with 90 in 2000 (UOVS/UFS, 1996; UOVS/UFS, 2000) for the School. The most alarming aspect regarding research is contributions to chapters and books. In 1996, the Medical School, Faculty of Health Sciences, UFS, contributed to 49 chapters as opposed to only eight in 1999. This links up with recent research performed in the Faculty by the Academic Group Practice, indicating that the following factors are important contributors to a lack of research, viz.:

- Workload.
- Increased lecture load.
- Organisational issues.

To establish a research environment for Academic Health for 2010 one needs to establish a process where people will have the infrastructure to perform academic research that is needed and focussed according to these needs. This research needs to address some of the major issues in the country and also needs to be work-related. Contract research can, in addition, play an important role and will be discussed as part of the financial challenge.

2.3.3 Health education and training

Sawyerr (2002:1) indicated that South African universities needed to redefine relevance in ways consistent with their social mandates in

current circumstances and spell out the duties facing those seeking to restore the broader social goals of higher education to the reform process. This duty should involve constituency building so that the stakeholders become aware of the linear effects of the factors currently dominating on-campus awareness; creation of the social goals of higher education; the form and consequences of the current assault on these; and the need to take the struggle beyond the campus.

The role of interaction, communication and education through the system of interactive communication medium (ICAM) needs to be developed as part of the educational academic platform. Students need to be seen as customers and need to be included in the same processes as required for other services on customer satisfaction.

Harden (2002:1) indicates the following in his vision of the future and challenges facing medical schools:

- Transforming how students learn.
- Sharing expertise and resources.
- Delivering higher quality and financially sustainable programmes.
- Increasing access to medical education.
- Working in partnership with continuing education.
- Providing leadership in medical education.

The real challenge for the Medical School, Faculty of Health Sciences, University of the Free State, lies in the outcome and product of the new curriculum. The impact of the new curriculum has been enormous with an increase in workload because of the intensity of preparation for resource-based learning and assessment as well as the parallel medium

education principle that is implemented. The transitional time of having two curricula had it's impact on all resources because of the overlapping of the curricula. It is important to take note of the challenges of global trends within Academic Health Education as indicated by Harden (2002:1).

2.3.4 Academic management

A debate on health management and leadership matters is urgently needed. Leadership development itself needs to be well led if added value is to be achieved from the many activities already in existence or planned. There is a variety of ways of delivering leadership development and there is no reason why this should not be subject to evaluation. In other words, the whole field of leadership development in Academic Health needs to move up a gear to face the challenges of the future.

It seems that there is a conceptual fuzziness among all stakeholders on such matters as the difference between leadership and management, i.e. the distinction between managerial and clinical leadership and the relationship between them; understanding of transactional and transformational leadership approaches; and the contrast between commands and control and shared/distributed leadership. There appears to be a strong need for much greater definition and coherence for joint thinking and action in the leadership field over such matters as:

- the overall purpose of leadership development;
- the underlying conceptual framework;

- where the balance should lie between developing existing and future leaders;
- what the balance between transactional and transformational leadership should be;
- the differences and similarities between leadership in clinical and managerial settings; and
- issues of equivalence between leadership in smaller and larger organisations in the context of generic programmes (Edmonstone, 2001:34).

Equity and transformation as part of the managerial process are also important to Academic Health. This needs to be implemented with an appropriate human resources plan and a vision of the way forward.

As part of management it is also important to establish a motivational climate and to address the issues of unhappy professionals. Inadequate remuneration and an excessive workload are perceived to be causes for unhappiness. However, evidence from systems with satisfactory remuneration and longer consultation periods suggests that these factors are not sufficient to ensure high morale. Several other causes are probably the result of changes in the expectations of patients, government and employers and there may also be causes within medicine itself.

The developed world has experienced a significant reduction in medical autonomy and an increase in accountability as a result of the increasing move to evidence-based education and a long-standing attempt to bring medicine under managerial and cost control by governments, consumers and employees. This has resulted in the increasing use of guidelines, protocols, audits, regulations and inspections that many doctors perceive as eroding their control over their professional lives.

Although there are benefits to these changes having control over work, it is important to establish job satisfaction for clinicians (Edwards; Kornacki & Silversin, 2002:835).

The challenge will be to implement a motivational climate in the Medical School, UFS (Van Zyl, 2002:15).

2.3.5 Professionalism

The international trend is to improve professionalism within the Academic Health sector. The principles of professionalism are the following (Cruess, Cruess & Kambali 2002:16):

- Prime importance of patient welfare.
- Patient autonomy.
- Social justice.

This requires a commitment to the following:

- Professional competence.
- Honesty with patients.
- Patient confidentiality.
- Maintaining appropriate relations with patients.
- Scientific knowledge.
- Professional responsibility.
- Improving quality of care.
- Improving access to care.
- Distribution of resources.
- Managing conflict of interest.

It is important that Academic Health in South Africa also follows this global trend of improving professionalism for professionals in the future.

2.3.6 Private medical industry

Where are we going to be in the private medical industry in eight years' time from now? There is an increased tendency to underinsure or not to insure, in addition to employers struggling to meet contributions or looking at alternatives.

Medical aids are struggling to balance the services offered as a package with contributions of members. Are we going to have a National Health insurance model? If so, must we not use the funds presently available to upgrade the facilities that will be used in a National Health insurance model rather than wait until we are forced to move to such a system? What will this impact be on the academic health services and the management thereof? This needs to be taken into account in the development of a management model for Heads of Department.

2.3.7 Financial management

With the limitation of and decrease in resources and funding there is an urgent need to establish a platform for Academic Health that will provide financial sustainability. Part of the contribution to the sustainability can be through the following:

- Public-private partnerships.
- Having an affordability model within Academic Health.
- Entrepreneurial activities.

- More focussed contract research.

As part of financial management, all stakeholders involved in Academic Health need to be committed to the concept of Academic Health and its appropriate funding.

The position of Academic Health as a national and provincial asset is not disputed at the present moment. The funding basis for these services needs to be finalised. It is important to indicate that, because of the country we live in and the economic means, we only have one chance to do it, and that is to do it right!

2.4 CONCLUSION

In conclusion, as far as Academic Health and the future challenges are concerned, it is the view that the Free State and the Medical School within the Department of Health and the University are in a strategic position due to:

- restructuring our services;
- implementing a new curriculum;
- establishing a culture of research;
- a process of professionalism; and
- an attempt to sort out a model for financial sustainability for Academic Health.

The vision for the future is to take these challenges and to seek strategic alliances; establish entrepreneurial activities; enhance the strategic position; and create a sustainable competitive edge over other universities and departments.

In order to attain these goals, some of the issues, which need to be addressed are the following:

- AIDS.
- Trauma.
- Equity and transformation.
- Academic research.
- Customer satisfaction.
- Public-private initiatives.

As part of the whole process it is envisaged that this will be done through a visionary leadership that will take the process forward and which will take us into the next term of Academic Health.

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CHAPTER 3

"The future belongs to those who believe in the beauty of their dreams".

- Nelson Mandela.

NEEDS OF HEADS OF DEPARTMENTS

3.1. INTRODUCTION

"Don't worry be happy". This is a contemporary saying used on a daily basis. It is, however, not that easy if you are talking about the working environment of an individual. Job satisfaction is an important factor in the daily lives of everybody. Staw (1996:396) indicates that it is an important issue to manage and that organisations must take the responsibility to see to it that employees are both happy and productive. He further indicates that the ideal situation is where both the workers and the managers are satisfied with the outcomes. To do this, we need to increase our knowledge of work attitudes and behaviour. Much has been written about job satisfaction and performance. There is a great deal in the literature indicating and trying to establish a link between performance and job satisfaction. Other issues that are linked to job satisfaction and performance in the literature are motivation and attitudes. A great deal has been said about these four factors and a significant number of studies have been done to try and establish a link among these four factors. The relationship between satisfaction and production is also relevant. Some of the literature aims to indicate that a relationship does exist between satisfaction and productivity. The experts want to make out that you are either happy and productive or unhappy and unproductive. This is not as easy as indicated in the literature. One has to look at these aspects by way of an academic research as well as in a practical application way.

Commitment can support job satisfaction, as indicated by Luthans (1998:148). The author indicates that commitment is needed and special attention is necessary for issues, especially in the downsizing and re-engineering environment. Organ (1996:386) states that there are numerous people who do not support the proposition that there is a relationship between the variables job satisfaction and performance. He also indicates that one of the means of reconciling to discrepancies in performance outcomes lies in the various meanings that might be attached to the definition of performance. It is also well known that organisations which have more satisfied employees, tend to be more effective than organisations with fewer satisfied employees. Robbins (1996:194) maintains that, although there is a link within organisations between satisfied employees and effectiveness, it may be seen that studies investigating satisfaction caused by productivity are focussed on individuals rather than on the organisation and that individual measures of productivity do not take into consideration all the complex actions in the working process in that organisation. Staw (1996:407) indicates that we need actions that are flexible enough to allow for mistakes and adjustments along the way and that we do not see the issue of performance and job satisfaction as an academic process to try and link these processes.

Wilson and McLaughlin (1984:342) assert that traditionally faculty members and Heads of the Department need to perform some combination of research, teaching, patient care and administration. To be sure, the triple-threat academic who is superb at research, teaching and patient care is rare according to them.

McCormack (1984:61) mentions that managers need to be focussed. He warns that they must not be greedy or pushy or impatient, but that they need to keep looking for the competitive edge. Identifying and taking up the competitive edge is very important for managers. It will eventually show itself and when it does, be ready to do whatever you have to do to take it.

It is important to clarify the issues of job satisfaction, motivation and performance. The influence of these factors on one another is important. Perhaps it is all about: " Don't worry, be happy".

3.2. NEEDS OF HEADS OF DEPARTMENT

In the working environment job satisfaction is a very important issue. There is a direct relationship between job satisfaction and things like working conditions, productivity, turnover, absenteeism and stress. Coetsee (1996:53) emphasises that job satisfaction is a result of productivity and performance, while performance is the product of potential, commitment and a motivational climate. The definitions of "job satisfaction" are very interesting and must be taken note of. Byars and Rue (1991:301) define job satisfaction as an individual general attitude about a job.

Other definitions for job satisfaction are:

- A pleasurable or positive emotional state resulting from the appraisal from one's job or job experience (Author anonymous) .
- Robbins (1996:190) states: "It is an individual's general attitude towards his or her job".

There is also an indication by Luthans (1998) that there are three important dimensions of job satisfaction, namely:

- Emotional response to a job situation.
- It is often determined by how well outcomes meet or exceed expectations.
- It represents several related attitudes.

It is important to know that job satisfaction is output and how you as an individual feel about your job. It is not about the feeling of organisations or a group of people, but an individual's feeling. This is very important in the whole study of job satisfaction. It also has to do with the interaction between yourself as individual, your environment, as well as the processes in which you work. All these factors do contribute to your ultimate feeling about your job. This feeling can be one that is positive and will then be called job satisfaction or one that is negative, which will be called job dissatisfaction. Attitude and specifically attitude towards the working group are very important attributes in job satisfaction. Other things that influence job satisfaction are aspects like general working conditions; attitudes towards the company; financial benefit; and attitudes towards supervision (Byars & Rue, 1991:301). Job satisfaction is furthermore influenced by the state of the mind and by how an individual feels about his/her work. Kreitner and Kinicki (1998:206) indicate that there are predominant models for job satisfaction.

As already indicated previously, satisfaction is a result of productivity and performance. It was also indicated that performance is part of the product of commitment, potential and motivational climate. A motivational climate has to do with motivation and this is where the links between job satisfaction and motivation are. With motivation one needs a motivational climate to succeed. One of the elements of the motivational climate is job satisfaction. The other elements are aligning the commitment of management, employees and effectiveness and efficiency (Coetsee 1996:111).

McDonald (1972:968) relates that his team investigated six navy combat ships. In this study a ship to which the officer is assigned, was found to be a significant predictor of the individuals reported satisfaction and health. This indicates that job satisfaction is also influenced by the environment. Tests have showed that employees most likely to be adaptable, co-operative and productive are those who are satisfied with their jobs. Cranny, Smith and

Stone (1992:89) mention that the level of satisfaction is not only related to the present and the past, but also in the perceptions of the future of an individual. Satisfaction dispels the notion that job stress necessarily leads to dissatisfaction and shows how an organisation should focus on increasing satisfaction rather than just on reducing stress.

As indicated in the previous paragraph, performance does play an important role in job satisfaction. Rolstadas (1995:3) mentions that the modern way to improve productivity is by a process-orientated approach. This involves focusing on the performance rather than the efficiency of a company. It is also clear that satisfaction is the effect rather than the cause of performance. In addition, research rejects the more popular view that satisfaction causes performance. The relationship with other workers is another important contributor to job satisfaction. Employees do need opportunity to grow as well as supervisors who are fair, competent, effective and helpful. Money does play an important role in job satisfaction and, more specifically the issue of remuneration and promotion opportunities.

One needs job satisfaction in an organisational environment to have a desirable outcome. Job satisfaction has an influence on performance problems and ineffectiveness if it is low. The interaction between job satisfaction and organisational commitment is very relevant in the discussion of job satisfaction. It is important to know that organisational commitment is defined by the need to remain a member of an organisation as well as loyalty to that organisation, and acceptance by that organisation.

Because job satisfaction is part of performance and creating a motivational climate is a factor of performance, motivation plays an important role and there is a link with job satisfaction. There is a moderate influence by motivation on job satisfaction if a person is motivated. If a person is motivated, that will increase job satisfaction. The difference between motivation and job

satisfaction is specifically where you can obtain an individual who is satisfied in his job, but not motivated to do the job. This may have to do with the individual's drive or focus. Motivation is a process as an input that an individual creates to drive the transformation process to give output. Job satisfaction, however, is an outcome of a transformation or a process. This is where the difference between job satisfaction and motivation lies. Motivation and a motivational climate are parts of performance. There is much being said about the link between performance and job satisfaction. Organ (1996:387) is of the opinion that one must rather look at the organisational citizenship behaviour of an individual in an organisation than at performance. The two levels are the linkages between organisational citizenship behaviour and job satisfaction and the level of mood as well as social exchange concept. The first level indicates that one must have a feeling and a state of mind to have a feeling of satisfaction within the workplace. The second level indicates that one has a feeling of loyalty and responsibility to work towards satisfaction.

One of the definitions of job satisfaction is the following: "Job satisfaction is the final outcome of an individual that is a result of the inputs of the environment and other role-players as an experience and influence through the process of a work environment. This feeling can be positive, in which case we shall talk about satisfaction or negative, where we shall talk about dissatisfaction. This is a personal feeling of an individual" (Van Zyl, 1998:7).

Wilson and McLaughlin (1984:4) studied academic medical centre management and, according to them, the management can sharpen insights about managing complex knowledge in intensive organisations and generate new problem-solving approaches that have broader applicability. Many management consultants have acknowledged that, according to them, the academic medical centre is the most complex organisation that they have encountered.

As already indicated job satisfaction and dissatisfaction have to do with an outcome. This relies on inputs, which can cause satisfaction or dissatisfaction. The following issues are causes for satisfaction and dissatisfaction:

Table 3.1: Areas that cause both satisfaction and dissatisfaction

Style and quality of supervision	Opportunities to grow
Working conditions	Good supervision
Social relationship	Challenging work
Competencies	Equitable rewards
Job design	Supportive working conditions
Perceived long-term opportunities	Supportive colleagues
Perceived opportunities elsewhere	

Source: Van Zyl (1998:7).

Table 3.2: Results of job satisfaction.

Commitment to the organisation	High performance
Motivation	Productivity

Source: Van Zyl (1998:7).

Table 3.3: Results of dissatisfaction.

Experience of higher rates of turnover	Grievances
Absenteeism	Poor supervision
Tiredness	Interpersonal conflict
More accidents	Poor working environment
Strikes	Poor pay

Source: Van Zyl (1998:7).

Wilson and McLaughlin (1984:4) indicate that Heads of the Department must develop an understanding of how things work in relatively decentralised high technology organisations, populated mainly by professionals and scientists who

deal in the service that is knowledge and information intensive - all taking place in a rapidly changing external environment.

Wilson and McLaughlin (1984:89) outline the functions, responsibility, accountability and authority needed to be clearly understood by senior management.

McCormack states (1984:191) that dealing with employees is very important. This is a crucial component of management. Managing for consistency where people are involved constantly demands assistance. He goes on to say that sometimes you have to build people up and sometimes you have to bring them down. There are four general philosophies for dealing with employees:

- Pay them what they are worth.
- Make them feel that they are important.
- Make them think for themselves.
- Separate office life from social life.

The author (McCormack 1984:206) goes on to say that, in order to get things done, there are a few issues that need to be managed including time management; an organisational system needs to be in place; stick to your schedule; delegate according to personalities; handle phone calls appropriately; deal with internal and external meetings accordingly; know your own work habits and learn to say no, even when it hurts. Other issues that need to be managed are:

- Have a decision-making process which includes the following:
  - The seat of the pants factor – where it is indicated that the decision-making process is more an intuitive process than an analytical one and that no amount

of market studies, focus groups or research reports is going to change the fact.

- Look around the fringes.
- Look beyond the fringes.
- Elephantine decision-making.
- Go with the first impressions, but let them settle in for a period of time.
- Good decisions are self-fulfilling.

♦ Office communication.

♦ To write or not to write.

♦ To accord for future references.

♦ To confirm an understanding or to get down to the complex set of facts or numbers, it is important then to write.

♦ Streamline your office.

3.3. NEEDS PER GROUPING

Nicholson (2003:57) refers to managers who are good if they can motivate their subordinates with the power of their vision. They can also motivate individuals with the passion of delivery and the compelling logistics of their reasoning. As part of the whole process, one needs to have a system of proper incentives implemented. One of the conclusions of Nicholson is that people can only motivate themselves.

The main issues of satisfaction and dissatisfaction were tabled as part of a study and the individuals were requested during the structured interview to score the importance of their satisfaction or dissatisfaction. The importance of satisfaction versus dissatisfaction is illustrated in Table 3.4. The scoring was treated as follows: 1-3 = not very important; 4-6 = important; and 7-10 = very

important. The issues of dissatisfaction versus satisfaction were the following (Van Zyl, 1998:21):

Table 3.4: Importance of satisfaction versus dissatisfaction.

Person	Satisfaction		Dissatisfaction		**Result of Dissatisfaction**
	Issue	**Score /10**	**Issue**	**Score /10**	
1	Work environment	7	Language policy	8	Frustration
	Management	6	Community involvement	5	No Acceptance by community
2	Benefits	9	No support from manager	8	No motivation
			No recognition	9	Feeling of failure
3	Management	7	Increased workload	8	Tired
	Training	8	No salary adjustment	10	Not motivated
			Affirmative action policy	7	No trust in leaders
4	New Outpatients Building	9	Overtime payments	10	Low productivity
	Management	5	Suggested stop of Limited Private Practice (LPP)	8	Not motivated
			With motor scheme	6	Frustration
5	Type of operations and work	9	Allocated office space	8	Disappointment
	Communication in hospital	7	Restructuring process	10	No commitment to process
			Red tape	6	Frustration
			Implementation of stringency measures	9	No motivation to be productive

Table 3.4: Importance of satisfaction versus dissatisfaction (Continued).

6	Legal work	7	Allocated funds	8	No motivation
	National role and inputs	6	Increased workload	9	Stress
			Problems with direct supervisor	10	Frustration

Source: Van Zyl (1998:21).

What supervisors can do, is create circumstances in which they can nurture inherent motivation. There are several aspects that need to be taken into account for the motivation of personnel, namely:

- To identify and establish that everyone has motivational energy.
- This energy is often blocked in the workplace.
- Removing blockages require employee participation.

One of the most common workplace complaints is that supervisors do not deal with poor performers. This needs to be addressed. It is important to investigate energy in these difficult people and to turn them around. With this rehabilitative employee and a motivated person, you will have a more productive organisation and set a tone for the rest of the organisation.

Herzberg (2003:87) indicates that the opposite of job dissatisfaction is not job satisfaction but no job dissatisfaction. He continues to refer to the motivators within the workplace and says that there are steps that managers should take in instituting the aspect of motivators with their employees, namely:

- To select jobs in which the investment in employees and the motivation of the same employees will make a difference in performance.
- To approach these jobs with the conviction that they can be changed.
- Brainstorm a list of changes that may enrich the jobs.
- Screen the list for generalities such as “give them more responsibility”.
- Screen the list to eliminate any suggestions.
- Avoid direct participation by the employees whose jobs are to be enriched.
- Be prepared for a drop in performance in the experimental group in the first few weeks.
- Expect your first line supervisor to experience some anxiety and hostility as a result of the changes you are making.

After a successful experiment, supervisors will usually discover/discuss the supervisory and managerial functions they have neglected and will try to correct them. This has been called the employee-centred style of supervision and it will come about not through education of supervisors, but by changing the tasks that they do. This will ensure job enrichment, which will not be a one-time proposition, but a continuous management function. The initial changes should last for a very long period of time.

3.4. REFERENCE TO MANAGEMENT ISSUES

The management of both undergraduate and postgraduate education has been one of the main areas of growth in the responsibility of the Heads of Department in Medical Schools. Standards are part of the needs of Heads of Department to help with the management of education. The World Federation

for Medical Education (2003) sets as global standards in medical education, management of education as one of the most important responsibilities. The improved health of all people as the main goal of medical education has been set. The World Federation for Medical Education represents all medical teachers and medical teaching institutions and it undertakes to promote high scientific and ethical standards in medical education, initiating new learning methods, new instructional tools and innovative management of medical education. It sets the purpose to provide a mechanism for quality improvement in medical education in a global context to be applied by institutions responsible for medical education (World Federation for Medical Education, 2003:3).

Additionally, the World Federation for Medical Education sets standards throughout the continuum of medical education. These standards are foreseen to have the same level of status as accreditation instruments. These standards cover three medical education phases, namely:

- Basic medical education.
- Postgraduate medical education.
- Continuing professional development.

The international standards set are applicable to medical education and can be defined. These standards take account of the variation and context as well as the purpose of medical education among countries as a result of differences in teaching, tradition, culture, socio-economic conditions, the health and disease spectrum, and different forms of health care service delivery. Standards clearly emphasise that there can be benefit in fostering uniformity of education and can address the needs of Heads of Department.

The use of the standards will be applied in the following cases to help Heads of Department in their need to manage education (World Federation for Medical Education, 2003:7):

- Self-evaluation of programmes.
- Peer review.
- Combination of self-evaluation and external peer review.
- Recognition and accreditation of standards.

Areas defined as broad components in structure, process and outcome of postgraduate medical education and training cover the following (World Federation for Medical Education, 2003:8):

- Mission and outcomes.
- Training process.
- Assessment of trainees.
- Trainees.
- Staffing.
- Training settings and irritation resources.
- Evaluation of training process.
- Governance and administration.
- Continuous renewal.

Accreditation will be largely part of the responsibilities of Heads of Department in medical schools. It is therefore important for Heads of Departments to

ensure that they are aware not only of the global trends in education, but also of their specific responsibilities within a medical education framework.

At the International Hospital Federation Conference in Melbourne in November 1997 (Van Zyl, 1997:8), the question was asked if university hospitals were ivory towers or fighting for academic status. The problems of university hospitals mentioned during the discussion in the opening session under the chairmanship of Dr F Siem Tham are the following:

- Education and research.
- Medical services influencing teaching hospitals.
- Funding of research and clinical services as problems.
- Academic hospitals versus teaching hospitals where academic hospitals have active research programmes.
- If teaching hospitals form part of the national health care, they must be funded with overarching interests.
- The teaching hospitals are blamed for using money and functioning in isolation.

A further question that was asked at the conference was: Do university hospitals have a common academic mission? After a debate in the opening address, it was indicated that academic hospitals do have an academic mission.

It was mentioned that university hospitals have traditional activities, namely:

- Teaching activities.

- Basic biological and applied research.
- Patient care.
- Tendency to treat complicated/difficult cases.
- Adoption of most innovative technology.
- Promotion of evidence-based medicine.
- Revolving ethics issues/problems to health care.
- The mission is related to social benefits.
- Establishing the benchmarks regarding the efficiency and quality of health care delivery.

It was furthermore indicated that health care transformation has an impact on academic medical centres and this needs to be looked into. Transformation needs to address managed care, which must have clear economic success. The cost must be flattened out and national spending growth on health care must decrease.

In summary we do need an increase in public concern for academic health care and, with the increasing liability in hospital care, one needs to look at this issue carefully. Numerous members indicated the impact of cost pressures on academic health care and the in-patient volumes of academic health complexes that are decreasing. It was also mentioned as part of the discussions that surpluses per facility are declining and that research is threatened by cost and managed care.

Already at this stage in 1997, it was the view that the academic hospitals and universities needed to establish strategies of academic health complexes which included the managing of the markets with specific reference to a relationship

with primary health care, risk management and multi-hospital systems. An issue identified was managing values with focus on decreasing in unit costs, cost networks and contracting. Reference was also made to costs that remained comparatively high that needed to be addressed, especially the perceptions surrounding these costs. Members also indicated that one needs to have a launch of very effective cost-decreasing actions to curb costs for academic health. The third issue that was listed together with managing markets and managing values, was managing change of academic institutions.

The role of Medical Schools has changed and some of the world leaders in academic health are of the opinion that if Medical Schools once devoted to the primary health care approach and the implementation thereof and primarily focus on educating medical students, there will be an evolution in these facilities. With increased emphasis on clinical business there will be less focus on educating physicians and specialists.

Funding of these facilities from outside and outside forces have forced these institutions to take new paths and to have growth in different areas. Departments are the bases of Medical Schools and discipline-based departments have been at the centre of governance structures of Medical Schools. With the change in focus on revenue and income, these centres have moved to research centres and units to fund research outside the mainstream of funding and to also move with academic faculty group practices to maximise clinical income.

It is said by Watson (2003:663) that there is a mismatch between organisational and governance structures in higher education in the U.S.A. Some of the issues that are part of the discussion is to establish a core teaching facility; to create a matrix of governments within an institution; and to continue with the linkage between education and the service delivery. This

needs to be within state structures and needs to establish and continue with educational centres to put in place an educational mission and to deal with the governance of these institutions.

Herzberg (1996:51) indicates that motivation is also based on growth needs. He furthermore indicates that the sensory ingredients of job enrichment are the following:

- Directive feedback.
- Control over resources.
- Self-scheduling.
- Personal accountability.
- Direct communication authority within a sensory area of new learning, unique expertise, and feeling.

These core ingredients are used to improve jobs that serve their internal clients. There needs to be a distinction between movement and motivation, which is a true issue. Motivation hygiene theory is still a framework which can be used to evaluate actions. Job enrichment remains the key to designing work that motivates employees.

De Peniche (2002:49) reports that there has been an approach on quality that needs to come together. This is on the *"push side"*; the consumer demands need to be looked at; and on the *"pull side"*, the quality movement, labour, education and training need to be addressed. The sharing of such information can make South African competencies more competitive and, in doing so, increase international acceptance of our products. This is with reference to the sharing of knowledge about the quality, experience and knowledge on how to make up a body of quality knowledge.

Mayikana (2002:12) points out that diversity is a very complex issue which must be a strategic business imperative. Management of diversity is an important issue and progressive organisations all over the world are embarking on diversity initiatives. The reason for them going this route is that they realise that the only way to survive the global competitiveness is to have diversity. Some of the factors influencing diversity are the following:

- The world has become smaller because of technology.
- Migration patterns are shifting demographic profiles of companies.
- Building trust across race, gender and national boundaries is another challenge.
- How do managers position diversity management as a strategic imperative aligned with new requirements of a successful organisation?
- How can organisations or institutions ensure that diversity does not slip down the list of organisational priorities?

For effective diversity management, it is important to implement certain strategies, which include:

- increasing work and retention.
- increased morale.
- maintaining employee dignity.
- improving individual development.
- broadening and deepening workers' skills levels.
- an inclusive work culture prompts a new set of strategies and tools.
- improving the availability of the organisations to cope with change.
- improving relationships.

- providing the organisation with greater understanding and sensitivity.
- creative product development and marketing ventures.

The challenge is to address corporate cultures to include diversity as one of the promoting issues within such an organisation. Diversity is therefore not just a moral imperative, but also a business imperative. Especially in the globalisation arena, it is important, because globalisation means the emergence of a new and diversified customer base, which can influence the needs in an organisation.

Neuland, Olivier and Venter (2002:30) indicated that after 11 September 2001, companies and institutions had to provide competitive intelligence as a basic strategic business tool to move forward in business and management. Competitive intelligence is defined as a process of ethical collecting, analysing and disseminating accurate, relevant, specific, timeously, foresighted and actionable intelligence, regarding the implications of the business environment competitors in the organisation itself. It is important for managers and there is a need for them to be better informed about critical issues.

Competitive intelligence needs effective strategic management of institutions, with competitive intelligence making a huge contribution to management. It has an impact on decision-making on every management aspect of an institution. It is about developing unique insight about issues, which are important to the institution or organisation.

Some of the examples given and steps regarding with information-gathering on competitive intelligence are the following:

- Step 1: Gather information.
- Step 2: Analyse the information.

- Step 3: Determine the potential impact of the information.
- Step 4: Decide how to react to the new information.
- Step 5: Create a strategic plan or revise an existing one and implement it.

These core ingredients are used to enrich jobs which serve their internal clients. There needs to be a distinction between movement and motivation, which is a true issue. Motivation hygiene theory is still a framework which can be used to evaluate actions. Job enrichment remains the key to designing work that motivates employees.

Bitzer (1984:131) mentions eight areas and categories that were identified for Heads of Department as areas of role and functions. These include:

- Educational management.
- Research management.
- Academic leadership.
- Administration.
- Participative decision-making.
- Management of community service.
- Personnel development.
- Departmental evaluation.

Smit and De J Cronjé refer to specific reasons for resistance to change (2002:224). These reasons for resistance to change include the following:

- They threaten self-interest.
- Uncertainty.
- Lack of trust and misunderstanding.
- Different perception.

- Low tolerance for change in general, which includes inertia, time, supervision and peer pressure.

Referring to needs of Heads of Department, it is important to note that Bitzer (1984:140) allocated for eight groupings the following percentages per activity for the Faculty of Medicine :

Table 3.5: Functional areas of Heads of Department

ACTIVITY	FACULTY OF MEDICINE
1. Education and lecturing.	41.8 %
2. Research.	7,0 %
3. Community service.	23.6 %
4. Administration.	25.5 %
5. Personnel management.(Human resource)	6.1 %
6. Discussions with students.	1,0 %
7. Committee work/meetings.	16,0 %
8. Congresses/Seminars/Courses.	2,0 %

Source: Bitzer (1984:140).

It is indicated that changes of organisations where such organisations are forced to make changes because of an ever-changing environment, are often so fundamental that these changes involve the transformation of an organisation as a whole. This also leads to change in the corporate culture.

To address low morale is a need of Heads of Department. Leaming (1998b:128) indicates that there are specific causes for low morale in an academic environment. It is a challenge for Heads of Department to build and maintain morale for the members of their department. According to Leaming (1998b:129), the causes for low morale can be listed as follows:

- Salary and related matters.
- Leadership.
- Collegial relationships in the department.
- Professional work life.
- The reward and evaluation system.
- Quality of students.
- Support services.

Some of the steps that are indicated by Leaming (1998b:131) to improve faculty morale can be summarised as follows:

- Communicate, communicate, and communicate.
- Let faculty members know that they are appreciated.
- Involve faculty members in the governance of the department.
- Establish a positive tone of co-operation.
- Address the issues of high starting salaries.
- Do not allow small amounts of money for merit to divide your faculty.
- Establish clear policies and distribute them widely.
- Treat all faculty members fairly and without favouritism.
- Look for opportunities to provide faculty members with consulting.
- Work to develop positive relations with members of the community.
- Spread the work around.
- Treat all faculty members as professionals and with respect.
- Avoid the unilateral contract.
- Work to create a supportive culture.
- Tolerate differences.

3.5. CONCLUSION

The needs of the Heads of Department are one of the important issues if one looks at a management model. The link is specifically important for performance and job satisfaction. For this specific reason, it is important to clarify the issue of job satisfaction, motivation and performance.

Job satisfaction is one of the most important issues. Here a motivational climate plays an important role. A motivational climate has to do with motivation and job satisfaction of employees. The changing environment has an influence and an impact on job satisfaction as well as motivation and production.

It is also important to mention some of the aspects that need to be managed in order to get things done. Aspects that need to be taken into account for the motivation of personnel are:

- To identify and establish that everyone has motivational energy.
- This energy is often blocked in the workplace.
- Removing blockages require employee participation.

Some of the managerial issues include undergraduate and postgraduate education, which has grown over the last few years. Standards play an important role in measuring the outcomes of these areas. The use of standards will apply in cases like self-evaluation, peer review and a combination of self-evaluation and external peer review, as well as recognition and accreditation of standard.

The important of academic hospitals having a common mission is also important and must be stressed. We need an increase in public concern for academic health care and with the increasing liability in hospital care, one needs to look at this issue

carefully. Motivation is also based on growth needs. It is indicated that the ingredients of job enrichment include:

- Direct feedback.
- Control over resources.
- Self-scheduling.
- Personal accountability.
- Direct communication authority with a sensory area of new learning, feeling and unique expertise.

Diversity and diversity management are also important and discussing these areas, one also needs to take the factors influencing these areas into consideration. Information-gathering is another important part of the needs of the Heads of Department. As mentioned previously, job enrichment remains the key to designing work that motivates employees.

It is important to say that manager-leadership implies that supervisors and managers must shift from the traditional management roles which include planning, organising, control and leading, to the modern manager-leadership role, which includes actions to unlock and use people's potential through the leadership and to make these people successful.

It is important for managers to understand that interventions have the potential to make the biggest difference in an institutional organisation. This will be in line with a focused approach and aligned commitment. It is important to implement this as part of the process. The next chapter will deal with management and leadership.

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CHAPTER 4

A wonderful piece of Irish wisdom goes like this:
"If you don't know where you are going, any road will take you there"
(Ilbury & Sunter, 2001:114 as quoted as an Irish wisdom).

MANAGEMENT MODELS FOR HEADS OF DEPARTMENT

4.1. INTRODUCTION TO MANAGEMENT AND LEADERSHIP

Roodt (1995:4) states that leaders are necessary to provide focus and direction of intent and effort. The vision statement ensures that the strategy plan of the company is an integrated and sustainable programme. Renton (1997:22) says that the vision is about a better world ahead that we want to be part of and be proud of.

Renton (1997:22) indicates that there are two kinds of leaders, namely those who are leaders first and those who are servants first. It is furthermore relevant that those who are leaders first are often those who naturally try to control, to make decisions, and to give orders. They want to be in charge. They do not like feedback, because they see it as threatening their position and the one thing they most want to hold on to, is their position as leaders.

It is believed that the participative support style could be a good approach in some situations, but a disaster in others (Blanchard, Hybels & Hodges, 1984:42-48). It is said that those leaders with servants' hearts have certain characteristics and values in common, as they make leadership decisions. Their paramount aim is the best interest of those they lead. They want to be held accountable for their behaviour and results and they are willing to listen.

They achieve personal satisfaction from watching the growth and development of those they lead (Blanchard *et al*., 1984:66).

Neufeld, Khanna, Bramble and Simpson (1995:27) indicate and refer to Yukl who suggests that the traditional image of a strong leader is that of a hero, the tall figure at the top who alone carries the burden of responsibilities. Furthermore they indicate that studies of great men and their strategies on the battlefield in court or in Parliament are, however, giving way to effectiveness studies that look at what value the leader adds to the group.

The value added by a leader has been measured both quantitatively in terms of the ultimate performance of groups, survival growth, preparedness and capacity to deal with crises and qualitatively in terms of subordinates' satisfaction with the leader.

Wilson and McLaughlin (1984:333) quote Gardner as saying the following about leadership and a general manager:

> *"The moral order is not something static…it is an attribute of a functioning social system. As such it is a living, changing thing, liable to decay and disintegration as well as to revitalization and reinforcement, and never any better than the generation that holds it in trust. Men and women who understand this truth and accept its implications will be well-fitted to renew the moral order – and to renew their society as well. They will understand that the task of renewal is endless. They will understand that their society is not like a machine that is created at some point in time and maintained with a minimum of effort; a society is being continuously recreated, for good or ill, but its members. This will strike some of the burdens – some responsibility, but it will summon other to greatness."*

Wilson and McLaughlin (1984) also indicate that the key to leadership is the power to convey values to members of the team. They define an academic medical centre as having people who share a common set of technical backgrounds and values. They (1984:337) quote Zaleznik as the person who suggested that leaders and managers were basically different types of people and that the conditions that stimulated one to grow and produce, stifled the other. Zaleznik delineated the special characteristics of leaders versus. managers. The question to be asked is: Can leaders be managers and can managers become leaders?

On the one hand, there is the belief that functions are different, but that somehow the leadership functions must emerge if the organisation is to move towards excellence. On the other hand, leadership without management is chaotic and wasteful as indicated in their book *Leadership and Management in Academic Medicine* (1984:337). Some thought must be given to the current needs of academic medicine. An attempt needs to be made to match the style and temperament of the managers to institutional needs. These needs are linked to the staff and specifically the staff of the department.

Wilson and McLaughlin (1984:337) venture to suggest that the visionary leader who is the architect of change is their choice in these times to lead most medical schools and departments. They indicate temperamental preferences for leaders in departments. These temperamental types are trouble-shooters, or the stabilisers, or the people-orientated catalyst.

General impressions are that over half of the leaders in medical centres fall into the stabiliser category and approximately a fourth are architects of change. Their one admonition is to keep the organisation simple and to keep it small and lean, but highly competent. They also suggest not promoting faculty members or administrators in a hierarchy that had not done outstanding work elsewhere and who do not have both the technical competence and the interpersonal skills to do the assigned tasks well.

Larson, Chandler and Forman (2003:335) refer to a study done on the needs of medical schools and found that there is a higher demand for Heads of Department to have formal training in managerial sciences.

Lee and Hoyle (2002:637) ask a question, namely if the successful Dean of the Faculty of Medicine will be an academic or a clinician or an administrator. The focus is on the need with social interaction and the role of medical education that plays a pivotal part in a centre of education with community involvement. They continue to indicate that, despite having clinicians for Deans, administrators for Deans or even academics for Deans, the most important issue is that these managers need to have managerial skills to tackle the management and to have academic leadership and professional leadership for this position. This article as a trend setting article for the future, for specifically also for addressing the needs of Heads of Department. Heads of Department are thus also part of the process implicated in this whole issue.

Gary (2002:6) refers to charismatic leadership and states that charismatic leadership is a specific leadership that was needed for a time but that - during a survey and a study that was concluded – it was found more companies are moving towards practising old-fashioned pragmatic management as a need. Gary (2002:6) indicates that charismatic leadership is very useful, especially establishing a vision for people to continue, but in times where there is not so much uncertainty, there is more focus on having effective management within the institution.

There is an overlap between management and leadership and the overlap is that the degree to which effective leadership requires managerial skills and vice versa. This is important to mention, as it confirms that one cannot go with management without leadership or vice versa. According to Gary (2002:6), execution as part of management is not to be confused with tactics but it is just

as much an intellectual challenge as vision setting and strategic thinking are. It seems that one needs a blend of charismatic leadership and practical management if one wants to continue successfully in the future.

4.2. DEFINITIONS OF MANAGEMENT AND LEADERSHIP

4.2.1 Leadership

Leadership is defined as the process of directing the behaviour of others towards the accomplishment of the organisation's goals. It is a complex management function (Smit & De J Cronje, 2002:279). According to Bennis and Thomas (2002:40), leadership is a total transformative experience through which an individual comes to a new and altered sense of identity. They continue to say that they believe that leadership expresses four essential skills and they were surprised to learn that these happened to be the same skills that allow a person to find meaning in what could be a debilitating experience.

The first skill is the ability to engage others in shared meaning. The second skill is the distinctive and compelling voice of the individual. The third skill is a sense of integrity, including a strong set of values, but the most critical of the four is what they call "adaptive capacity ". Campbell (1997:88) implies in the definition of leadership that a leader is defined as an individual who knows where he is going and is able to persuade others to go along as well.

Rice and Upson (2003) indicate that effectively this indicate that they have to masters the following:

- Managing strategy.
- Managing groups.

- Managing projects.
- Maximising success in these arenas.

These authors (2003) also add that for this one requires prerequisites to master the issues of managing personnel, time, health and ethics.

It is also important to refer to what strategic and business planning is. Rice and Upson (2003) are of the opinion that this is a structured process conducted in a formal way by a group or team of leaders to answer four very simple questions. These questions are:

- Where are we today?
- Where should we be going tomorrow?
- How shall we get there?
- Are we getting there?

In the end the written strategic plan needs to address these four questions. It is also indicated by them that the content of the plan is more important than to have a plan itself. For this it is furthermore important to mention that, with this management plan, we have a management model that can be implemented. The model on the table needs to be implemented and the implementation, monitoring and refined actions for the measurable results of the management model are the keys to the success of this management model.

For this proper planning will have to be done. Planning is needed for the implementation of the management model, because it sets a trend to guide policy development. It also gives a guide to policy implementation and a process is established for team building and cultural enhancement. All of this lead to a greater chance for an increased performance of the institution (Rice & Upson, 2003).

4.2.2 Management

Smit and De J Cronjé (2002:10) define management as the process of planning, organising, leading and controlling resources of the organisation to achieve the stated outcomes as organisational goals. Planning in this case is the management function that determines the organisations' mission and goals. It is said that organising is the second step in the management process. Once the goals and plans have been set, management has to allocate the different resources to the relevant department or individual. These tasks are allocated according to policies and procedures and organising involves developing a framework of organisational structure within which resources are deployed to achieve the set goals. Leading is the third step, which refers to directing the human resources of the organisation and motivating them in each way so that the action is aligned with the formulated vision, goals and plans. Controlling, the fourth step, means that managers should constantly make evaluations that the organisation is on the right course to attain its goals.

Management is defined as the process of planning, organising, leading and controlling the resources of the organisation to achieve stated organisational goals as productively as possible (Smit & De J Cronje, 2002:9). As part of the managerial tasks of Heads of Department, there is movement in the environment of these Heads to manage (Lemmer, 1999:3). The movement is specifically on the following levels:

- Accountability to the society.
- New sources of finance and funding formula.
- More conscientious students.
- Decreasing numbers of students.
- Pressure on quality.

- Pressures of qualifying matriculants.
- Discussion about the position of the professor.
- Withdrawing government from certain responsibilities.

These authors continue to indicate that resources like human resources, financial resources, physical resources and information resources, have an impact on the planning phase similar as performance has on the output side with achieved goals, products, services, productivity and profit (Smit & De J Cronjé, 2002:9).

The different functional areas as part of management, differ also percentage-wise regarding time spent on the four areas per level. As part of the management, there is also classification of managers according to the level and area that they function in. These areas can be marketing, finance, operations, human resources, research and development, as well as other areas as indicated by Smit and De J Cronjé (2002:12).

One of the processes to look at the strategy on an organisational level, is to use a 7S model developed by McKinsey, that has been established in discussions at the UFS in 2000. It refers to strategy; structure; shared values; systems; style; skills and staff (staff=Human Resources).

This was linked with a goal orientated thinking process. The environment generates organisational development as part of the bigger development and Heads of Department had to come in line with these developments, which are the following:

- Move from passive to active.
- Move from reactive to proactive.

- Move from introvert to extrovert.
- Move from control to innovation.
- Move from spectator to player.

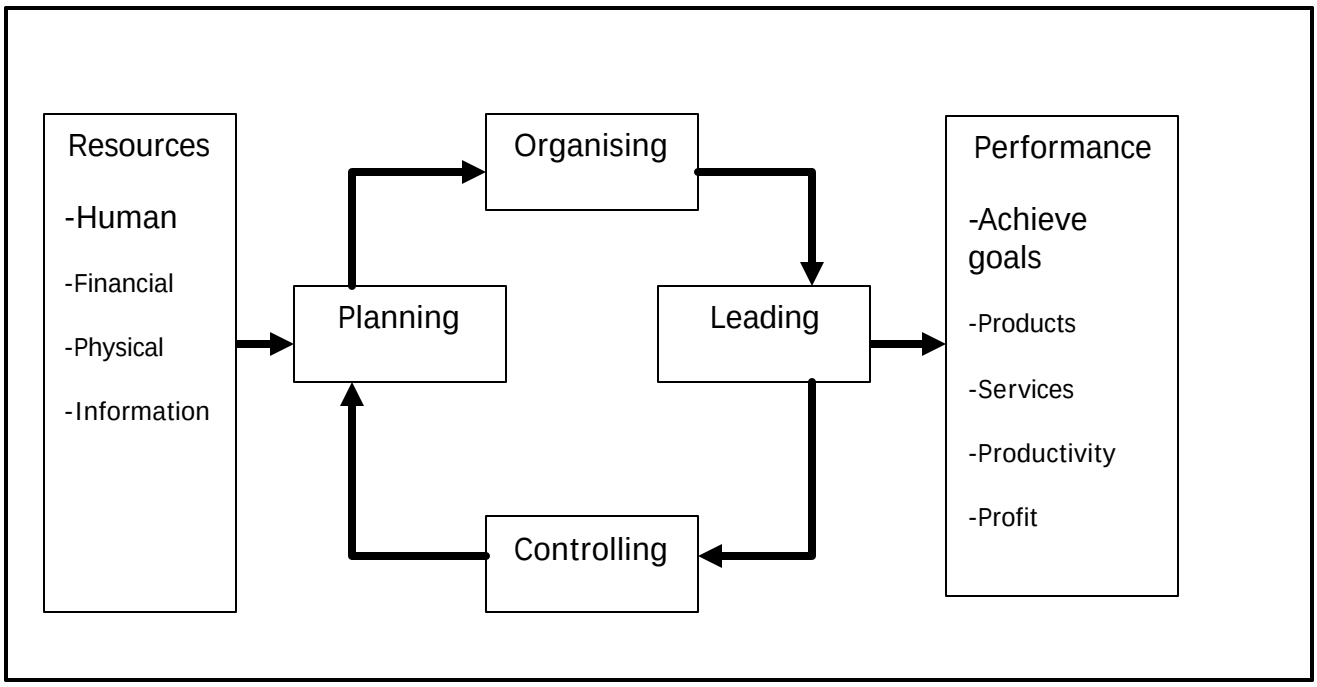
4.2.3 Summary

The professor as the manager needs to focus on leadership as part of his armour. The professor needs to be a leader of education and research. Some of the areas that need to be addressed, are flexibility, innovation, external goals, control, rules, internal and supportive structure.

4.3. ASPECTS OF LEADERSHIP AND MANAGEMENT

Various views on management and its importance; the management process; the various levels of management; and the skills and competencies required to manage an organisation effectively, illustrates the fact that various approaches can be followed in studying management. The thoughts and processes and theories about management have developed and widened and a choice of approaches that can be followed has increased. The approach that is mostly followed as a management approach by experts in the management process, is the paradigm or framework, which is spelt out by Smit and De J Cronjé (2002:31). This is a conceptual framework for studying management. The functions that most of the experts point out as a framework for the development of a theoretical foundation in management are also the four fundamental management functions, discussed by Smit and De J Cronjé (2002:9),as presented in Figure 4.1:

Figure 4.1: Four management functions.



Source: Smit & De J Cronje (2002:9).

Smit and De J Cronjé (2002:35) indicate that there are different management theories that need to be taken into account when developing or setting a framework and approaches for management. A management theory is a group of assumptions advanced in order to elucidate the productivity issue. The different theories of management can be classified into two main schools of thought, namely classical approaches and contemporary approaches.

The management of change is a managerial task that challenges the manager in fields of management. It needs a good deal of skills and dedication. Changes affect the individuals within an organisation more fundamentally. Management is about coping with complexity (Kotter 1990:104)

Laubsher (1995:21) sets certain requirements for effective leadership. The difference between leaders and managers is summarised and depicted by Kreitner and Kinicki (1998:497) as follows in Table 4.1:

Table 4.1: Differences between leaders and managers.

Leaders	**Managers**
Innovative	Administer
Develop	Maintain
Inspire	Control
Long-term View	Short-term View
Ask what and why	Ask how and when
Originate	Initiate
Challenge the *status quo*	Accept the *status quo*
Do the right things	Do things right

Source: Kreitner & Kinicki (1998:497).

Campbell (1997:89) indicates that there are two types of leadership and experience. They are: autocratic leadership and participative or democratic leadership styles. It is said that there are general types of leadership, namely:

- Charismatic leaders: The influences of these leaders arrived principally from the leaders' personality or charisma.

- Traditional leaders: Leadership that is assumed by position due to birth.

- Situational leaders: One who assumes leadership when a certain situation arises, that is, a unique set of circumstances that thrusts him or her to the fore.

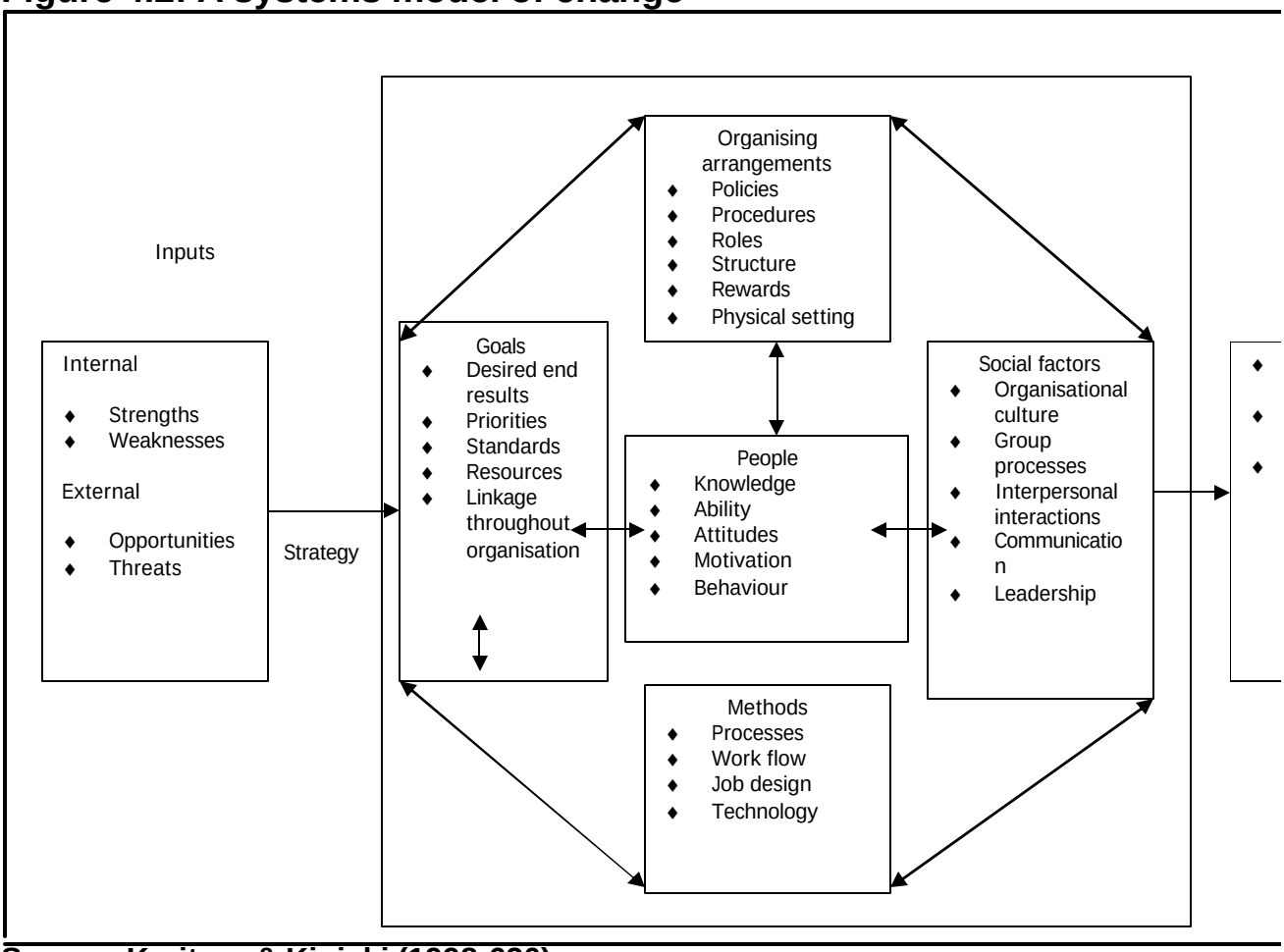
- Appointed leaders: This is a leader who gains influence as a result of an appointment.

- Functional leaders: That is a leader who gains influence intentionally by adopting a form of behaviour that subsequently makes him or her a leader.

Adaptive, innovative and radical innovative changes relate to all sorts of changes, including - as indicated in this chapter - administrative and technological changes. It is also indicated that Lewin (Kreitner & Kinicki, 1998:618) developed a three-stage model of planned change, which refers to an explanation of how to initiate, manage and stabilise the change process. The three changes developed by Lewin are unfreezing; changing and re-freezing.

Change is also described in Kreitner and Kinicki (1998:620) as a systems model change and is illustrated in Figure 4.2:

Figure 4.2: A systems model of change



Source: Kreitner & Kinicki (1998:620).

Kreitner and Kinicki (1998:506) indicate that leadership styles have been identified, namely the following:

- Directive leadership.
- Supportive leadership.
- Participative leadership.
- Achievement-orientated leadership.

If one looks at Silbiger's (1998:129) point of view, there are three leadership styles which are indicated by their survey. It is indicated that there is a balanced leadership style; a visionary leadership style; and a managerial leadership style. The three components, which attribute to the leadership style, are vision, commitment, and management. In the balanced leadership style, all three these have an equal share. In the visionary leadership style, the vision is more than the other two components, while in the managerial leadership style management plays a more important role. Handford (1999:12) refers to the fact that the essential transformational leadership skills play the most important role. Transformation leadership is required when the changes which are experienced are of a very big scope, as in the case of the merger of the discussed company. The result of the revolutionary process within the transformational leadership is more significant in change, a shorter time frame, solving of problems and survival activities.

Leadership requires getting the work done amid change and uncertainty – elements of life and the workplace that, despite our repeated encounters with them, make us uneasy. Drath (2001:21) describes a model of leadership that includes the elements of dominance, influence and meaning-making. It is indicated that it is a process by which people participate in leadership together and one that acknowledges that leaders do not exist without followers.

Charismatic leadership (Kreitner & Kinicki, 1998:509) is indicated as leadership that can create significant organisational change and results because it transforms employees to pursue organisational goals, values, needs, beliefs and aspirations. Thus it is in line with transformational leadership. Transformational leadership focusses on the interpersonal relationship between managers and their employees. Transactional leadership is therefore more appropriate in adaptive circumstances of change. Organisational reform and transformation focus on three main areas magnitude of change; the focus of change and change characteristics.

According to Coetsee (2000:24 – 25), there are specific differences in reform and transformation in these three categories.

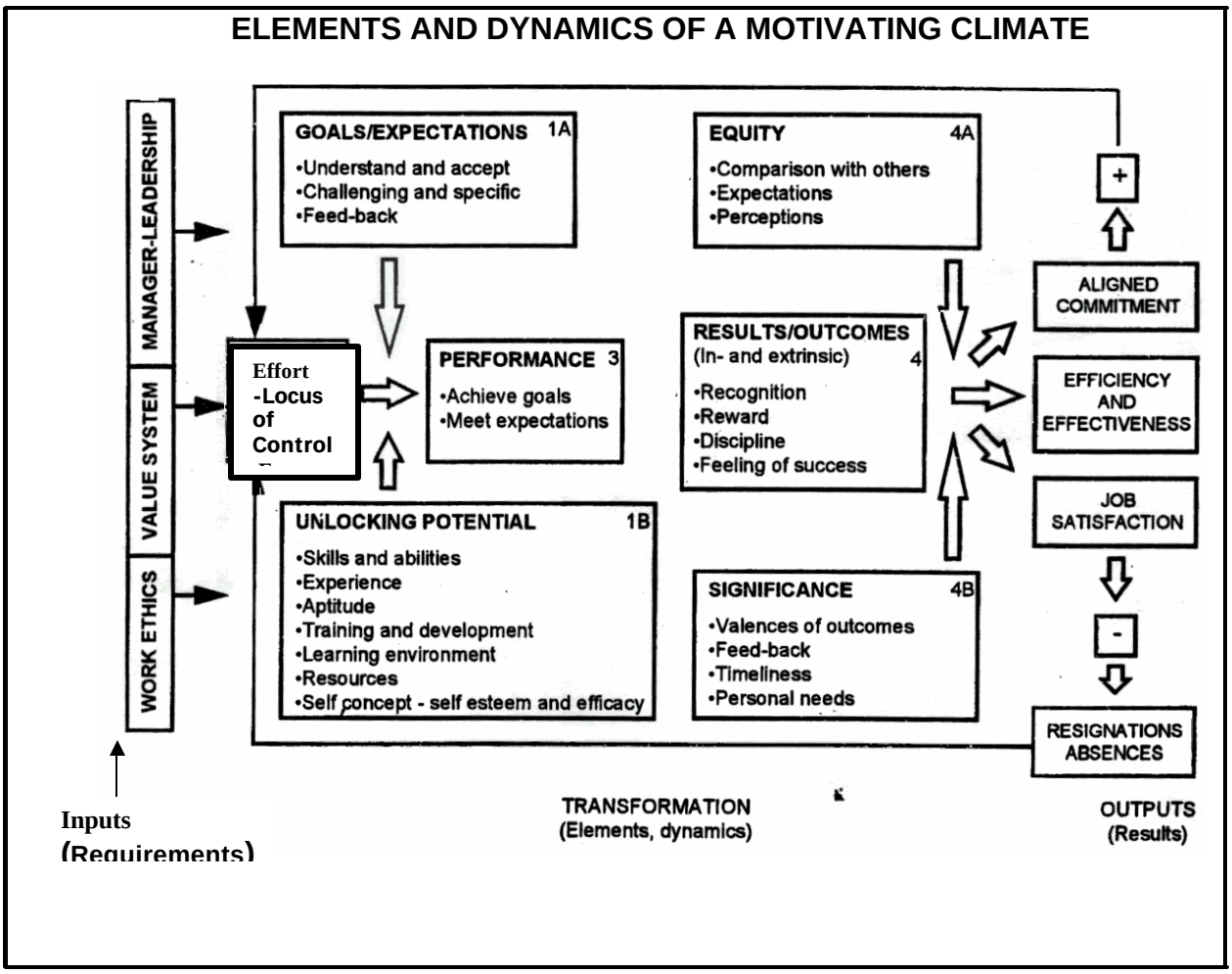
The three criteria as set by Handford (1999:16) are in line with the skills that are indicated by transformational leadership. These criteria are the following:

Establishing energy and purpose through the creation and communication of a realistic new vision and strategy. This is also called by creation of energy that is needed for the changing shape of the organisation (Harvey & Brown 1996).

Creating aligned commitment to the organisation, vision, goals and value system is very important. This indicates that:
commitment = knowledge x information x empowerment x rewards and recognition x shared vision (goals and values).

The aligned commitment will create a position where the manager will lead the team to a desired outcome rather than managing the process. This is also in line with Coetsee's (1996:111) point of view as indicated in Figure 4.3:

Figure 4. 3: The elements and dynamics of a motivational climate.



Source: Coetsee (1996:111).

Aligned commitment will create a situation where the potential of subordinates/followers is unlocked as they start working with a leader and follow the example set by the leader both in action and in words.

Creating a motivational and inspirational climate or environment conducive to change as needed. The atmosphere and climate will increase transformational change. Coetsee (1996:100) mentions that there are three

things that are necessary to establish a motivational climate in organisations, namely:

- Effective management/leadership.
- Living of a value system.
- With effectiveness of management.

This is one of the main skills that are indicated by Handford (1999:18) in the list of skills applied by leaders who practise transformational leadership. After studying the literature on leadership and the process of change, the literature confirms that Handford (1999:120) is correct in a summary of the basic skill characteristics of transformational leadership. The three critical skills as indicated are also confirmed by this literature study. Using the three critical skills of Handford as a guide, it is possible to assist a specific organisation that is currently going through the change process as indicated with a process of change. The measuring of these skills will also determine the success of the leaders within the specific company.

Blanchard *et al.* (1984:146) intimate that performance coaching is also an aspect of leadership. They indicate that they proclaim that people who feel good about themselves, produce good results. Good performance starts with clear goals. As part of these goals, one needs to have day-to-day coaching. Day-to-day coaching involves:

- Observing your people's performance.
- Praising progress.
- Redirecting efforts that are off-base.

Teaching the people the answers corresponds to this component. When it comes to performance planning, the traditional pyramid like the hierarchy

should stay upright, in other words, leaders at all levels represent the organisational goals and therefore should have a major input on individual goals.

Neufeld *et al*. (1995:83) say that there are 10 actions common to leaders coping with change and forging a new future, namely:

- Leaders manage the dream.
- Leaders embrace error.
- Leaders encourage reflective back-talk.
- Leaders encourage descent.
- Leaders possess the noble factor.
- Leaders understand the Pygmalion effect in management. (This is a reference to George Bernard Shaw's play and Eliza Doolittle's assertion in the play that the difference between a lady and a working class girl selling flowers on the street is not how she behaves, but how she is treated.)
- Leaders have a certain touch.
- Leaders see the long view.
- Leaders understand stakeholders.
- Leaders create strategic alliance and partnerships.

Neufeld *et al.* (1995:87) state that the question regarding how much of our understanding and experience about leaders is context-specific, refers to the question that is related to the domain of contingency theory in the study of leadership – the theory that analyses the importance of situational factors (contingencies) on the expression of leadership.

Contingency theories are based on several assumptions:

- That different circumstances require different patterns of leadership behaviour.

- That a nature of leadership itself is shaped by the interaction between the leader and the situational context.
- That the circumstances themselves present different challenges to leaders.

Neufeld *et al.* (1995:127) continue to point out the important role to be played by systematic leadership development programmes in bringing about change.

Wilson and McLaughlin (1984:65) are of the opinion that top managers' ability to lead and to understand the structure of the culture in which the work takes place is important. It is said that it may rather be a dream and a hope that designers of the organisational structures will strive to simplify the relationships, reducing the required number of co-ordination nodes rather than making them more complex, as they seem to be doing in many centres. They say that if the chemistry is right, the principles will get the job done.

Wilson and McLaughlin (1984:65) identified several key functions of management as they apply specifically to the task of managing an academic medical centre and a department. These key functions are the following:

- Strategic planning.
- Controls systems.
- Financial management.
- Management of institutional daytime information resources.
- Human resource management.

Bennis and Thomas (2002:39) did a study on leadership and a notion of what makes a leader. They also asked the question why certain people seem to naturally inspire confidence, loyalty and hard work, whilst others stumble repeatedly. The authors believe that it has something to do with the different ways in which people deal with adversity. One of the true and reliable

indicators of leadership is an individual's ability to find meaning in negative events and to learn from even the most trying circumstances as an indicator.

According to Collins (2001:68), who did a five-year research study, executives who pose the paradoxical combination of traits are catalysts for the statistically rare event of transforming a good company into a great one. A Level 5 leader is an individual who blends extremely personal humility with intense professional will.

Level 5 refers to the highest level in the hierarchy of executive capability, which the Bennis and Thomas (2002:39) identified during their research. These leaders built enduring greatness through a paradoxical combination of personal humility plus professional will. They were modest and wilful, shy and fearless. To grasp this context, they never let their ego get in the way of their ambition to create an enduring, great nation or company. Besides humility, they also displayed tremendous professional will, as indicated by the study. Level 5 leaders become role models for the rest of the personnel in the company. Whether or not they make it to level 5, it is important for people and worth trying to get there.

Senior individuals may be weeded out because they do not wear their ambition on their sleeves. It is no wonder then that many companies are struggling with leadership shortages (Sorcher & Brant, 2002:85). They believe that leadership talent is more available than people think. They say that the trick is to identify it properly and doing so requires sorting through a myriad of nuances and subtleties of leadership. They suggest that, at a minimum, organisations need an evaluation process that gives a full, balanced and accurate picture of candidates.

Useem (2001:51) states that the basic principles of leadership require strategic thinking, decisive action, personal integrity and other worthy qualities. He also indicates that experts in the field know that converting such abstract concepts into practice is often an elusive process. It is said that when leaders truly serve and subordinate their private welfare to that of others, their authority becomes unquestionable.

Leadership is different from management, but not for the reasons that most people think. Leadership is not mystical and mysterious. It is neither the promise of a chosen few, nor is leadership necessarily better than management or a replacement for management. Rather leadership and management are two distinctive and complementary systems of actions. Each has its own functions and characteristic activities. These are necessary for success in an increasingly complex and volatile business environment (Kotter, 2001:85).

Leaders do not make plans; they do not solve problems, and they do not organise people. What leaders really do, is prepare organisations for change and help them cope as they struggle to implement it. Management is about coping with complexity. The difference between leadership and management is that management is coping with the complexities of practices and procedure, which is largely a response for one of the most significant developments of the 20th century.

Good management brings with it a degree of order and consistency to key dimensions like equality and profitability of a product. Leadership is about coping with change. Part of the reason that leadership has become so important in recent years, is that the business world has become more competitive and more volatile. Management develops the capacity to achieve

its plans by organising and staffing; creating an organised structure and set of jobs for accomplishing planned requirements; staffing the jobs with qualified individuals; communicating the plan to those people and delegating responsibility for carrying out the plan; and devising systems to monitor implementation (Kotter, 2001:85).

The equivalent leadership activity, however, is aligning people. This means communicating the new dimension to those that can create a coalition that understands and are committed to achievement. Management ensures planned accomplishment by controlling problem-solving monitoring results versus the planning in some detail, both formally and informally by means of reports, meetings and other tools.

Identifying deviation and then planning and/or organising to solve the problems through leadership is important. Achieving a vision that requires motivation and inspiration, keeping people moving in the right direction, despite major obstacles to change and appealing to basic but often untapped human needs, values and emotions, are of the important issues leadership has to address.

Since the function of leadership is to produce change, setting the direction of that change is fundamental to leadership. Setting direction is never the same as planning or even long-term planning, although people often confuse the two. Planning is a management process, deductive in nature and designed to produce ordinary results, not change. Setting a direction is more inductive. Leaders gather a broad range of data and look for patterns, relationships and linkages that help explain things. What is more, the direction of setting aspects of leadership does not produce plans, it creates vision and strategies.

Managers organise to create human systems that can implement plans as precisely and efficiently as possible. Aligning is different - it is more a communication challenge than a design problem. Aligning invariably involves talking to many more individuals than organising does. The target population can involve not only the managers' subordinates, but also bosses, peers, staffing of other parts of the organisation, as well as suppliers, government officials and even customers. Trying to get people to comprehend a vision of an alternative future is also a communication challenge of a completely different magnitude for organisations, organising them to fulfil a short-term plan. According to the logic of management, control mechanisms compare systems behaviour with a plan and take action when a deviation is perfected. Control is so central to management that highly motivated or inspired behaviour is almost irrelevant (Kotter, 2001).

Institutionalising a leadership-centred culture is the ultimate act of leadership. Some managers try to be vulnerable to criticism, to do their best to be tentative and to cherish their own fair share of human frailty. They have worked hard to attain and master some managerial style and, on the whole, they think they compare favourably with their peers (Peace, 2001:99).

This refers to soft management. Soft management does not mean weak management. Criticism from your subordinates is not necessarily a sign of disrespect. They may be offering the wisdom and experience of a different perspective.

Conversely, tough management does not necessarily mean effective management. Self-confidence can be a cover for arrogance or fear; "resolute" can be a code word for autocratic; and "hard-nosed" can mean thick-skinned. It is believed that openness is a productive management technique and that

intentional vulnerability is an effective management style. Soft management is believed to be a person doing his/her best to practise and it is a matter of making hard choices and accepting personal responsibility for decisions. Soft qualities like openness and sensitivity are as critical to success as harder qualities like charisma, aggressiveness and always being right.

One of the big issues for Heads of Department is to become practical leaders who act proactively. It is important to separate the work of the chair into leadership and managerial tasks. This separation can be useful, for it encourages Heads of Departments to think clearly about the role they want to play and what knowledge and skills they will need to develop during their term of office.

Lucas (1994:29) indicates that considerable portions of the tasks can be computerised and some of the Heads of Departments' time-consuming, uninteresting burden of paperwork can be eliminated. Although Heads of Department must perform some managerial functions, these functions are not substitutes for transformational leadership. Heads of Department must learn to be leaders and to view themselves as leaders. Moving the organisation towards a shared vision characterises transformational leaders, i.e. that their current choices are directed by their future goals. Maintaining a *status quo* characterises transactional leaders or managers, i.e. their decision-making is guided by the past practices – how things are done around here. As they maintain a steady state organisation, the transactional leaders generally motivate desired performance by offering rewards (Lucas, 1994:47).

Lucas (1994:242-248) refers to using the leadership matrix to develop the responsibilities of Heads of Departments. The leadership matrix provides a visual representation of the departmental needs in relation to the Heads of Departments' relationship characteristics. Leadership management is a tool

that visually represents the most important current needs of a department and the leadership strengths that must be developed to handle them.

It is also said that it is necessary to develop the Heads of Departments as academic leaders. Although making the office of the Head of Department desirable, the process does not involve a realistic reduction in the Heads' teaching load and the appropriate remuneration.

The leadership matrix is used by management as an instrument for goal-setting with the Heads of Department at the beginning of the academic year and for receiving a progress report at the end of the year. Leadership and departmental issues are addressed on a regular basis. Although it takes time to meet with each Head individually twice a year in this formal fashion, the pay-off is great. This can also be done by signing formal performance agreements and by setting performance activities with specific indicators which can be measured.

Kotter (2001:85) indicates that the distinct difference between management and leadership is that leadership has its own functions and characteristics. Kotter also mentions that management and leadership are two complementary systems of action. Management is about coping with complexities. This is in the real sense the practice and procedures towards the response which has the outcome. Leadership is about coping with change as indicated by Kotter (2001).

More change always demands more leadership. It is specifically the two different functions of coping with complexities and coping with change that are indicated as being the difference in characteristics between management and leadership.

It is important to have a certain scope of reference that can be used as part of the scope of a manager to communicate with personnel members in the institution. Some of these signals which are referred to as a range of sensitive responses as feedback queues can be considered. Some of these signals as listed by Peters (2001:128) include the following:

- Careful use of language, including asking questions and paying attention to the smallest of written proposals.
- Shift of agenda and time allocation to signal a change in priorities, even subtle.
- Manipulation of settings, including the creation of forums and rules of the debate designed to focus on critical concerns.
- Selective seeding of ideas and non-various internal power groups and cultivation of those that win support.
- Consistent and frequent feedback and reinforcement, including the careful and selective interpretation of past results to emphasise a chosen theme.

This will give the manager a proper mechanism to intervene with purpose and effect in the daily flow of an institution and to give signals of a change in direction. These might be very useful interventions that can change the direction of an institution and also control the process, vision and direction of the institution.

Rucci, Kirn and Quinn (1998:84) refer to the most important issue according to them, namely a model of management where a company or an institution must build a management alignment around a model of management. It is also important for senior management to be aware of this model and to create a sense of belonging and ownership with regard to the model and the

management. Fitzgerald (2003:17) directs attention to the fact that the leadership issue is quite an ancient issue and a part of the history of humanity. It is also indicated that everybody is talking about leadership and the development of leadership within their industries. The focus of a manager is to have a multiskilled transdisciplinary and interdisciplinary approach and to develop in these categories.

The impact of globalisation has also addressed some of the needs and the feeling of Fitzgerald (2003) is that there are increasing needs to complement managers with something else. He continues to indicate that there is a need to have a manager and a leader within one person as the ideal situation for the future institution. One can address the global competitiveness that has been increasing over the last few years with this dual role in one person and use people to help with institution-building as indicated.

Fitzgerald (2003) continues to indicate that South Africa may have lost the benchmark for leadership because of the lack of resources, capacity, the wrong kind of careerism, rapid transformation, corruption and the environment that is still too rule-bound. Targets for transformation to achieve a post-bureaucratic, proactive, progressive, public management culture need to be set.

Banhegyi (2003:60) indicates that there are many models for leadership that have been developed over the years. These leadership models have been developed more from a United States of America (USA) environment and the focus is not always on situational theories. Banhegyi continues to say that research suggests that effective leadership consists mainly of understanding and using factors by the leader.

Mafunisa (2003:63) indicates that the characteristics and attributes of a professional are the following:

- Non-self-serving.
- Possession of special skills.
- Assuming social responsibility.
- Behaving ethically.
- Commitment to one's work.
- Keeping up with the state of the art.
- Being a public servant and not a private personal family servant.

Some of the principle values that need to be included in the composition of senior leaders are:

- A high standard of professional ethics.
- Efficient, effective and economic use of resources.
- Good administration.
- Providing services to the public at large.
- Providing the public with timeously accessible and accurate information to foster transparency.

Smit and De J Cronjé (2002:283) express the opinion that there is a distinct difference between leadership and management. They also mention that the two are distinct and complementary sets of management activities. It is indicated that a person can be a manager/leader, both or neither. The majority of organisations and institutions seek out good managers with the leadership potential to develop into leaders/managers. It is said that management is about coping with the complexities of practices and procedures to make an organisation work. Leadership, on the other hand, is about setting the direction of a specific institution or organisation. Leadership is also about coping with change. Smit and De J Cronjé (2002:284) list a few basic distinctions for leadership, which are different from the management definition, which includes:

- Establishing direction.
- Aligning people.
- Dealing with change.
- Steering people.

Meyer (2004:20) refers to the crisis that the world faces with regard to leadership. The present generation of leadership is ageing and there is not a fast enough production of a next generation of leaders. Businesses, institutions, organisations and nations, rely on leaders and leadership to create the energy necessary to build the future for these organisations and add value to them. The development of leaders requires organisational support.

Change in the environment is said by Smit and de J Cronjé (2002) to be responsible for internal pressures and needs to change. They regard organisational development as the planned efforts by managers to manage change as a means to improving organisational performance.

Mol (1990:3) indicates that the majority of the managers of South Africa are trained in a technical field, for instance Heads of Department trained in their specific speciality. It is found that the nature of the problems in these institutions usually lies with the people of the organisation. It is also indicated that the promotion to a management position in most of the organisations goes to the person with the most technical expertise. This is also relevant with regard to the Head of Department who is promoted to a management position on an academic level.

He continues to indicate that the core question is that there is not enough focus on managing people. Mol (1990:15) indicates that there are three basic management theories. Those are:

- Traditional theory.
- Human relations theory.
- Human resource theory.

From this research it is indicated that most managers tend to use two theories, one for themselves (human resource theory) and a second one for their subordinates (either the human relations theory or the traditional theory). Mol (1990:27) continues to indicate that the result of trouble coping with subordinates and managing a Department is a result of the assumptions the manager made about his subordinates and the way the manager manages them.

He continues to say that every manager has a choice of helping his subordinates to improve their performance and condemning them for their incompetence. The subordinates will become whatever the manager thinks of them. It all boils down to the fact that every manager has a choice. The manager can either break his subordinates or build them. It does not matter what method is used by the manager, at the end the manager will get what he deserves.

4.4. TYPES OF MANAGEMENT

There are a few management models available. Some of these models are applicable to organisations. The aim of this section will be to investigate and document the management models, concentrate on those that might be suitable for a school of Medicine and can be used in management model.

Reorganising the universities' exclusive leadership domain and the consequences of this re-organising, is that one works with an operational

organisation that is hard to change and that there are established positions that are defended by these professionals in positions of power. For Heads of Department, it is important not to fall into some of the following academic pitfalls (UFS, 1999:13):

- Rationalisation, which is the eminent academic pitfall.
- Passing the buck, which derails initiatives.
- Co-optations where one only suggests solutions.
- Displacement where information and services are undermined.
- Countermeasures where one neutralises possible effects.

If one looks at the process of organisational structure, it is clear that organisational structure is the repartitioning of activities in functions and jobs. It is also the establishment of responsibilities and mutual relationships. Executing tasks and it addresses the change in channels of communications and mechanisms to benefit the transfer of will and co-ordination. In designing organisational structures, the success of these organisational structures depends on the selection of strategies to address and design these structures themselves. The success also depends on the availability of resources and the organisational principles as well as specific elements.

Heads of Department need to play out the role as manager of professionals, which includes the following:

- Monitoring many activities.
- Taking formal decisions.

- The success of the manager depends on others.
- Mistakes cost time and money.
- Good is good enough.
- The need to delegate.

On the professional side, it is important for Heads of Department to check views of peers and revise the processes to look at the success that solely depends on themselves, as well as learning from mistakes. One can always do better, as already experienced by some of Heads of Department.

Managing knowledge is one of the most dynamic processes as part of a managers' responsibility. Spinello (1998:4) mentions that knowledge must not be generated merely for its own sake, but it must flow into action timelessly if it is to retain its worth and usefulness. Reference is made to the knowledge chain model that captures the dynamic nature of the cyclical knowledge flow within an institution.

Scarborough (1998:22) indicates that managers used to a participatory or consultative style or other forms of workplace democracy must adjust their practices accordingly. This is the position of ensuring autocratic decision. It is indicated that a manager is supposed to be the expert. There is a request that managers be more open-minded and meticulously well-mannered, listen more and speak less, learn at least as much as they try to teach and avoid any form of aggressiveness, arrogance, individual competitiveness, self-promotion and temptation.

Edmonstone and Western (2002:34) indicate that there needs to be a common vision among leadership. There also needs to be an understanding of the

transactional and transformational leadership approaches and the contrast between command and control and shared/distributed leadership.

Nolte and Van der Wal (2002:43) ask the question about the development of managers and why certain people do not strive to become managers and be appointed in managerial positions. It seems that the majority of people whom they interviewed, indicated that they were specialists and expertise in their field of knowledge before they became managers and suddenly - when they became managers - they started doubting themselves and their abilities, which created an area of instability.

Kehayas (2002:46) indicates that the practice of management to individuals with managerial responsibilities is very important. He refers to the management consultancy competency framework where management consultancy gives advice to managers. These consultants need to display the following competencies in a number of fields:

- Consulting practice.
- Management practice.
- Environmental knowledge and awareness.
- Specialist areas.
- Acting, communicating, and thinking like management consultants.

Katz (1974:1) mentions certain skills that are needed for managers to be good managers. Skills referred to here are, for example, the ability, which can be developed, not necessarily in-born and which is manifested in performance, not merely in potential. Katz (1974:1) continues to say that there are three basic developmental skills that are needed for effective administration. The three

skills that are indicated in the article that need to be part of the skills of a manager are technical skills, human skills and conceptual skills.

4.4.1 Management by objectives

Management by objectives is the process according to which an organisation sets specific objectives as broad organisational goals. Duffy (1989:166) refers to the process and suggests that the process ensures that results resemble the established objectives. There is a process where supervisors and subordinates are involved in a joint participative process and from where these organisational goals, as well as specific goals for an individual are set. The process of setting and participating in the process of setting these goals, is also then a motivational process for the individual in selecting own personal goals. It is part of the job description of the individual and also sets specific performance targets for the individual. With the process of setting individual goals for personnel, it is then furthermore important to discuss and agree on certain evaluation mechanisms and the process of determining of performance successes. Management requires two-way communication and sharing of management power by objectives (Duffy 1989:167).

Thus the management by objectives is a process according to which an individuals set objectives with his/her[2] supervisor for an organisation. Personal goals are also set within limits which he will manage. Rogers and Hunter (1991:322) state that goal-setting is the fundamental aspect in the process. The process of management by objectives needs subordinates to know the organisation's purpose, mission, long-term goals and strategy.

Rogers and Hunter (1991:325) indicate that productivity gains will correlate with the extent of top management support for and participation in the management

[2] In future the male statement will also refer to female and vice versa

by objectives (MBO) programme. It is a motivational process which gives the individual the feeling of being involved and creates a setting of participative management. Creating the sense of ownership in services is needed at the present moment to improve the quality of service we need in the public sector. Management by objectives also creates the environment in which an individual will be measured according to his own performance and can set him standards for evaluation as a participative process. The only concern in the process is that it is time-consuming and involves much paper work. The process also needs evaluation on a regular basis. If the enterprise has a flat management structure, it might create problems where individuals heading flat structures will have to sit down with numerous subordinates to create these individual objectives and performance targets. Feedback on this system is also time-consuming.

4.4.2 Performance management

Performance management needs some processes, which can be clearly indicated in the following stepwise approach:

- Setting a framework for management by objectives to work within.
- Setting of goals on an organisational level by top management.
- Creating a job description on an individual basis.
- Determining areas of responsibility per individual.
- Setting specific performance indicators and targets on an individual basis.
- Setting individual goals. In this process there is a participative process and discussion between supervisors

and subordinates where the subordinates on an individual basis identify objectives for themselves.

- Determining of points of control.
- Evaluation of performance according to indicators and targets.
- Communication of the evaluation process with the sub-ordinates.
- Dealing with good/bad performance.

If the process is linked with the job descriptions of individual managers, this can be a very helpful process on levels of management, even on the lower levels of management. This will focus the manager on the specific needs on an individual basis.

4.4.3 Change management

As part of this leadership challenge, one needs to create room for manoeuvring in the change process. It was previously indicated that responsibilities of university management are to develop a management concept as well as to establish intellectual incentives. Capacity-building and leading, monitoring and organising, as well as capacity building in the organisations to collaborate to ensure quality management and to manage the process are of the utmost importance.

The process to initiate change in the organisation is also important. This is where leadership plays a major role in establishing the change process. The functions are used as a change agent. As part of the change process, the responsibilities of Heads of Department are to lead their departments to be flexible, transparent, to stimulate participation, to be durable and stable and to

develop a departmental spirit. They also need to motivate and implement the use of financial, human and other resources. They need to monitor cohesion of programmes, quality of education and research and innovation within research.

Capacity building among departmental staff is also very important for Heads of Department to establish collaboration, quality management and income generation. As part of the process to initiate organisational change, one needs to innovate within the Department locally and one also needs to have finances to make the process financially feasible.

As part of the change process it is important to note that academic institutions are typically resistant to change. The resistance to change may be even higher in these institutions than in others. To address this resistance to change, one needs to identify the forces and barriers involved in change; design activities to secure a process in which everybody takes ownership for the process; and to advise people who need help (Harris, Da Rosa, Liu & Hash, 2003:187).

Heads of Department need to be part of the change process and need to be change leaders. They need to follow plans that include the establishment of a model for institutional or departmental change. Their strategy should change the definition and the issues within such a department.

All ideas have to be changed with the rapid change in the environment and turned on their heads. Neufeld *et al.* (1995:39) mention some of the values that Helgensen identified which include:

- Attention to the process.
- Willingness to attend to actions that will affect people.
- A concern for the wider needs of the community.

- A disposition to draw on personnel when dealing in the public arena.
- Appreciation of diversity and an outsider's impatience with rituals and symbols of the status that divides people.

Smit and De J Cronjé (2002:224) identify the reasons for resistance to change as being the following:

- Threatening self-interest.
- Uncertainty.
- Lack of trust.
- Misunderstanding.
- Different perceptions.
- Low tolerance for change.
- In general:
- Inertia
- Peer pressure.

They continue to say that overcoming resistance to change, one needs to first acknowledge the human response to change and the process of resistance. The management should take note and have steps to counter this resistance. Communication is pointed out as one of the important issues and the communication about the change process needs to be before the change happens. This will enable resistance to change to be decreased.

Other contributing factors that are important to decrease the resistance to change includes the following (Smit & De J Cronjé, 2002:226):

- Participation and involvement.
- Facilitation and support.

- Negotiation and rewards.

Harvey and Brown (1996:33) indicate that there are two forms of change. Those are transformational and reactive change. Organisational transformation is transformation under which classifies large-scale organisational changes of a more fundamental or revolutionary nature, while reactive change embraces the more evolutionary changes of a more superficial nature.

This study could lay the foundation and serve as reference for a scientific point of departure for future research, thereby introducing extensive management principles in the management of Heads of their Departments.

Table 4.2 provides a presentation of the organisation reform and transformation as part of fundamental change (Coetsee, 2000:24). All the aspects mentioned apply to this study in one way or another.

Table 4.2: Organisational reform and transformation. (fundamental change).

REFORM	**TRANSFORMATION**
MAGNITUDE OF CHANGE	
1. Keeping the *status quo* intact but striving to increase efficiency.	Discovering/developing something new (e.g. new vision) to increase effectiveness.
2. Superficial change, e.g. to restructure processes, methods, markets.	Fundamental change, e.g. affecting strategy, culture, behaviour.
3. Basic structures stay intact.	Basic structure changes fundamentally.

Table 4.2: Organisational reform and transformation (fundamental change) (Continued).

4. Small, one-dimensional changes, often made in isolation, over a period of time.	Major, multi-dimensional, continuous changes.
5. Low levels of complexity, initial cost and uncertainty.	High levels of complexity, initial cost and uncertainty.
6. Primarily an "add-on to existing process".	Primarily a process of "pruning" and/or "substituting" the existing.
7. Short-lived, rapid energy eruptions.	Extended, sustained energy investment.
8. Adaptation.	Metamorphosis.
9. Strategic planning or re-planning.	Redefinition of core business.

Source: Coetsee (2000:24).

Coetsee (2000:25) in addition provides a table on the focus of change in reform and transformation.

Table 4.3: The focus of change.

REFORM	**TRANSFORMATION**
FOCUS OF CHANGE	
1. Changes to, or within, a paradigm.	Changing or substituting one paradigm with another.
2. Changing perceptions, attitudes and behaviours within the existing paradigm.	Changing to a paradigm with new visions, strategies, practices and behaviours.

Table 4.3: The focus of change (Continued).

3. Focus on the here and now of the internal organisational functioning.	Focus over time on internal and external functioning.
4. Programmatic.	Organic.
5. Focus of changes to adapt the organisation to existing or new circumstances (work methods, procedures, social interactions, structures, technology, physical arrangements).	Focus on a new vision, mission, value system, principles.
6. Changing organisational climate.	Changing organisational culture.
7. Deals with solving problems (often addresses the symptoms).	Deals with identifying opportunities, preventing problems and solving them by eliminating the causes.

Source: Coetsee (2000:25)

Coetsee (2000:26) also spells out the characteristics of change (see Table 4.4):

Table 4.4: Change characteristics.

REFORM	TRANSFORMATION
CHANGE CHARACTERISTICS	
1. Requires a few (only one or two) interventions.	Requires a number of integrated interventions.
2. Can be introduced and completed quickly.	Requires detailed planning and is more time-consuming.
3. A limited number of members are involved and/or affected.	Involvement and commitment of all stakeholders necessary and all members are affected.
4. Outside consultants often involved as facilitators, facilitating changes in processes, structures and behaviours.	Outside consultants are sometimes involved and become more "part of the change" process.
5. Interventions are small and incremental.	Interventions are large-scale and take place more or less concurrently.
6. Results of changes are predictable.	Results of changes are often unpredictable.
7. Low levels of emotions present.	High emotional levels present.
8. Resistance to change lower.	Resistance to change stronger.
9. Does not really affect organisational culture.	Profound changes in culture.
10. Relatively simple, single-dimensional approach.	Complex, multi-dimensional, holistic approach.
11. Low risk.	High risk.
12. Often "faddish" short-term.	Leads to longer-term changes.
13. Often a participative process.	Often an authoritarian process.

Table 4.4: Change characteristics (Continued).

REFORM	**TRANSFORMATION**
14. Implementation of existing and/or known processes and solutions.	Implementation of new approaches and solutions.
15. Involvement of top management not a prerequisite.	Top management involvement a prerequisite.
16. Requires effective management.	Requires effective management and leadership.
17. Enhances efficiency: doing things right.	Enhances effectiveness: doing the right things right.

Source: Coetsee (2000:26)

Coetsee (2000:24-25) indicates the organisational reform and transformation in fundamental change. This indicates the nature of organisational transformation and reform and also the differentiating characteristics of reform and transformation in the change process.

Change in the environment is usually responsible for the internal pressure and needs to change or modify a specific organisation. It is said by Smit and De J Cronjé (2002:233) that reactive change is a response to unaccepted change, while planned change anticipates future change. It is important to focus on anticipated change because this will be change without resistance or minimal resistance. The efforts will go into the change process and not in the reaction to resistance.

4.4.4 Result-based management

Result-based management involves defining realistic results based on appropriate analysis. The dimensions of result-based management are to clarify the purpose of the project or programme and thus the expected result. Result-based management helps to manage more effectively for results by modifying project activities or approaches to better meet expected results rather than actively managing solely on the basis of activities (Canadian International Development Agency, 2000:13). It differs from management by objectives in that setting results as outcome rather as setting objectives is the focus.

It is also important to establish and demonstrate the results of result-based management. This enhances the management. Key principles for the application of result-based management include:

- Simplicity.
- Learning by doing.
- Broad application.
- Partnership.
- Accountability.
- Transparency.

It has been defined that result-based management makes a difference and has a critical impact on management in an institution. It is meant by a result that it is a describable or measurable developmental change resulting from a cause and an effect relationship. As part of result-based management (RBM), one also has a result chain that is established. It moves from activities to output in the short term or outcomes in the medium term with an impact at the end of the day. Activities in RBM are actions to be undertaken within the scope of the

project. Completed activities are not outputs. Outputs are actually the short-term effects of completed activity (Canadian International Development Agency, 2000:13).

4.4.5 Polarity management

Johnson (1996:4) identifies polarity management as a form of management with specific reference to unsolvable problems. The building of an individual/ a team polarity map is important. As described by Johnson (1996), the polarity map is the map in order to manage a polarity effectively. This polarity map has four quadrants. The rest of polarity management is discussed in Appendix A.

4.4.6 Other types of management

Hansen and Von Oetinger (2001) say that companies and organisations can respond to a surprising array of challenges by fending off smaller, nimbler rivals. The approach is called T-shaped management. T-shaped management relies on the new kind of executive; one who bursts out of the corporate, traditional hierarchy to share knowledge freely across the organisation. This is the horizontal part of the T, across the organisation, whilst remaining fiercely committed to individual business unit performance is the vertical part. The successful T-shaped manager must learn to live with and optimally strive within the tension created by the dual responsibility. This model has a direct personal contact, which is typically needed to effectively transfer implicit knowledge, the kind that must be creatively applied to particular business problems or opportunities and is crucial to the success of innovation-driven companies/organisations.

Quality management is one of the important issues in the changing academic environment (UFS, 1999:26). Quality management interacts on three levels, namely:

- Management specifically, which addresses training.
- Managing review processes and benchmarking.
- It is applicable on an educational and a research basis.

Schultz (2003:43) refers to the responsiveness in a national order in the management of public higher education. He notes that there are important implications for the public higher education system and the management of institutions.

4.5. TYPES OF MANAGEMENT MODELS

Wilson and McLaughlin (1984:79-81) refer to the relationship of medical schools to the teaching hospitals as being critically determined in the structure of an academic medical centre. They indicate that it is not only the organisational structure, but community and regional expectations about the medical care resources for the education and training of all levels of health professionals, as well as revenues for the operation of many aspects of the centre that depend on the effectiveness of the relationship between the medical school and a teaching hospital. This relationship needs to be managed by Heads of Department.

One cannot isolate the governance, operating policies and administrative structures of the medical school, other health sciences, schools and a teaching hospital from those of central universities. Wilson and McLaughlin (1984:79-81)

mention that someone must take responsibility for orchestrating the collaboration required for the medical school programme to succeed and the affiliation to be satisfied with the relationship. Usually it is the medical school management that needs to take care of this.

Wilson and McLaughlin (1984:342-343) perceive that academic medicine will be populated mostly by traditionally-orientated faculty members who perform some contribution of research, teaching patient care and administration. They further explored the varieties of organisational patterns, models of decision-making and management, as well as operational control systems. They suggest that the control systems fit the management of the hospital and patient care services reasonably well.

Quality of teaching and education is even more difficult to measure than quality of patient care. The attempt to dissect the academic medical centre into compartmentalised decision-making modalities of corporate and academic is no more practical than the matrix organisational model has turned out to be for industry or academic management.

The academic medical school is mainly a management control/operational control issue; the principle of the necessity of shared values and joint strategic development holds at the top management team/leadership level whatever the organisational structure is.

Magretta (2002:86) indicates that “business models” was one of the great buzz words of the Internet boom routinely invoked, as - according to Magretta (2002) and pointed out by other writers - to glorify all manner of half-baked plans. The word “model” conjures up images of whiteboard covered with archaic metallic formulas. Business models are, at heart, stories that explain how enterprises

work. A good business model answers the age-old questions about who the customer is and what the customer values.

One of the models that is explained by Drucker (2002:75) is that there is a tremendous increase in human resources (HR) policies that ensures that employees are temporary appointments or that some of the issues are outsourced, for example to manage the computer systems or call systems. This is one of the models set for management to engage in. With this model every organisation must still take managerial responsibility for the people whose productivity and performance it relies on, whether they are temporary appointments, part-time appointments, employees of the organisation itself, or employees of its outsource suppliers or distributors. It is indicated that this model can focus on core functions and establishing a source of competitive advantage for an organisation or company. Still the business will depend on the performance of its knowledgeable workforce.

The maps provide a visual representation of a company or an organisation, critical objectives, and the crucial relationship between them that drives organisational performance. It is furthermore indicated that the strategic maps can depict objectives for revenue growth and target consumer markets in which profitable growth will occur (Kaplan & Norton, 2000:167).

Strategic maps show the cause and effect links by which specific improvements create desired outcomes. To understand how an organisation creates value in the information age, the balanced scorecard which measures a company's performance from four major perspectives was developed. The four perspectives are namely financial, customer, internal process, and learning and growth.

Edmonstone and Western (2002:34) suggest that they support the suggested areas of leadership development which were pointed out by Goodman, namely mandatory not *ad hoc* or optional, locally-focussed, based around action learning approaches and concentrated on inter-organisational and shared leadership between organisations as areas of development.

Rucci *et al.* (1998:89) describes an initial model that was used by Sears. This was a model that was used in creating an employee-customer profit model that was specifically created to set measures as a trace on the set objectives in three categories, which included: A compelling place to work; A compelling place to shop; A compelling place to invest.

Zwiegelaar (2001:1) indicates that a matrix design offers a number of potential advantages to be used as a management model. Some of these advantages include the efficient use of resources, flexibility in conditions of change and the uncertainty, freeing top management for long-range planning and improving motivation, as well as commitment and providing good opportunities for personal development.

The matrix design is a model that needs to be looked at as a possible management model to be used. It is said that the biggest advantage of this design is that it creates recognition of the status of an individual. Between the 1900s and 1950s, there was a classical industrial age and a hierarchical model was used as an organisational structure for management. During the new classic industrial age of 1950 to 1980, there was development towards a matrix model. With the shift to the information age of 1980, there was an autonomous unit with entrepreneurship and networks in the internal market. This is the model that can be looked at as a management model for specific needs of Heads of Department. Heads of Department can vertical and horizontal

delegate some tasks to administrative and senior medical personnel in the department.

Schuitema (2002:37) discusses the alignment of the individual activities in the institution and day-to-day activities with the ultimate strategic vision of an institution. It is important to align behaviour in an institution according to the strategic vision of such an institution. He refers to an organisational model as a framework for common alignment of an institution. This model can be effected by activities like behavioural, organisational and measurable activities as influences on the model.

Kaplan and Norton (1992:92) are of the opinion that the balanced scorecard measures the drive performance of individuals. They continue to say that what you measure, is what you get. They indicate that managers have tried to change the adequacies of current performance measurement systems. These systems have focussed on maximising financial measures more relevant, but the whole issue is that managers have an impact on their decisions and have the option to choose between financial and operational measures. The balanced scorecard includes financial measures and measures results of actions already taken.

Human (2001:9) confirms the four performance dimensions of the balanced scorecard. This is discussed in Appendix A.

Mooraj, Oyon and Hostettler (1999:487) indicate that the role of the balanced scorecard is important. The range from providing the critical information to be used in a strategic reflection programme to being a key part of the management system of the organisation is the range of the balanced scorecard.

Bitzer (1984:59) describes an important example of an organisational model, which is called a matrix model. The matrix model is a model that is established by the experts in different fields who are allocated to a specific project. The line of supervision in this model is not limited to one, but can have numerous lines of management.

Kotter (1995:101) discusses the reasons why transformation efforts have failed in numerous companies. Transformation is seen as part of leading change in these companies. The most important general lesson to be learned from the successful companies is that the change process goes through a series of phases in total, usually requiring a considerable length of time to have an outcome as an achievement.

Harvey and Brown (1996:129) indicate that there is a diagnostic model for use in management consulting, which analyses six basic factors, namely:

- Basic planning.
- General business practices.
- Finances.
- Advertising and promotion.
- Marketing research.
- Personnel.

Imai (1996:5) describes the KAIZEN concept as a model and its impact on management. KAIZEN is a philosophy that our way of life - be it working life, social life or home life - deserves to be constantly improved. KAIZEN means improvement. It involves ongoing improvement. This concept is used in Japan on numerous occasions as part of the management process. The message of KAIZEN strategy is that not a day should go by without having made some kind of improvement somewhere in an institution, organisation or company.

Smit and De J Cronjé (2002) describe a decision-making model as a model that looks at the type of decisions and the conditions in which the decision has to be made. They described two primary decision models for managers, which are the rational model and the bounded rationality model.

Bitzer and Malherbe (1995:49-50) refer to a model that can be used for quality assurance in university teaching institutions. This is developed as a strategic management model. The strategic management model focusses specifically on academic standards and long-term goal of accreditation. This strategic management model works on the self-evaluation analysis of strategic focus and strategic planning within certain contexts.

Gmelch and Miskin (1993:42) mention that there is a departmental leadership model for planning. This includes the departmental analysis, taking into account the external environment as well as client interest. This moves towards implementation and evaluation and control, which actually lead to the question that each and every Head of Department needs to ask on a regular basis, namely: “Where do you want your department to be?”

Ilbury and Sunter (2001:34) describe the foxy matrix where they analyse how a fox thinks and acts. They continue to indicate that there are two axes for the matrix. The horizontal one portrays certainty and uncertainty and the vertical control and absence of control. The two axes yield four quadrants, which are described in the rest of the paragraph. The bottom right-hand quadrant represents things that are certain, but outside our control. The bottom left quadrant encompasses things that are both uncertain and outside our control. The top left quadrant describes uncertainty within our control and the top right-hand quadrant, things that are certain and within our control.

Ilbury and Sunter (2001:104) indicate that realistic and action-orientated strategic plans require an option. They say one must challenge oneself to formulate as many options as possible and look realistically at those that are achievable. The most effective must be implemented. They remind one that the options are recommendations just as scenarios are forecasts.

4.6. FRAMEWORK FOR AND APPROACHES TO MANAGEMENT

There are many models and frameworks available. The aim will be to identify relevant models and to mention a few others.

4.6.1 Mission-based management

Watson (2003:659) indicates that the latest management development in United States of America is that of a mission-based management (MBM). This provides a framework, specifically for chairs or Heads of Department that creates conditions for the successful execution of the missions. In this structure of management, the top management retains the responsibility for the execution of these missions, but the missions are set together and the missions are delegated to people in the organisation. The management of these missions is the responsibility of specific, dedicated persons.

In the mentioned model, decisions are mission-driven; resources are aligned with the organisational goals and - specifically with reference to the resources - one can say that the resources are based on accurate and open information. What is important for this model to function is a centralised database that provides valid and reliable information. As part of this model there is even a mission-based budget as described by Watson (2003:561). Watson also indicates that the greatest challenge of medical schools for success in the

future is to clarify the roles of the department, particularly in relationship to research, institutes and faculty group practice.

As part of the mission-based management model that is described by Watson (2003), one can also establish a core teaching facility, which focusses especially on the mission of education. The core teaching facility must be responsible for most of the teaching and must be chosen with care and based on documented evidence of teaching excellence and not because they are considered less than fully productive in other missions as indicated by Watson (2003). These teachers need to include teachers of Basic Medical Sciences, as well as clinical teachers.

As part of this model there is also pressure to link education with the social mission. The pressure is to generate revenue that may also be hampering the appropriate emphasis on education and medical schools should be placing on their agenda social mission of caring for the underserved as an issue. Watson (2003) describes the interaction of social mission with that of education and the linkage of undergraduate training as the performance of the total social mission. Watson (2003) concludes by saying that education needs to be still provided by medical schools with new organisation and government structures. Watson is of the opinion that Deans must still remain responsible for the education mission and personally involved in the mission and goals. This means that there will be a centralised structure, which he refers to as the educational centre overseeing teaching and learning for providing logistical support for implementing an education programme and for pursuing educational research. Added to this are other missions, which can be focussed on separately to the main educational division, and managed on the model described on mission-based management.

Mission-based management can also be used for assessing the clinical teaching efforts of Heads of Department and the departments themselves (Jarrell, Mallot, Peartree & Calia, 2002:1255). It is important to distinguish between clinical educational missions as mission-based management. By doing so one can create a position where one moves from thinking about resource allocation to thinking about the effective management of a complex organisation with missions. It is important to set correct missions that can be measurable to measure the outcome of the mission-based management model.

4.6.2 Decision space map

Bossert (2000:14) refers to the Decision Space Map approach as a model for management. This approach builds on the principle-agent approach to distinguish the mechanisms that the central authorities can use to influence the choice of local authorities. This model can be used as part of management. The central authority is called the principle and the local authority is called the agent. It is furthermore clear that there are two basic choices allowed of local authorities, which can be called the Decision Space. This goes with providing incentives to encourage local decision-makers to choose options preferred by the central authority. This will give a decentralised model to the specific agent for management.

In the context of this document the Decision Space defines or refers to the rules of the game for decentralised management. As part of this management model a series of functional areas need to be identified. These functional areas can be expanded at any time according to choice and within a specific functional area, a range of choice or discretion.

In the model it is defined as narrow, moderate or wide as dimensions being allowed within the model. It is based on a matrix and this matrix shows the functional areas in which choices are allowed to the agent by the mechanism of central control. It specifies the degree of choice allowed in each case. It defines the administrative rules that allow the agent some room to make decisions. Table 4.5 is an example of a map of Decision Space.

Table 4.5: Map of decision space.

	Range of Choice		
Functions	***Narrow***	***Moderate***	***Wide***
Finance			
Sources of revenue			→
Allocation of expenditure			→
Choices about fees and tariffs			→
Service Organisation			
Required programs/norms			→
Hospital autonomy			→
Drug supply and logistic systems			→
Insurance plans			→
Payment mechanisms to institutions			→
Contract with private providers			
Human Resources			→
Salaries			→
Contract staff			→
Civil service			→
Access rules			
Targeting			→

Table 4.5: Map of decision space (Continued).

Governance rules			
Local accountability			→
Facility boards			→
Health offices			→
Community participation			→

Source: Bossert (2000:14).

The range of choice between narrow, moderate and wide is also applicable. "Narrow range" means that only localised responsibility is given for decisions to be made. "Moderate" means more decisions and wide means a block of decisions that has been given per functional area. It needs to be indicated that, for the Decision Space Map to work, one needs to know the specific framework for delegation. One cannot set a range of choice outside the range of delegations available. The rest of the Decision Space Map model is discussed in Appendix A.

4.6.3 Other models and frameworks

Management models that are specifically defined for Faculties of Health Sciences are very difficult to find (Rice, 2003:1-5). There are numerous management models for different categories as part of management. One will, for instance find:

- Strategic management models.
- Information management models.
- Medical professions management models.
- Resource management models.
- Financial management models.

- Project management models.
- District Health management models.

Despite having these management models, it is very clear that there is not a specific management model for Faculties of Health Sciences or Heads of Department. Where a defined model could be established for the specific management of an academic department in the literature, the complexities of departments might be the reason for not having a management model that is specific for Heads of Department. The diverse areas of management that Heads of Department need to focus on may contribute to this dilemma.

It is important therefore to look at some of the specific models that can be applicable in some areas of management for Heads of Department. It is also important to focus on the needs of the Heads of Department and to be in line during the development of a management model with these needs. Redesigning or designing a health management model for Heads of Department may include the paradigm shift to new management processes. This needs to be taken into account with the development of a specific model that can be used as a framework for the Heads of Department to manage. It might mean new concepts, new players, new information, new processes and tools to be taken into account. One will have to look at strategic inputs from global perspectives that have an influence on medical schools. The globalisation in health management needs to be taken into account as well as the advantages and strategy management development.

Leaming (1998c:146) indicates that it is important in the higher education environment that educators have to take the concept of total quality management seriously. Leaming (1998c:146) continues to describe the application of Deming's 14-point adapted version of higher education.

4.7. CONCLUSION

Management and leadership are interlinked as indicated in this chapter. The key to leadership is the power to convey values to members of the team. Leadership without management is chaotic and wasteful. It is important to indicate that a visionary leader is a person who is the architect of change and is the choice for medical schools in the department of the future.

An overlap exists between management and leadership and the overlap is the degree in which effectively the leadership requires managerial skills and vice versa. Management is about coping with complexities. The difference between leaders and managers is very important. Different situations require different leadership styles. Leadership requires getting the work done amid change and uncertainty – elements of life and the workplace that despite our repeated encounters with them, make us uneasy.

Transformational leadership is about:

- Establishing energy and purpose through the creation and communication of a realistic new vision and strategy.
- Creating an aligned commitment to the organisation vision, goals and value system.
- Creating a motivational and inspirational climate or environment conducive to change.

It is important to identify that the ability of managers to lead and to understand the structure of the culture of an organisation in which the work takes place, needs to be taken into account.

The basic principles of leadership require strategic thinking, decisive action, personal integrity and other worthy qualities. Good management brings with it a degree of order and consistency to key dimensions like equality and profitability of a product. Leadership is about coping with change. By definition, leaders do not operate in isolation, nor do they command in a literal sense of the word, issuing a one-way stream of unitary directives. Instead, leadership almost always involves co-operation, collaboration and activities that can only occur in a conducive context.

There is a distinct difference between leadership and management. A person can be a manager/leader, both or neither. Management is about coping with complexities of practice and procedures to make organisations work. Leadership, on the other hand, is about setting the direction of a specific institution or organisation. Leadership is also about coping with change.

There are different types of management, which include the following:

- Management by objectives.
- T-shaped management.
- Cost-centred management.
- Value-added management.
- Change management.
- Quality management.
- Public higher education management.
- Management of knowledge.

Management is defined as the process of planning, organising, leading and controlling resources of the organisation to achieve the stated outcome as organisational goals. There are different management types of models that can be looked at. These models include:

- Matrix-organisational model.

- Business model.
- Strategic map model.
- Balanced scorecard model.
- Employee-customer profit model.
- Matrix-design model.
- Organisational model.
- Mission-based management model.
- Decision space-map model.
- Strategic management model.
- Medical professional management model.
- Resource management model.
- Financial management model.
- Project management model.
- District health management model.
- Mission-based management model.
- Results-based management model.
- Polarity management model.
- KAIZEN model.
- Departmental leadership model: Planning.
- Fox Matrix model.

It is important that none of the above-mentioned models can be used in it's present context in the management of medical schools. Some of the models can be used in combination and within a comprehensive model specifically designed for the medical school, UFS. A specific management model needs to be created for the schools to continue as a management model.

The next chapter will deal with factors influencing the management of Heads of Department.

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CHAPTER 5

"Interdependence is and ought to be as much the ideal of man as self-sufficiency. Man is a social being" [Gandhi quoted by Fischer (1962:193)].

FACTORS INFLUENCING THE MANAGEMENT OF HEADS OF DEPARTMENT IN GENERAL

7.2 INTRODUCTION

The process of change is experienced in changing the present situation through interventions to get to a future state as envisaged. Coetsee (2000:14) indicates that the change is usually accompanied by resistance to change. The present status is indicated as the actual performance and the future status as the desired performance. The difference between these performances is indicated as a performance gap (Harvey & Brown, 1996:126). The management of resistance, just as the rest of the change interventions, should be planned continuously and systematically and followed by an active management approach. To bring about change in a company, one has forces that influence the process of change. These forces are retaining and driving forces. The retaining forces cause the change of process to be retained, whereas driving forces create the opportunity for change to happen. The main aim of a company/an organisation is to change retaining forces into driving forces to influence the process of change to obtain a desired performance.

"Change agents then, live in a world of incompletion – constantly. As they look at their organisations, they always discover the organisations neither what it once were, nor what it needed to become" (Jick, 1993:355). They draw attention to the demands on the process of change within the company and the volatile environment of business in the ever-changing process.

A scientific process of change based on the model of Nadler and Tassman was developed (Coetsee, 2000:92). This scientific diagnostic model has a process of data collection, which is processed into information on five main factors measuring organisational behaviour. The main five factors of this process are organisational climate, workgroup process, task characteristics, supervisory leadership, and satisfaction outputs. It is then also within these categories as well as the categories of Handford (1999:115) that an organisation can be evaluated and these shortcomings can be identified in some of the major criteria.

Thus it is important that companies/organisations can rely on their leaders and managers to create change, while leaders need to be able to rely on their personnel to realise new realities of envisioned change. It is important to evaluate the leadership and management of the company if one looks at the process of change within the company/organisation.

In the study of Handford (1999:115) it is mentioned that there are three critical skills which are needed in the process, namely:

- Establishing direction and purpose through the creation and communication of a realistic new vision and strategy.
- Creating aligned commitment to the organisation's vision, goals and value system.
- Creating a motivational inspirational climate or environment conducive to change.

Criteria form part of the process of transformational leadership and change. Analysing the skills according to Handford (1999:115), it is indicated that these theories and skills are representative of current leadership and thinking processes.

The main considerations of the skills in the analysis of Handford (1999:115) are indicated as the skills within transformational leadership. These skills, as indicated by Handford, are called “linguistic gestalt”. They focus more on the issues of the leader, which include the following:

- The communication skills of the leader.
- The sensitivity to needs of people within the company.
- The direction/purpose.
- The example set by the leader.

Handford (1999:115) also suggests that the current leadership thinking supports movement from traditional management styles of management. It is also important for leaders to expect that there will be resistance from organisational members in new directions and resistance to change. Creating a motivational climate relates much to the process of management of resistance to change.

Harvey and Brown (1996:35) indicate that an organisation is a hyper-turbulent environment and needs to respond proactively to take advantages of new opportunities and innovations. They further indicate that transformational management refers to introducing change to deal with future conditions before these conditions actually occur.

Harvey and Brown (1996:44) define organisational transformation as an action of changing organisational form, shape, or appearance or changing organisations’ energy from one form to another. These changes do have an influence on the effectiveness of the individual, the team and the organisation.

Neufeld, Khanna, Bramble and Simpson (1995:22) indicate in their reference to leadership for change in the education of health professionals that the organisational behaviour they noted is essentially a desire to be more flexible

and adaptable with few levels of formal hierarchy; loosened boundaries among functions; sensitivity and responsiveness to the environment; and a concern for stakeholders.

Neufeld *et al.* (1995:22) indicate that they studied the differences between organisations operating according to the "old paradigm" and those embracing the "new paradigm". These differences are described in the next table.

Table 5.1: Differences between the old and the new paradigm.

OLD PARADIGM (early 20th century)	**NEW PARADIGM (late 20th century)**
Technology first	Social-technical systems optimised together
People as machines	People-complemented machines
Extension of people as spare part	People as scarce resources
Narrow task, simple skills	Multiple, broad skills
External control	Flat organisation, participative style
Procedures book	Cooperation
Many levels, autocratic style	Individual and social purposes
Competitive	Commitment: "It's my job."
Organisations purpose only	Innovation
Alienation: "It is only a job."	-
Low risk-taking	-

Source: Neufeld *et al.* (1995:22).

This is used as a checklist for the summary of the changing trends. It is indicated that, in a sense the world is continually being recreated by the interaction of individual people with the environment and with other people. Neufeld *et al.* (1995:25) indicate that the environment remains uncreated until we interact with it; there is no describing it until we engage with it.

Abstract planning divorced from action becomes a cerebral activity of conjuring up a world that does not exist. The chaos theory shows what seems to be a prime example of paradox, namely that chaos and order are no opposites – that chaotic systems function with large parameters and these parameters are well-ordered and predictable. The new sign shows that, in many systems and orders and conformity, the shape is not created by the complex controls but rather by the presence of a few guiding principles.

Interpersonal style is important and needs to be considered as a factor. The Johari Window Model (Harvey & Brown 1996:229) explains this concept very well.

7.2 FACTORS INFLUENCING MANAGEMENT

The main factors will be discussed here.

5.2.1 Legislation

The main purpose of the Employment Equity Act (EEA), Act No. 55 of 1998 (RSA, 1998; Backer 2000), is to establish equity with employment of personnel. The main purpose of the Act is to address previous employment problems and to address inequities in previous employment policies. The purpose of the Act (RSA, 1998) is first to establish equal opportunities and fair processes in employment and promotion of personnel and the removal of any discrimination policies and, secondly, the employment of affirmative action measures with the aim to address previously negative experiences in the workplace. The Act at no stage refers to any quotas in the workplace as part of the Act. The Act addresses companies and employers that have more than 50 employees in service and also companies that have fewer than 50 employees but have a

certain turnover specified for the specific industry. There are also other specifications that are in place within this Act.

5.2.2 Education system

Joubert (2000:1) stresses the problem universities have to adapt after the post-apartheid era to address the needs of the community. In 1999, 63 725 matriculants achieved a matriculation exemption, whereas in 1994, 69 173 received matriculation exemption. In 2000, it is indicated that the outstanding student debt was R700 million, of which the majority of the outstanding debt was with the previous Black universities. In 2002 it was indicated that the number of universities and technicons were too many for a country. After this, an extensive restructuring of the universities took place (Joubert, 2000:3).

In 2000 the UFS already had 47% Black students of the total student population. This input of the new student profiles has a direct impact on the Medical School and specifically the management of departments. These changing student demographics were already mentioned in 2001 as a major challenge for tertiary level managers (Joubert, 2000:3).

Although medical schools have crossed national boundaries with educational research and medical knowledge, it is more open for forces from outside because of the globalisation impact. The product of undergraduate and postgraduate training has also provided a workforce for the global area and one of the questions asked in this thesis is what kind of core essential competencies are required for doctors to work in a global environment.

It is said that the changes will be inevitably necessary, but with some losses. The opportunity that can be created to reshape medical education is also

emphasised and the need of society will have to be taken into account where this process of change is concerned.

5.2.3 Reform

Neufeld *et al.* (1995:57) express the view that there are some common reasons for the difficulty in implementing reforms, namely:

- Scarcity of resources, combined with traditional funding patterns that work against the desired change.
- Lack of appropriate management skills to operationalise change.
- Confusion over changing roles and responsibilities.
- Little precedent for the kinds of partnerships required.
- Lack of appropriate information and limited capacity in health systems research and health policy analysis are constraining factors.
- Interest groups who resist reforms.

Neufeld *et al.* (1995:57) continue to indicate that the most significant aspects for institutions of health professional education are issues related to human resource constraints. These constraints are similar fundamental problems experienced throughout the world with reference to specific issues, for instance:

- Not enough primary care providers.
- Large numbers of specialist care providers.
- Concentration in urban areas.
- Preference for training in clinical specialities rather than in public health.
- Health policy and management.

5.2.4 Academic Health

Wilson and McLaughlin (1984:28-41) mention the organisational complexity of medical schools. These complexities are formidable, but nonetheless they must be managed. According to them, the requirements for managing in a decentralised organisational structure must be understood. Issues of balance, authority, responsibility, equity and autonomy must be taken into account throughout widely dispersed multi-institutional networks in decision-making about programmes and allocation of scarce resources.

There are multiple relationships between a sample of academic health centres and other organisations as mentioned by them. It illustrates the basic complexities of the organisational structure and the functional relationship within the medical centres and their environment. Wilson and McLaughlin (1984:28-41) go on to indicate that the more fundamental decisions to be made from an organisational standpoint are:

- What will be taught and how?
- Who will teach it?
- The relative emphasis on research, teaching and patient care.
- Who will be permitted to do the teaching, research and patient care?
- What are the resources or funds necessary for the enterprise and how will these funds be allocated and used?
- How will the quality of the programmes be achieved, monitored and assessed?

Wilson and McLaughlin (1984:28-41) state that many decisions are constrained by the tradition of the organisational and professional norms of the way things

ought to be done. The output of the faculty/the advancement, preservation and transmission of knowledge, are the core features of the university setting.

It is important to mention that, in the medical schools, a prominent additional task is the application of knowledge, principally through care of the sick. It is part of the valued system of the medical profession that knowledge is taught at the bedside as well as in the classroom and in the laboratory by people who not only teach, but also do research and take care of the patients themselves.

It will influence the type of decision-making processes in an academic hospital. It is a very important issue on the way in which resources and funds are spent and decisions are taken. According to these authors (Wilson & McLaughlin, 1984:28-41), it is important to establish the concept of academic medicine as a critical national resource as a new concept.

Heads of the Department are facing a number of challenges (Kochar, Simpson, & Brown, 2003:38). These include:

- A decrease in funding and change of funding structures.
- Increase in quality management and accreditation.
- Faculty development programmes, specifically with reference to programmes for Heads of the Department, other academic staff, teaching staff, as well as support staff.

Van Zyl (1997:16) quotes Kekomaki and alleges that there are problems with all the financing structures for academic health. Some of the issues that were pivotal to the problems of financing structures are the separation of services and education plus research, something which always leaves an incomplete circle. There are also research contracts that are endangered because of

impartiality. Thus the impact of education on teaching efficiency varies with different financing structures.

There is also a problem regarding how to compensate case mix and the managerial problems, which creates unavoidable friction in academic health. Case mix is the different compositions of patients. One of the worldwide trends because of the cost implication is the decrease in beds. This, together with the primary health care approach, initiated the process according to which there is less money available for academic health services and faculties. It was said that hospitals are still the backbone of health services and that one should look at the public-private mix and the co-operation between the public and the private sector. It is important to address the future of the medical profession and one of the issues that was listed is: If nothing changes, change will be enforced on academic medicine. In 1997 at the Conference in Australia on "Sharing Ideas for Better Health" to ensure the future of academic hospitals in the world was identified as a challenge (Van Zyl,1997:10).

Demmy, Kivlahan, Stone, Teague and Sapienza (2002:1235) have similar measures of physicians' perceptions about their institutional function and leadership as mentioned by participants in the above-mentioned conference. One of the highest areas of priorities was protected time for research or personal use.

Wojtczak (2003:28) points out that globalisation has an impact on medical schools. Reference is made to globalisation that has impacted on different areas of the academic life, including sciences, public health and medicine.

5.2.5 Human Resource management

The recommendations from Demmy *et al.*, (2002) for enhancing recruitment and retention are:

- One has to fix the administrative concerns.
- Research and income have to be improved.
- One must support the physicians and have clinical programmes and autonomy.

Concerns are raised about the change of medical care and medical schools from a more traditional profession to that of a business-orientated health care service. This has changed the values from fidelity, altruism, confidentiality, and integrity to a more transferred process where one has the values of profit of business that clash with values of medicine.

5.2.6 Departmental leadership

Bitzer (2003:3) indicates in a module on quality and research on postgraduate studies presented in the form of a workshop on departmental leadership, that there are features of successful research environments. It is important to take note of these features for impact on the needs of Heads of the Department.

On departmental level, Bitzer (2003:7) continues to indicate that there are a few things that need to be implemented to support the research environments for Heads of Department of which some includes providing guidelines and monitoring of progress.

Leaming (1998a:114) indicates that there are certain reminders for Heads of Department to deal with members. These include the following:

- A good administrator must be a good listener.
- Always allow others the opportunity to save face.
- Do not make snap judgements.
- Keep an open door.
- When you make a mistake, admit it.
- Look for ways to compliment faculty members.
- Treat everyone honestly and fairly.
- Write things down.
- Compromising is not necessarily a sign of weakness.
- Remember that you are “their” chairperson, but they are not “your” faculty.
- Remember that a faculty member is not necessarily wrong just because he sees things differently and behaves differently from the way you do.

The author continues to say that the advice to Heads of Department would be to listen carefully; to have a good sense of humour; and to get to know and be comfortable with themselves so that they can be secure.

Tucker (1984:284) refers to the leadership role Heads of Department must play and needs to represent their departments internal and external. Tucker also refers to the tactics of Heads of Department to get their way in an institution. Tucker (1984:102) refers to three criteria of expertise, acceptance and time used in implementing change

Rice and Austin (1988:58) discuss the factors that produce high morale in a faculty. These characteristics of high morale in academic institutions are mentioned to include high involvement of members in decision-making; collaborative environment; new ideas likely to be tried; and some other characteristics. Other work that is important to mention is the work done by Kapp (1983:170) points out the important formal role of Heads of Department

as leader as heads are responsible even in the case of leadership as group function. Van der Westhuizen (2002) is also a excellent source on departmental leadership.

7.2 THE IMPACT OF MANAGEMENT FACTORS ON MANAGEMENT MODELS

The consultative document on the national framework for education (RSA DoE, 2003:6) indicates that the interface between learning and working is an extremely important issue. The document mentions that a successful human resource development strategy in the 21st century thus requires the delivery of both sophisticated occupational skills development and highly effective general further and higher education across the full range of human capabilities.

South Africans have the added responsibility of designing opportunities for fellow citizens to redress the unjust denial of education and skills that remains a crippling legacy of decades of racial oppression. Since 1994, South African efforts to transform education and skills development in this era of democracy have had an attempt to address the global and local challenges of transformation. The key elements of conceptualisation and development of the National Qualifications Framework (NQF), which are in the transformation agendas of both the Department of Education (DoE) and the Department of Labour (DoL), were undertaken in direct response to the phenomena of globalisation and democratisation. The next stage of the framework implementation must also achieve a balance and effective response.

It is indicated that, as part of the strategic framework for the modernisation of tertiary services, one needs to achieve a critical mass (RSA DoH, 2003:19-22). A critical mass is a small number of specialities or subspecialities that are presently very small and lack the critical mass for sustainability, but that are likely to become much more important in the future and in health care.

The DoH therefore needs to direct investment and promotion of these specialities and have to ensure that adequate capacity exists to meet the changing needs in the future. To address these specific critical mass needs, as well as other needs as part of the establishment of the strategic framework for the modernisation of tertiary services, it was investigated to set up an organisational model. A key objective of the speciality discussion groups was to ensure that each speciality considered appropriate organisational models for its service in detail, in particular to consider the organisation of services across the care continuum from regional hospital to tertiary and quaternary services.

All groups had to give the question considerable attention with many providing substantial detail in their reports. Analyses of the reports indicate that there is also considerable variety in groups' interpretation of the general concept of tertiary services. This relates critically to such questions as the degree of subspecialisation required, dependencies upon other subspeciality services, and the degree for which a service needs to be population-based rather than referral-based. For example, neurosurgery poses that its services are in fact national tertiary centres. Ear, nose and throat (ENT) sees a clear continuum from regional services to tertiary to one or two national superspecialist centres, whilst burns and trauma, for example, see themselves as requiring population-based tertiary centres, but with no higher national referral level.

Trevor Manuel, Minister of Finance, clearly states that globalisation needs to be addressed, as the state must not be weak in facing globalisation, but needs to approach the problem in a different manner and not as if it has no power. The challenge is to ensure that skilled labour, especially where it is scarce and in high demand – as in most developing countries it is – does not move north. Some of the negative flows of capital and people need to be addressed by many policies and approaches, which can play a significant role in reversing several of the negative flows (Manuel, 2003:11).

One of the areas earmarked by Mr Manuel in his speech entitled *Globalisation, Income Distribution and the Role of the State* (2003) was to indicate that corporate governance needs urgent attention. The question that was asked is: "Which mechanisms need to be put in place; what sort of policies; and what sort of assistance should be in place to help developing countries benefit from the resources they increasingly put into improving educational systems?" (Manuel, 2003:11).

The main aim is that societies can and do adjust over time to incorporate the lessons of value in any given period of time. It is a well-known fact that education is the academic health centres' reason for being and existence. One key limitation to providing quality education is the amount of funding that is required doing this training. This funding is needed for undergraduate as well as postgraduate training. One of the important changes in the funding stream is that a good deal of the funds that are allocated for education in academic medical schools are used more broadly for additional social and academic missions that occur to the nation's academic health centres. This means that only a variable portion of the funding is allocated for the original reason it was given.

As faculties in South Africa do not control the allocation of these funds, it becomes more difficult to utilise these funds for the purpose and original aim for which they were allocated. Covey and Friedlaender (2003:1594) refer to this phenomenon as a worldwide one. They also indicate that this provides a challenge within the academic environment and forces academic health centres to focus on fiscal solvency rather than education as their chief concern. They also indicate that the cost difference for academic hospitals to provide service delivery is between 30% – 50% more to operate than non-academic hospitals. The focus of academic institutions is to provide access for specialised services at tertiary level which cannot be rendered at any other level and this needs to be funded sufficiently.

The complexities of the type of patients that are treated in these types of facilities need to be taken into account with the allocation of funding. These patients are sometimes more prone to complications and it takes more resources to be treated because of their degree and the severity of their diseases. One of the main problems in academic hospitals is the increased cost concerning decreasing revenue streams to fund all the activities of academic institutions. The focus has been to shift funding from research to service delivery to keep up with the cost demands at academic level.

As part of the whole scenario, academic health centres have pushed to reduce their internal running costs and increase throughput of patients. It is mentioned by Covey and Friedlaender (2003:1601) that there are people who are of the opinion that the increase in throughput to reduce costs has been having an effect on the deterioration of the educational environment. This – together with replacing time spent on learning diagnostic and clinical management tools with tasks like admitting, discharging and clinical assistance during specific residencies – contributes to the deterioration. They continue to ask a fundamental question: Is postgraduate medical education worthy of public funding? Their conclusion is that the state needs to take responsibility to support academic services and their support at financial level should reflect the level of value that a society places on the academic service or specific service rendered by an academic institution.

These factors are the main factors that determine the attractiveness of academia to future specialists. Some of their recommendations can be summarised as follows (Covey & Friedlaender, 2003:1604):

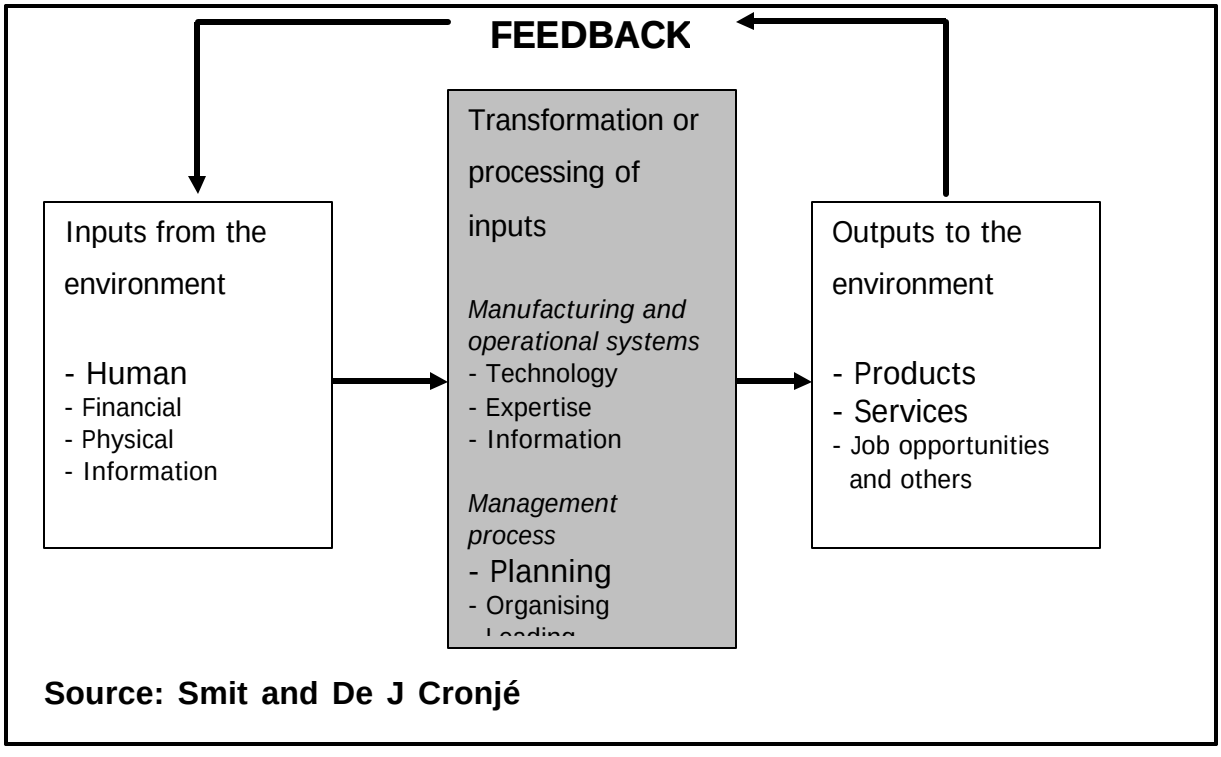
- To provide educational funding directly to teaching programmes.

- To eliminate the funding differential that supports primary care residents.

Covey and Friedlaender (2003:1606) conclude by saying that it is important for all role-players in the academic health sector to understand how health care and physician education influence finances, so that we can effectively advocate for high quality teaching programmes.

Smit and De J Cronjé (2002:61) conclude that organisations are subsystems of their environment. This is a concept of the systems theory. A system is defined as a set of interrelated elements functioning as a whole. This academic organisation or institution is also a system that operates in a specific environment. The organisation is not self-sufficient, nor is it self-contained. The organisation and its environment therefore depend on each other for survival. This is indicated by Smit and De J Cronjé (2002:62) in their systems perspective of an organisation as indicated in Figure 5.1:

Figure 5.1: Systems perspective of an organisation.



Source: Smit and De J Cronjé

The composition of the management environment is clearly described by Smit and De J Cronjé (2002:65). They indicate that the management environment is composed of three environments, namely the micro-environment, the market environment and the macro-environment.

Organisations can prepare themselves for environmental changes. Environmental changes can be detected and responded to mainly through environmental scanning and information management. The extent to which the environment influences the management of an organisation therefore depends primarily on the type or organisation and the nature of the environment. Some of the aspects and how it can influence the organisation need to be taken into account when developing a model.

Ramsden (1998:347) refers to a theory that indicates that qualities of good management in a university, especially at Head of Department level, mirror those of good teaching in higher education.

As part of this theory, Ramsden (1998:348) indicates that managers will have to develop their capabilities to the highest potential and also increase knowledge and understanding. In addition, they also need to adapt and to attain sustainable knowledge based on economic issues and also play an important role in shaping a democratic, civilised and inclusive society. Ramsden continues to indicate that there are changes in the internal organisations that can be captured in the simple model distinguishing the degrees over control over policy and policy implementation.

Some of the changes in the environment have an influence on effectiveness and need to be taken note of as indicated by Ramsden (1998:361). These include the quality of learning; teaching and research within academic environments; and the diverse undergraduate learning and other issues

associated with undergraduate training, namely grants, control, discipline and management.

In addition, it is important to note that the better the attitude, the better the profitability and productivity of organisations. Ramsden specifically refers to the fact that there are no intrinsic differences between businesses and academic organisations. Ramsden (1998:362) suggests that the key in improving performance and management is to be found in management processes that recognise the imperatives of mass higher education while maximising academic autonomy and rewarding intrinsic interests. It is indicated that when things are equal, output, outcome and activities are greater when the environment affords:

- A distinctive research culture.
- Clear goals.
- A positive group climate.
- Assertive participative governance.
- Decentralised organisations.
- Frequent communication.
- Accessible resources.
- Appropriate rewards.
- Leadership expertise and skills and both indicating appropriate organisation structure and using particular management practices [Ramsden (1998:365) as quoted from the work of Bland & Ruffin (1992:385)].

The question is asked about effective academic leadership and the impact this has on good university teaching. This is specifically summarised in Table 5.2:

Table 5.2: Effective academic leadership resembles good university teaching.

Good teaching	Effective leadership
Clear goals	Direction and vision
Challenge and Explanation	Inspiration
Feedback and support	Developing and recognition
Appropriate assessment	Fair management
Independence	Professional autonomy
Improvement through evaluation	Improvement through evaluation

Source: Ramsden (1998:347).

Ramsden (1998) continues to indicate that, for the future of universities, we need to accommodate management processes that will help students to learn and establish best practices in other organisations. This will mean that the following aspects need to be implemented:

- Strong policy control and definition.
- Looser control of implementation.
- Leadership being understood in enabling and support for task achievement.
- Authority being derived from successful performance.
- Much more extensive feedback and generally stronger communication up and down the line.
- Management being understood as a professional skill, learnt continuously (Ramsden, 1998:367).

In conclusion, Ramsden (1998:368) poses the question: “What needs to be done for universities to be effective in the turbulent times?” The author

continues to answer this question by saying the following need to be implemented:

- The expertise of staff needs to be used to embrace change enthusiastically.
- A vision to change things staff and students never thought about.
- Using the gift for enabling academics to realise the highest standard of excellence and creativity.
- Commitment to help people to develop their skills.
- The capacity to manage both resources and people firmly.
- The ability to deliver high quality products and services.
- A talent for marrying imagination with information.
- A willingness to live with paradox and to nurture tolerance.
- The courage to admit mistakes.

Heijnen, De Groof and Jansen (2003:6) mention that there are certain new contexts and challenges for medical deans. This list of challenges can also be applicable to Heads of Department. These challenges include the following:

- The multiple impacts of institutional, national and global forces.
- The unprecedented proliferation in knowledge.
- Increasing pressure to increase competitiveness.
- Global advances of new technologies.
- New government regimes within higher education.
- Representation of departments within the external environment.
- A direct and active role in recruitment.
- A direct and expanding role in marketing and communication.

- A heavy loaded portfolio of responsibilities.

They continue to indicate that managers in medical schools need to strengthen their knowledge and sharpen their strategies as academic leaders and managers.

Smit and De J Cronjé (2002:315) mention that emotional intelligence is a very important factor in work success as researched by Goleman. They define emotional intelligence as the ability to access, manage and make use of one's feelings in the workplace.

Smit and De J Cronjé also indicate (2002:345) the following:

Motivation x ability x opportunity is = performance.

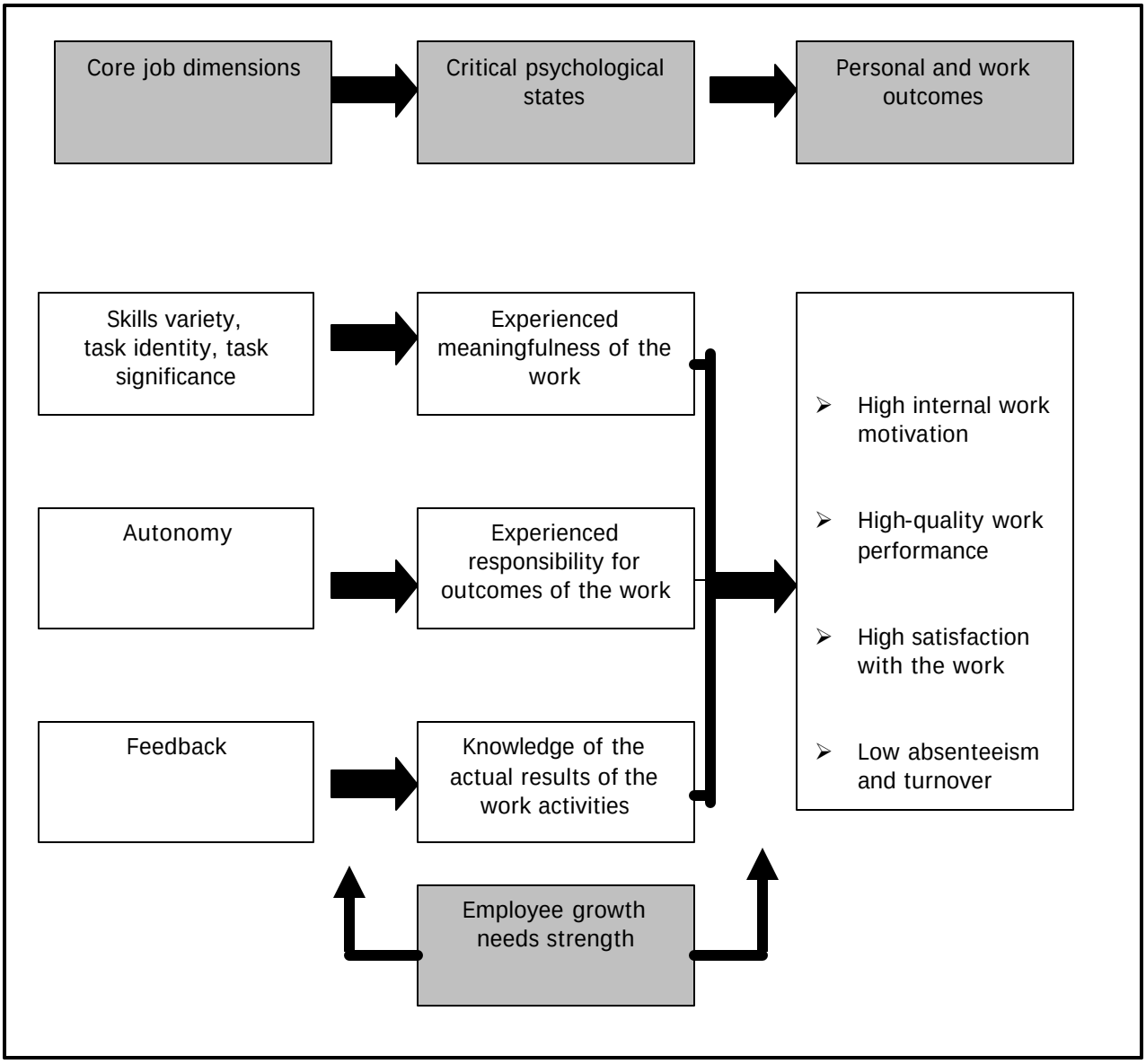
This means that all these factors mentioned have an influence on performance and indirectly on influencing management.

Smit and De J Cronjé (2002:347) mention that one of the most familiar theories of Maslow's hierarchy of needs is a theory of individual motivation that was formalised by Maslow himself. The theory is based on two assumptions, namely that individuals always want more; that their needs depend on what they already have; and these individuals' needs are arranged in order of importance.

Smit and De J Cronjé (2002) continue to quote the characteristic model of Hackman and Oldham (2002:362). This model is based on the assumption that there are core job dimensions, which in themselves create critical psychological states. These states lead to certain personal and work outcomes that are to the benefit of all.

The characteristics model is described as follows in Figure 5.2 (Smit and De J Cronjé, 2002:363):

Figure 5.2: The job characteristics model.



Source: Smit and De J Cronje (2002:363).

Smit and De J Cronjé (2002:426) mention that there are certain environmental challenges of global management that have an impact on management. These

are areas of economics, politics and culture of those countries. In the area of economic environment, specific reference is made to the following:

- The economic systems.
- Basic economic indicators.
- Natural resources.
- Infrastructure.
- Government stability.
- Political risk.
- Incentives for international trade and control.
- International trade.

Competing in global economy is also being influenced by the size of the organisation, management functions in a global economy and some foreign direct investment. New challenges for management are also set as a factor with reference to factors that have an impact on management models. These challenges specifically also refer to the forces that cause organisations to change (Smit and De J Cronjé, 2002:461).

Kapp (2003:2-6) is of the opinion that certain challenges are factors that need to be taken into account for Heads of the Department as part of the higher education process. These challenges are on an international as well as a national level. Kapp (2003) continues to say that these challenges in higher education are important to take note of and there are barriers to overcome.

On a national basis there are national challenges that serve as factors that influence higher education which includes:

- Transformation of systems.
- Equity and quality.
- Co-ordination and planning.

- Democratisation.
- Responding to the economic and social needs.
- Eradication of illiteracy, employment and lifelong learning.

Kapp (2003) also indicates that one needs to even go down to the lowest level if one talks about challenges and also needs to list institutional challenges, which include affirmative action; funding; research development; and professionalism as some.

Ilbury and Sunter (2001:59) indicate that each person within a group has his own model of the real world and what is relevant based on his experiences. This is referred to as the person's microcosm. The real world and his relevant past are the macrocosm. This has to impact as a factor on organisations and the institutions.

Ilbury and Sunter (2001:116) indicate that some of the factors that influence the environment are the following:

- Globalisation.
- World-wide epidemics like HIV/AIDS.
- Technological waves.
- Economic growth.
- Nuclear weapons.
- Conventional military capabilities.

Ilbury and Sunter (2001:130) pinpoint eight characteristics of being world class, which include:

- Passion.
- Focus on issues.
- Being different and unique.

- Collecting a team.
- Studying global practices.
- Never to give up on innovation of your product and service.
- To have an in-built radar system, picking up on opportunities and threats.
- To be ethical in all senses of the word and to all stakeholders.

5.4. CONCLUSION

The process of change is experienced in changing the present situation through interventions to the future state of experience. As part of the change process there is always a resistance to change. Some of the driving forces create the opportunity for change to happen. This must be explored by institutions. There is also a difference between old and new paradigms and there needs to be a paradigm shift from the old to the new. Factors that influence management and which are not receiving sufficient attention in the school are:

- Globalisation.
- The Employment Equity Act (RSA, 1998).
- External environmental issues, which include the Growth, Employment and Redistribution (GEAR) policy, the policy on service-rendering, the policy of government on health as well as management of transformation within the institution.

Some of the technological aspects that influence the environment of faculties are:

- Computerisation.

- Keyhole surgery.
- Use of simulators in training of personnel and students.
- New developments on type of services and products.

Crime is an important factor influencing the health environment and needs to be taken into consideration. Stabilisation of crime levels or even a decrease will result in an increase of funds available. Assumptions, trends and developments will have a significant influence and effect on the developments within institutional and academic hospitals. The spending patterns in academic hospitals will also change with the setting of protocols and cost centres to limit the spending on certain diseases, which will create a core of critical services to be rendered in tertiary hospitals.

There are major areas of control, skills and management that are needed in tertiary institutions. A variety of policy measures are in place to improve the balance between the issues and the constraints. The organisational complexity of medical schools must not be underestimated.

Heads of the Department are facing a number of challenges, which include the following (cf 5.2):

- A decrease in funding and change of funding structures.
- An increase in quality management and accreditation.
- Faculty development programmes, specifically with reference to programmes for Heads of the Department, other academic staff, teaching staff and support staff.

The main aim is that societies can and do adjust over time to incorporate the lessons of value in any given period of time. It is a well-known fact that education is the reason of the academic health centres' for being in existence. One key limitation to providing quality education is the amount of funding that is

required doing this training. It is important to take note of the drain of funding and there needs to be a renewed focus on establishing sufficient resources and sources for the important role of education, both at undergraduate and postgraduate level.

As part of the whole scenario, academic health centres have pushed to reduce their internal running costs and increased throughput of patients. Certain factors need to be accelerated to increase the attractiveness of academia to future specialists. The impact of the environment and the needs of the Heads of Department must not be underestimated in the establishment of a management model.

The next chapter, chapter 6, will deal with the research design and methodology.

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CHAPTER 6

"…and all success lies with the research" (Nel, 2002).

RESEARCH DESIGN AND METHODOLOGY

6.1 INTRODUCTION

The aim of this study is to create a managerial model for Heads of Department of the Medical School determined against the background of good managerial practices, as well as to set a management model for new Heads of Department and the training of new and present Heads of Department. Research was done by means of a questionnaire that was compiled after the literature study. The information gathered from the questionnaire to Heads of Department then were use to set up questions of the second part of the research as a Delphi process. The Delphi process was planned to go for as many rounds as needed.

The research was based on the literature study on available management models and a literature search on the needs on managerial issues of Heads of Department of medical schools in order to identify criteria of need.

The views of Heads of Departments were established through the questionnaire on dealing with different aspects, for instance:

- Job satisfaction.
- Transformation.
- Areas of management.
- Leadership practices.
- Staff development.

- Motivation.
- Strategic management.

The above-mentioned aspects are some of the aspects that were measured by the questionnaire. This process of the questionnaire was done to establish a comprehensive list of needs as identified by Heads of Departments as needs to manage their Departments. As previously indicated (cf 1.3), Heads of Departments are academically qualified in a specific area. The primary objective is not appointed Heads of Department for their managerial.

The literature review that was done covered different areas, including what types of management models are available and what type of global managerial needs are described by experts in the academic environment for Heads of Department.

Research was done by using the Delphi technique. The Delphi technique was specifically utilised to test statements by using experts who had been involved in medical schools and the management of medical schools. It was important to measure these statements with the experts as an independent group who was not emotionally involved in the daily running of the Departments in a medical school.

The Delphi technique was structured in the format of a questionnaire to obtain the opinions of the experts regarding the importance of the statements/criteria on which consensus had to be reached. Consensus is defined according to Larson and Wissman (2000:45) as where 80% of the participants vote the same on a specific item within the same point of the three-point scale. The three-point scale that was used in the Delphi technique included:

- Three (3) for “essential” (These criteria must definitely be included in the model).

- Two (2) for “useful” (it does not matter if the criteria are included or left out in the model)
- One (1), for “unnecessary” (this criterion must definitely be left out of the management model).

Different rounds were held as part of the Delphi technique to reach consensus. It was planned to have as many rounds as needed to get consensus. Three rounds were held to get consensus or stability on the statements. It was important to test the experts on all the rounds and important to reach consensus on all the input. The same areas that were used for the questionnaire to the Heads of Department were used for the Delphi participants. The only section that was excluded was the demographics, as these were not important and did not have an impact on the expert group. All these inputs were used and processed to make an informed management model applicable for Heads of Department in the Medical School of the UFS. The model was developed according to proper research results and an extensive literature review on factors, criteria and other management models to address the specific management needs in this school.

6.2 THEORETICAL PERSPECTIVES ON THE RESEARCH METHODOLOGY

The academic level of Heads of Department created the perception with management structures that there was no need to address the managerial training needs of Heads of Department. To date, only informal discussions and information meetings were held by the provincial administration with the implementation of new systems, processes and structures. No formal induction process was in place to help the newly appointed Heads of Department. This focusses on the present undesired situation with regard to management for Heads of Department.

It must be remembered that the Heads of Department appointed in the Medical School, UFS, still need to be the best academic appointments for the post. As part of the process of reaching the academic level, managerial skills will play a secondary role in the appointment of Heads of Department. Although this is the reality, managerial skills need to be addressed as part of the total armour of a medical Head.

The change in the responsibilities, environment and expectations of Heads of Department without proper mechanisms and processes to support them to keep up with these changes, has created a performance gap that needs to be addressed.

The majority of Heads of Department in the School of Medicine, UFS, were appointed before all of these changes and expectations from Heads of Department became very common.

The problem that was identified is that, in future, Heads of Department will still be appointed with their academic competencies bearing the biggest weight in the process, but they will have to function in two different environments, namely service and academic environments with two different sets of management requirements. This policy is also in line with the national trend. However, no suitable candidate will be found for this position if there is not at least an evaluation of the managerial potential of a suitable candidate. With a suitable management model tailored to the needs available for future candidates who have managerial potential, we shall establish a generation of Heads of Department who will take a Medical School into the next generation of Health Sciences.

This model will not only be used for new appointees. It will also be available to all present Heads of Department who are eager to use a structure to help them manage their Departments. The biggest challenge at the present moment is that Heads of Department, who are leaders in their academic fields, do not

become demotivated because of their frustrations with their managerial responsibilities. The feedback that they might experience on the managerial issues may be so negative and demoralising that there is a real threat of losing some Heads of Department or not being able to recruit the quality candidates who are needed for these positions. The proof for this is the five Heads of Department posts that could not be filled the last two years after two processes of advertisement of these posts. It is important that we invest in Heads of Department. This country does not have enough resources and funds available and we need to ensure that we appoint the best-qualified people for these posts, as was the case in the past. Medical education is at a watershed time where we are adopting new curricula to address the needs of this country to train and produce doctors and other health professionals who will support the National Policy of a primary health care approach. To achieve this, we need Heads of Department who are leaders at academic as well as managerial level.

The aim of this study is to create a managerial model for Heads of Department of the Medical School measured against the background of good managerial practices and to set a framework for induction of new Heads of Department and the training of new and present Heads of Department.

To achieve this aim, the following objectives were pursued:

- Conducting a literature study on available management models in order to collect information to serve as background for the empirical study.
- Conducting a literature search on the needs on managerial issues of Heads of Department of medical schools in order to identify indicators of need.
- Doing an empirical study by means of a questionnaire survey to determine the managerial needs of Heads of Department in the Medical School of the UFS.

- Finalising statements (criteria) for a management model by means of a Delphi technique.
- Proposing a managerial model for Heads of Department of the Medical School, UFS.

It is envisaged that this process will also address the fears of Heads of Department will motivate them and will establish a working environment that will be conducive to retain Heads of Department.

The retention of the Heads of Department is one side of the coin. The important issues are also to create a management model for present Heads of Department that can be utilised to manage their departments in a very complex environment. Additionally with this management model, an induction programme can be established for new Heads of Department who are appointed. This model can be utilised to help us establish management guidelines for Heads of Department to manage their departments. Thus it is important for the outcome of the model to be discussed with central management including management of both the University and the Provincial Health department to ensure that such a model is supported.

6.3 METHODS AND PROCEDURES

The study that was conducted can be described as a descriptive study. A quantitative approach was followed with qualitative elements included as open-ended questions.

6.3.1 Scope of study

The following steps clearly spells out the scope of the study:

- A literature study on the needs of Heads of Department.

- A literature study on the application of available management models to management a school of medicine.
- A questionnaire to determine the needs of Heads of Department of the Medical School of the UFS.
- The Delphi technique with representative sample of deans, Heads of medical schools, Heads of health departments and senior clinical managers on the proposed managerial model.

The investigation was conducted in the study field of Health Professions Education and Academic Management at a higher education level.

6.3.2 Quantitative approach

Babbie and Mouton (2001:49) state that, when we refer to the quantitative approach, we have a number of related themes in mind which would include an emphasis on the qualification of construct, i.e. assigning numbers to the perceived qualities of things. Variables play a central role in describing and analysing human behaviour (also known as variable analysis), while a central value is afforded to control or sources of error in the research process.

6.3.3 Qualitative approach

Mouton (1996:149) provides the following *[sic]* definition: … "studies that are usually qualitative in nature which is aimed to provide an in-depth description of a group of people or community. Such description is embedded in the life wills of the actors being studied and produced *[sic]* insider perspectives of the actors and their practices". The open questions in both questionnaires are qualitative.

6.3.4 Research method

The methods used in this study consist of a literature study on the management models available for departments in medical schools. The service, research and education features need to be investigated as part of the management models. Global changes on health services and education need specific attention. A literature search on the needs of Heads of Department of medical schools on managerial issues was conducted. This search had to address not only the managerial needs in the educational and training areas, but also in service delivery areas.

The literature studies were followed by an empirical study by means of a questionnaire survey (Huysamen, 1994:128) to determine the managerial needs of Heads of Department. The questionnaire was developed from the literature study on managerial needs. In the case of the open questions, it was quantitative and qualitative. It was followed by the Delphi technique (cf. 6.3.10).

6.3.5 Participants and sample

The survey population would consist of the individuals who had signed the consent form and who were willing to take part in the study in both the questionnaire to Heads of Department and the Delphi process. The population used was all full-time (permanent) Heads of Department of the Medical School, UFS. “Full-time” in this situation refers specifically to Heads of Department who had been formally appointed through a process of formal interviews and would include Heads not working full-day. The target population was individuals who possessed specific characteristics and who met the inclusion criteria of the study. Only Heads of Department who were not involved with the research, who has a full-time appointment in the School of Medicine, was included in the sample population. No selection was involved, as the population was so

small that everybody was used. A total of 28 persons were involved. The sample used for the pilot study was a description of the individuals involved in the questionnaire to Heads of Department. They would have to possess specific expertise, interest and experience in the field concerned, e.g. academic management.

The criteria for setting the management model were tested by using the Delphi technique (Kreitner & Kinicki, 1998:375), using a representative group of people in management positions with specific reference to deans, Heads of medical schools, Heads of health departments and senior clinical managers in South Africa. Six persons were used with this technique. These participants were used as experts to evaluate the model. The systematic process of the Delphi technique provided a suitable medium to obtain consensus on criteria for a management model. The questionnaire was put to the experts in a specific format of statements that the experts needed to respond to by rating these statements according to a set of criteria. It was important to use the Delphi technique more than one round to obtain sufficient consensus in the group of experts. The Delphi had three rounds. A final management model was developed according to the outcome of these inputs.

6.3.6 Target groups

For the first questionnaire it was established that all Heads of Department who were full-time in the posts at the time of the research in November 2003, had to be included in the sample. The management model established for Heads of Department is only applicable for the School of Medicine, Faculty of Health Sciences, UFS. This is the reason for only utilising Heads of Department in the Medical School.

At the time of the research, there were 29 full-time Heads of Department who could be utilised. One of the Heads of Department was involved in the study helping with the statistical analysis and was excluded because of her involvement in the study itself. The decision of the sample was actually very easy because of the small number of Heads of Department; it was felt to include the whole population as the sample. The sample size was then set at a maximum of 28 participants as the total population. The response rate of the individuals participants was also very important.

Determining the sample size for the Delphi participants was much more difficult. It was important to have representation of experts over a wide base of knowledge to be part of the Delphi process.

The panel of experts as part of the study was important to define as members and experts in health sciences and departments of health. It was part of the process to assume that the members of the expert panel would be experts in the field of management and would have the potential to provide a broad perspective on issues of health management. Six experts were chosen as part of the sample.

Of these six experts, one expert was a previous dean and Head of Department with experience of management of Department. The second expert was an expert who it is currently a provincial Head of Health, but also previously the head of an academic department. The third expert was a specialist involved in health issues for many years and with an interest in health education. The fourth expert was and still is a head of a medical school who supervises Heads of Department and knows their needs in the medical school. The fifth expert was a line manager to an academic hospital and a Faculty of Health Sciences and was involved in the management of Heads of Departments. The last

expert, as part of the panel, was part of a health department, top management, and responsible for overarching clinical services and knew the responsibility of Heads of Departments from a clinical services perspective.

The Head of the school who was included as expert was also knowledgeable on the academic teaching and educational load as well as the research load of Heads of Department in general.

6.3.7 Questionnaire distribution

The questionnaire was handed to the Heads of Department after a Heads of Department's meeting. Heads were requested, if possible, to complete the questionnaires there. If not possible, Heads were granted a two weeks' opportunity to complete the questionnaire and it was envisaged to be collected from their offices. The questionnaire was anonymous and the process also protected their identity.

The Heads were anticipated to be asked to put their questionnaires in a sealed box to keep them anonymous. In theory it was planned that the questionnaire for Heads of Department be collected from their offices. In practice, this did not materialise. Heads of Department started sending in the questionnaires on their own to the office of the researcher and, in the end, only a few were collected from offices. Based on the findings of the literature review and the empirical study, a management model for Heads of Department, Medical School of the UFS, was developed.

6.3.8 Pilot study

Both the needs-questionnaire and the questionnaire on statements (Delphi questionnaire) were tested as a pilot study beforehand in the

Faculty of Health Sciences, using a previous and an acting Head of Department and one of the senior managers in the Faculty. The main purpose of the pilot study was to ensure that the questions were stated in a clear way and that misunderstanding which might lead to wrong results, might not occur. The questionnaire was also tested for in the case of specifically the Delphi that it could be utilised in an electronic format and would work in an electronic format. Aspects like the time it would take to complete the questionnaire and to conduct the interviews also had to be determined.

The respondents for the questionnaire were Heads of Department appointed in the Medical School, Faculty of Health Sciences, UFS. The participants for the statement questionnaire as part of the Delphi technique were deans, Heads of medical schools, Heads of health departments and senior clinical managers in South Africa.

6.3.9 Literature survey

The literature survey was important for the whole study. It is important to place the problem in context and to research the problem. First, it was to determine a base of the present management models available in the global environment. This need not have been management models that are applicable to medical schools. The aim of the literature survey was to establish the different business management models; how they functioned; and what their impact on a management process could be. The literature survey focussed on three areas, namely the needs of Heads of Department, management models for Heads of Department, and factors influencing management of Heads of Department.

With reference to the aspects of needs of Heads of Department, it was important to establish the needs of Heads of Department as provided in the literature. On the management model for Heads of Department, it

was first important to indicate the differences between management and leadership. The definitions and the type of management were researched. This was followed by a literature study on the types of models of management available. The framework and approaches for management were also researched as part of the process of literature survey.

Last the factors on influencing management and the impact of these factors on management models were researched. It was important to finalise this as part of the bigger picture to have a background on precisely what the needs were, what the factors were, and what the management models available were. These areas were important to determine what could be utilised to establish a proper management model for Heads of Department in the medical school.

It is important to mention that, at this stage, no example of a management model for medical schools could be found in the literature.

6.3.10 Questionnaire survey

The questionnaire survey was sent to Heads of Department. The process and the sample were already discussed.

6.3.11 The Delphi technique

The criteria and needs that were gathered from a questionnaire which had already been sent out to the Heads of Department in the School of Medicine, as well as the literature study which was done, was used to compile statements to be used in the Delphi survey.

The methods utilised in the study were in the first place a comprehensive literature study on available management models and a literature study on the needs of the Heads of Department. This had already been done. A questionnaire was compiled according to the literature reviews on the needs of Heads of Department of the UFS.

The Delphi technique is a technique that was used in the study, referring specifically to people who work with academic management and were in positions as supervisors or academic managers (e.g. Deans, Heads of Health, general managers, chief executive officers and Heads of medical schools) to evaluate the statements. Expert opinions were sought, as critical decisions required critical thinking and reasoning. It is important to mention that Clayton (1997:377) states that five to 10 experts as part of a panel for a heterogeneous population are enough to use as people with expertise on a particular topic for the Delphi technique. In this case it was decided to have six experts as participants as this is more than the minimum. More than six experts were problematic as there are not that big number of experts available and these experts are senior persons with busy schedules.

Smit and De J Cronjé (2002:163) describe the Delphi technique as a technique that can be used to finalise decisions. The decisions in this process are made by experts in the field the technique is relevant. The technique receives its name from Delphi, a place that was famous before the time of Christ as a seat of the most important temple of the Greek god, Apollo. It is said that kings and other rulers would come to Delphi to consult with Apollo. The technique involves using a series of confidential questionnaires to refine decision-making and a solution to the specific questions. Steps, which characterise the Delphi technique, are that the problem is identified and members are asked to provide potential solutions through a series of carefully designed questions.

Each member anonymously and independently completes the first set of questions from the participants.

The first set of questions was compiled, transcribed and reproduced. Each member then received a copy of the results. After viewing the results, members were again requested to provide solutions to the questions during a second phase. These steps were repeated as often as necessary to gain consensus.

As part of the Delphi technique, a series of intensive questions were set to the participants in the Delphi technique. The technique involved testing individuals on specific issues. The participants were used as experts to evaluate criteria for the model. The systematic process of the Delphi technique would provide a suitable medium to gain consensus on criteria for a management model. The model was put together after the experts' input has been acquired through the Delphi technique. It might be important to use the Delphi technique more than once to gain sufficient consensus among the group of experts. A final management model was developed according to the outcome of this process. The Delphi process was anonymous to other expert participants. The aim was to have the Delphi technique on an electronic basis and to communicate with participants in this format.

The Delphi process was used to benchmark and validate the proposed inputs to the management model in the present study. By using the Delphi process, the content (criteria) of the management model - unique to the School of Medicine, Faculty of Health Sciences - was benchmarked and validated by participants from diverse backgrounds in health sciences management. Participants were also requested to rate, rephrase and comment on statements.

Linstone and Turoff (1979:7) referred to a process of dealing with information and knowledge, giving people an opportunity to revise their views and to make decisions in processes and procedures for accomplishing the various specific aspects of the Delphi. One of the complex areas the authors referred to as part of the Delphi process, was to put together the structure of a model and to develop causal relationships of issues.

The writers (1979:5) say that the Delphi is usually utilised in cases where there is a need to structure group communication and to obtain useful results. Linstone and Turoff (1979:7) refer to the policy of Delphi that is a very demanding exercise. What is important as part of the Delphi technique is the process of team design and question design.

These authors refer to six phases that can be identified in a communication process of the Delphi process, namely:

- Formulation of issues.
- Exposing the options.
- Determining initial positions on the issues.
- Exploring and obtaining the reasons for disagreement.
- Evaluating the underlying reasons.
- Re-evaluating the options.

It is said that the Delphi deals largely with statements, arguments, comments and decisions. It is pointed out by the authors Linstone and Turoff (1979:8-9) that it is very important that the scales of evaluation be set properly to enable the participants to make a good decision and to have limited complications from respondents who do not think through their answers in order to remain consistent in answering different parts of the questionnaire.

Guidelines by Linstone and Turoff (1979:93) indicate that the professionals used in the process need to be knowledgeable about the topic. Other guidelines are the following:

- A time-frame is needed to develop the first round of questionnaires.
- The questionnaires should be pre-tested.
- Compound statements should be avoided.
- The respondents should have an opportunity to comment.
- There must not be an indication that respondents are not part of the Delphi process and they need to have ownership.
- Individual respondents should always be shown their original vote.
- Respondents should be allowed to suggest changes in the wording.

Linstone and Turoff (1979:216) refer to the second round that comments of the first round of respondents need to be collected and these comments need to be studied. The researcher needs to determine if the comments need to be included in the second round as questions or if the comments are only forecasting assumptions. It then makes sense that the comments need to be grouped accordingly so that the final product can be retyped and the comments included in the second round.

As the communication of the Delphi process was done by means of a computer process (electronic mail), it is important to note what Linstone and Turoff (1979:490) say about computer communication. They refer to the dimensions that a computer can add to the Delphi. They refer to the computerised conferencing and Delphi as being more attractive alternatives than other forms of communication when any of the following conditions are met:

- If the group is spread over distances.
- In cases where written record is required.
- When time is limited for participants to participate.
- When there is insufficient travel opportunities.
- When it is large groups.
- When there is disagreement which requires anonymous discussion.

Linstone and Turoff (1979:497) indicate that conferencing via computer is cost-effective communication and can be utilised for the Delphi to save costs. It is clear that the Delphi is a mechanism not only to generate specific alternatives for a problem statement, but also to create new solutions and alternatives to the set problem. This utilises collectively the thinking power of experts to deal with specific problems as indicated.

Critcher and Gladstone (1998:431) refer to the Delphi as a powerful tool to be utilised in research. The Delphi was first utilised by the Rand Co-operation by the United States Air Force in the 1950's to identify views on bomb capacities to destroy strategic US targets. It is described as a process or method used to put up opinions among experts via a series of written comments within the questionnaire. As part of the process, consensus needs to be reached. Critcher and Gladstone (1998:433) also state that it can address a range of objectives as a process in the research which includes identifying all the possible alternatives to examine options and to estimate the impact of these options.

On the selection and retaining of a panel, Critcher and Gladstone (1998:435) refer to a subjective exercise in the selection of a panel. The main principle of selecting a panel is indicated to look and ensure

diversity within the panel and having referees and advocates for a specific issue. For this, a panel needs to be carefully selected. Thus it is a very important activity as part of the Delphi to select a correct panel of experts.

The Delphi is described by writers as a method that can be used for a wide range of research. The method is also preferred for research because of its speed, its cost-effectiveness and the ability to compare options and alternatives.

Critcher and Gladstone (1998:445) specify that the preparatory phase for the Delphi technique is very important, for this is the foundation of a proper Delphi technique. The panel selection was already referred to as a very defined moment in the success of a Delphi process. It is important to include the participant who is knowledgeable about the topic and experts in the real sense.

The above-mentioned authors also refer to the questionnaire design and that the questions need to be statements and clearly stated for the experts to answer. It is also important that, as part of the design, open written comments at the end of each section needs to be provided to enable the experts to make informed comments on the questions, the wording, as well as make certain suggestions.

Another important aspect for the Delphi process is the judgement scales. It is important to allow your experts to have a clear view of the scales to use to reach consensus on the majority of statements made in the questionnaire. An important issue mentioned by Critcher and Gladstone (1998:446) is that in the majority of cases, two rounds should be sufficient to at least identify the issues and reach consensus on the majority of statements. They refer to other authors that do advocate for

five or six rounds as part of the Delphi, although they are still of the opinion that, in the majority of cases, two rounds should be sufficient.

Clayton (1997:373) indicates that the Delphi process provides a user-friendly, rigorous and systematic strategy for collecting and disseminating critical information. It is mentioned that the techniques provide and represent a communication vehicle whereby expert individuals can participate in decision-making without having to travel. Clayton continues to describe the Delphi technique as a technique which can be used by researchers to determine reliable consensus of opinion of a group of experts on intensive questions or statements within questionnaires with detailed feedback (Clayton, 1997:377).

Clayton (1997:377) describes the use of the Delphi method as a decision-process that has certain unique characteristics not found in other group of decision-making processes. It is important to mention that Clayton (1997:377) states that five to 10 experts as part of a panel for a heterogeneous population are enough to use as people with expertise on a particular topic for the Delphi technique.

On the issue of the questionnaire, Clayton (1997:378) indicates that the distribution of a questionnaire takes the form of three phases as part of the Delphi technique:

- Phase I is a stimulus of a questionnaire derived and mailed to each member selected as part of the panel, with a request for their opinions or answers to certain statement, events or questions. The inputs and responses from panel members are then analysed and screened to remove duplication of statements and to prepare a combined listing of statements. These responses are taken into account to develop a

second round of questions/statements as part of a questionnaire.

- Phase II is developed to obtain more input from the panel members and to actually induce them to also participate in the process. There can be various steps in this process.

- Phase III is for the researcher or the co-ordinator of the Delphi to establish on which statements or ideas consensus from the expert panel was reached.

The main aim of the Delphi process is to reach a level of consensus among the expert panel members on a specific statement. This consensus is assisted by the researcher providing feedback to each panel member individually of the previous rating of the group together and as well as the rating of the individual.

Larson and Wissman (2000:43) describe the Delphi technique as a technique that was used to do research on critical academic skills and to measure these. It was used to measure the critical thinking process, which was part of the technique itself. They also describe the disadvantages of the Delphi technique where some of the respondents express their frustrations with statements in the different rounds that were repeated. This is an important negative attribute of the Delphi technique that needs to be taken note of by researchers.

The Delphi technique has certain unique characteristics, which are important to mention. The process can distinguish itself from other group techniques by its focus on expert members, its anonymous process and its process that works towards reaching consensus.

Creative thinking is also one of the processes that are stimulated by the Delphi technique.

In the case of this study, the modified Delphi was used where the experts as part of the panel were presented from round one with the questionnaire that contained statements and questions. As part of the preparation of round one of the Delphi, concrete statement formulations and questions had to be finalised. In the subsequent rounds of the questionnaire as part of the Delphi, the questionnaire contained the ratings from the previous rounds, a summary of the panel's rating and specific comments that were relevant to the future process of the Delphi.

With follow-up rounds each and every expert was given the opportunity to reconsider each question and statement and to provide additional comments after having reviewed the panel's response and comments. For the finalisation of questions and statements for round one, a wide range of literature was consulted. A total of 162 statements, questions or propositions were formulated in the form of statements to which the experts had to respond.

It is also important to mention some of the disadvantages of the Delphi. One of the disadvantages is that the statements or questions asked by the researcher and formulated by the researcher may influence the outcome of the experts' opinion as part of the panel. Some experts of the panel may not understand the statement or question, which can lead to misinterpretation and false consensus.

After consulting the literature as indicated above, it was decided to use the Delphi technique as a powerful, research methodology as the most suitable methodology for this study.

The six experts were individually contacted by electronic mail and some of them were also personally contacted to obtain permission and consent to participate in the Delphi process of the current study. The letter of invitation is included as Appendix D. The consent form that the experts had to sign, is attached as Appendix E.

The letter of invitation indicated the details of the study and the time frame thereof, as well as other issues that were applicable to the study. The consent form, Appendix E, had to be completed and participants were requested to complete and return the form to confirm their participation as experts in the Delphi panel for the study. This had to be received before any of the Delphi questionnaires were sent out.

On the return of the consent form, participants could indicate if they preferred the questionnaire to be transmitted electronically by e-mail or by facsimile. They were also requested to provide their contact details for future contacts. All of the six experts immediately indicated that they were available and would be available for the time frame. The invitation letter clearly indicated that the details and comments provided by individual members of the panel would remain anonymous. This was important in order to establish that members immediately knew their position of confidentiality. It was also important to mention that all six of the participants indicated that they were willing to participate and answer the questionnaire in English. This is despite the fact that two of the experts were Afrikaans-speaking. The results of the findings of the present study would be done collectively without referring to the identity of any expert.

Only the researcher had access to the details and answers of expert panel members provided on this specific documentation during the Delphi process. The Delphi questionnaire was piloted with two team

members in the School of Medicine. One of the team members was previously in an acting capacity as Head of Department and the other member was a Head of Department not involved in the study. This pilot of the Delphi questionnaire helped in structuring the Delphi questionnaire and statements to be understandable in order to be answered by the experts.

The pilot testing was specifically utilised with the questionnaire to test the validity of statements; the clarity of statements and questions; and to confirm the required time to complete the questionnaire. It was also a useful exercise, as the questionnaire was sent to the participants in electronic format and some of the problems in finalising the questionnaire in this format, were sorted out. The Delphi questionnaire was sent for linguistic revision and thereafter it was ready to be electronically transmitted to the experts of the Delphi panel.

As part of the Delphi questionnaire, a cover letter provided background information on the study, the instructions on the completion of the questionnaire, and the scale to be utilised in completing the questionnaire. The contact details of the researcher were also provided together with the questionnaire. The questionnaire is enclosed as Appendix F.

The first questionnaire was electronically transmitted to the six experts on 29th March 2004. The first response was received from the expert panel on 1 April 2004. Four of the participants responded to the first questionnaire within a week. The fifth expert responded within three weeks and the last expert responded only on 11th May 2004.

The panel was requested in writing to complete the questionnaire by marking the statements in the questionnaire according to the scale

already provided. Because some of the experts did not respond within the set time limit, follow-up reminders were made electronically and telephonically. Unfortunately, one of the participants had to urgently leave on a trip abroad, which had an impact on the research process.

The round one responses of the experts were processed as they were received. The results of this were done in a spreadsheet, which can be seen as Appendix G. There were comments from all the participants on the questionnaire, which were taken into account. None of the comments had an impact on the process except one of the comments that indicated across the board that writing and reading skills had to be a given and experts felt that this need not be included in the questionnaire.

The format of the questionnaire for round two was not changed and thus it was kept in the same format as round one. The rating scale and areas indicating where the consensus had been obtained, if the statement required another rating was typed in the same format table of the questionnaire that was used for round one. A number of statements achieved consensus during round one. None of the statements that received consensus were placed for re-rating by any expert during round two.

Round two had a similar accompanying letter to the participants of the Delphi process. This can be seen as Appendix H, together with the questionnaire that had been sent out for round two. As part of round two, one can see in Appendix H that there was an indication of the scores per item for the panel and in red it was marked specifically where the individual of the panel should mark his preference in that specific statement. This was to enable the panellist to evaluate his previous rating and a rating of the group, as well as to reconsider rating this statement.

The time frame was again piloted with the colleagues who had helped with the round one questionnaire. As the same questionnaire was utilised, the questionnaire was not sent for linguistic revision. It is important to mention that members were kept up to date during round one, to inform them on the progress made so that momentum was kept as part of the Delphi process.

At each stage every questionnaire that was received by a panellist, the researcher informed all the members how many questionnaires were received and how far the processing of these questionnaires was in the total Delphi process. This was specifically done because of the last member that had to go abroad with a waiting period inbetween to catch up. Round two could not progress without this member.

Chapter 7 will deal with the analysis and presentation of the findings of the Delphi process.

6.3.12 Data collection

Questions to be asked about the evaluation of the effectiveness of the data collection can be seen in the light of what Harvey and Brown (1996:138) say about it. Berenson and Levine (1996:15) state that there are four main reasons for collecting data, which include the following:

- Data is collected to provide input to a research study.
- It is collected to measure performance.
- It is collected to enhance decision-making.
- It is collected to satisfy our curiosity.

The criteria set for evaluating the effectiveness of data collection are:

- The validity of the data.
- The time to collect data.
- The cost of data collection.
- The organisational culture and norms.
- The Hawthorne effect on data collection. This effect is the effect of the observer upon the subjects.

Aspects on importance in diagnosis of data collection include:

- Confidentiality.
- The over-diagnosis.
- The crisis diagnosis.
- The threatening and overwhelming diagnosis.
- The consultant's favourite diagnosis.
- Diagnosis of symptoms.

Berenson and Levine (1996:858) further state that there are two approaches to forecasting. These include quantitative and qualitative forecasting. They indicate that qualitative forecasting processes and methods are very subjective and judgemental.

The research design of the project was based specifically on the literature study; the factors influencing management models; and the needs of Heads of Department. The rest of the study was focussed on information gathered from the questionnaire that was distributed to Heads of Department. As part of the questionnaire, there were five main areas that were focussed on with questions to Heads of Department. These areas included:

- Demographics.
- Strategic management and planning.

- Staff appraisal and development.
- Managerial skills and needs.
- Motivational climate.

The demographics focussed specifically on the normal demographics that are usually asked in a questionnaire, as well as the time spent by Heads of Department in the Faculty in their position as head and time spent in other Faculties.

On the second issue of strategic management and planning, the specific sections that were dealt with were:

- Areas of management.
- Leadership practices.
- Transformation.
- Questions related to change.
- Creating aligned commitment among organisational members to the organisational vision, goals and value system.
- Creating a motivational inspirational climate or environment conducive to change.

The third section of staff appraisal and development dealt with:

- Areas of issues of importance.
- Staffing – how does one approach the filling of a vacant post?
- Staff development.
- Other areas impacting on the process of staff development and appraisal.

The fourth section on managerial skills and needs focussed specifically on a variety of managerial skills and on management needs.

The last section on motivational climate referred specifically to areas that are important in the motivational climate process and questions related to estimate the level of satisfaction as well as questions related to job satisfaction.

The Delphi questionnaire that went out was in a similar format also to establish the view and opinions of the experts on the specific issues alongside the opinions of Heads of Department. Areas that were utilised in these specific Delphi questionnaires were the following:

- Strategic management and planning.
- Staff appraisal and development.
- Managerial skills and needs.
- Motivational climate.

The difference between the questionnaire to Heads of Department and those as part of the Delphi technique is that the first questionnaire was in a format of asking questions to Heads of Department. The Delphi process made statements and tested the experts on these statements.

The questionnaires to Heads of Department were available in Afrikaans and in English and therefore the inputs from Heads of Department summarised in the next chapter in tables, will be in Afrikaans as well as English, as some of the inputs were given in Afrikaans. The majority of Heads of Department (27 of 28: n=27) completed their questionnaires in Afrikaans. Only one participant completed the questionnaire in English.

As far as the Delphi technique is concerned, the questionnaire was available in Afrikaans but all six the experts and participants to the Delphi process opted to make use of the English format and therefore the Afrikaans format was never used and will not be included in this study.

Babbie (1995:5) indicates that the purpose of research is to observe specific situations; to make an analysis of these situations; to look at the options available; and to design an end and a solution to this specific observation or problem. It is important to indicate what precisely is needed and what you want to find out as part of your research (Babbie, 1995:83). The author also indicates that it is important to find out and determine the best way to do this.

6.3.13 Reliability and validity

It is important that control measures should be applied for research credibility. Bostwick and Kate (1981:113-120) – as quoted in De Vos *et al*. (2002:168) - state that reliability is defined as the accuracy or precision of an instrument as the degree of consistency or agreement between two independent derived sets of sources and as the extent to which the independent administrations of the same instruments yields the same (or similar) results under comparable conditions. The two main mechanisms of quality control in research are reliability and validity and it is essential that both be defined.

According to Babbie and Mouton (2001:1190) ”reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time”. Replication of this study is also important in reliability. Babbie and Mouton (2001:1190) refer to the term “validity” as a term that means the extent to which an empirical measure

adequately reflects the real meaning of the concept under consideration and they accurately inquire how we can ever say whether a particular measure adequately reflects the meaning of a concept.

The validity of the findings rests on the in-depth literature survey; the experience of the study leaders; and the support of the promoter. It rests also on the support theme as well as the scientific method used.

6.3.14 Ethical aspects

All inputs received from participants were dealt with confidentially. The Delphi technique provided support to this confidentiality and gave participants opportunities to review their views without influence from other participants. The researcher and supervisor only knew the participants to both the questionnaire and the statement questionnaire, but no information was shared by the researcher on the identity of participants with any other party.

The research proposal was submitted to the Ethics Committee of the Faculty of Health Sciences of the UFS for approval.

6.3.15 Analysis of data

The Department of Biostatistics, School of Medicine, Faculty of Health Sciences helped with the statistical analysis of data on the needs-questionnaire to Heads of Department and the Delphi questionnaire.

Open-ended questions were interpreted and processed by the researcher. The expert inputs were used to change the management model for subsequent rounds in the Delphi technique. The rounds were repeated until consensus had been reached on the final management model. Consensus is defined according to Larson and Wissman

(2000:45) as where 80% of the participants vote the same on a specific item.

The findings of the questionnaire on the needs of Heads of Department; the statement questionnaire; and the literature studies were used to finalise a management model for Heads of Department of the Medical School. It is foreseen that, as part of this model, an induction programme for Heads of Department will emanate and the model will as soon as possible be implemented in the Medical School. The research findings will be submitted in stages of the research as articles to academic journals. The management model will be submitted to the Faculty Management and the Faculty Board with a request for implementation to be used as a management model within the Faculty of Health Sciences.

6.4 SUMMARY

The expected value of this research was to establish a management model for the Heads of Department of the medical school, UFS, that will be adapted to the present situation taking into account the changed environment as identified. This model will also address the needs of the Heads of Department as managerial issues. It will furthermore contribute to better management of education, training and service delivery issues.

Five months was used on the literature study and the finalisation of the questionnaire. The questionnaire was first tested as a pilot study to sort out problems and then the questionnaire was distributed, gathered and received within the next three months. Data was processed and interpreted with a drafting of proposed suitable criteria. These criteria as statements would then be distributed as part of the Delphi technique and the results finalised. These results were used to develop a management model for Heads of Department.

6.5 CONCLUSION

This chapter in the study provides a very important part of information on the study. It describes the whole process that was followed to develop a research methodology on the literature study, which was described in Chapters 1 to 5. The literature study focussed on different aspects as already described. These included:

- Management models for Heads of Departments to manage their departments in medical schools.
- The needs of Heads of Departments.
- The factors influencing the environment of these Heads of Departments.

Furthermore this chapter described the research design, as well as the two very important processes of questionnaires that went out to Heads of Department and the Delphi process. As part of the questionnaire that went out to Heads of Departments, there was a letter of introduction, definitions and the questionnaire itself, as well as references. The questionnaire was divided into five main categories, which asked questions or made statements about these categories. As already indicated, there were sub-divisions in these questionnaires. The main areas that the questionnaire focussed on were:

- Demographics.
- Strategic management and planning.
- Staff appraisal and development.
- Managerial skills and needs.
- Motivational climate.

The Delphi process was also described as part of this chapter. Six experts were utilised in all the rounds of the Delphi process to reach consensus or

stability on certain of the statements. Linstone and Turoff (1979:278) refer to the problem of the question on what represents a reasonable cut-off point and the stability by position reached. They indicate that there is no statistical theory. They mention that there is a certain degree of oscillatory movement and change within a group, which is inevitable. Stability is then (Linstone & Turoff 1979:277) defined not as the natural tendency for opinions of experts to centralise. It is mentioned that the interest lies not in the opinion of the individual but rather in the group, the change in the group needs to be measured. Stability therefore can be declared when the movement of the group as a whole has reached stability. The Delphi process questionnaire was drafted in a similar format as the questionnaire that went out to the Heads of Department. The difference between the Delphi process questionnaire and the questionnaire that were out to Heads of Departments, is that the Delphi process questionnaire contained more statements to the experts that they had to rate according to a new rating scale and they had the opportunity to comment and make inputs.

As part of the Delphi process questionnaire, there were four main categories, which included:

- Strategic management and planning.
- Staff appraisal and development.
- Managerial skills and needs.
- Motivational climate.

There were also subdivisions like in the questionnaire for Heads of Departments. This whole process of research provided a quantity of information about the different areas researched.

In the next chapter it is essential to focus on the outcome of this research and to analyse, interpret and discuss the results. The aim of the researcher will also be to focus on those significant areas that were important and utilised to draft a management model for Heads of Department.

***

CHAPTER 7

"..the importance of obtaining good data can never be overstated."

(Berenson & Levine 1996: 41)

KEY FINDINGS OF QUESTIONNAIRE AND DELPHI TECHNIQUE

7.1 INTRODUCTION

This chapter deals with the results of two important research efforts as part of the study. The first part of the chapter deals with the analysis, interpretation and discussion of results of the questionnaire that was sent to Heads of Department in the School of Medicine, Faculty of Health Sciences, UFS. This questionnaire was compiled after a detailed literature search and a survey had been done on the differences between management and leadership; the models available for management; problems of Heads of Department; the needs of the Heads of Department; and factors influencing their environment.

What makes this chapter more important, is the issue that it establishes patterns, which can be compared with the literature search and international standings or can even counter some of these standings. The second part of the chapter deals with the Delphi process and the opinions of six experts in the field of health education, service delivery and management. The Delphi technique had three rounds to reach consensus and stability. Consensus is defined according to the literature of Larson and Wissman (2000: 45) where 80% of the participants vote on a specific item within the same value of the three-point scale.

What renders importance to this part of the chapter is that this confirms or negates certain statements that need to be included or excluded in the management model for Heads of Department. It needs to be noted that this chapter has an enormous amount of information that is available and that more can be said about the information gathered.

It is not only about communicating the results as part of this chapter, but also about the analysis, the interpretation and discussion of the result. This means that, within the context, a certain view or outcome is achieved with the process. Many opportunities were created for Heads of Department as part of the two questionnaires and the experts to comment on the issues. These comments will also be included in this chapter and some of the comments, where applicable, will be discussed.

The aim of this chapter is to confirm the different needs and issues as part of a management model and to finalise a more final management model that will be applicable for Heads of Department to manage their Departments in the School.

7.2 ANALYSIS, INTERPRETATION AND DISCUSSION OF RESULTS

This part of the chapter discusses the results of the two questionnaires and does the analysis and interpretation of these results that are needed. First the results of the questionnaire to the Heads of Department will be discussed. It will be discussed in five categories, namely:

- Demographics.
- Strategic management and planning.
- Staff appraisal and development.
- Managerial skills and needs.

- Motivational climate.

Second, the Delphi process will be discussed as an outcome of the expertise that was utilised in the Delphi process. It will not be discussed in the four categories, but issues of consensus, stability and differences will be indicated.

7.2.1. QUESTIONNAIRE TO HEADS OF DEPARTMENT

The questionnaire to Heads of Department was available in English as in Appendix B and in Afrikaans as in Appendix C. It is important to indicate that the questionnaire that was sent to Heads of Department was done according to the categories as already mentioned. The scales used in the questionnaires ranged from just indicating a number according to the questionnaire, which is also indicated in Appendix B, to a scale, which was used to indicate the specific issues according to a 5-point scale. This can for example be seen in Section B, question number 1 under B (a), “Leadership practices”, where a 5-point scale was used as follows:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Participants also had to fill in some percentages for example in Section A, question 10. In Section B, under the subsection, ***Transformation***, a scale of 1 to 3 was used to indicate:

- 1= Yes
- 2= No

- 3= Uncertain.

A different scale was used in Section D, which focussed on management skills and needs. Here there was a part of the question that participants had to answer on **e*xtent*** and the second part on the ***importance***. Here a 4-point scale was used where, under ***extent,*** the following was indicated*:*

- 1= To no extent at all
- 2= To a lesser extent
- 3= To an extent
- 4= To a large extent.

The scale for ***importance*** was as follows:

- 1= Not at all important
- 2= Rather unimportant
- 3= Important
- 4=Very important.

Participants could also have marked their choice where no scale was utilised, for example in Section D, within the category ***management needs***. The last scale that was used was a “Yes/No” scale, for example in Section E, question 21. These scales would be interpreted according to the results of the questionnaires.

It is important to indicate specifically where the 5-point scale was utilised: one (1) and two (2) values were added together as unimportant and four (4) and five (5) values were added as *important to extremely important*. Three (3) was then considered as the *neutral* area for this scale.

7.2.1.1. Demographics

Demographics were the first part of the questionnaire. It was important to establish the demographics of the Heads of Department at the time of the questionnaire in November 2003. As already indicated only 28 Heads of Department qualified as the total sample size for the questionnaire as used in the study. Of the 28 questionnaires that were handed out to members in the School of Medicine, 27 participants returned their questionnaires. This gives an excellent 96% response rate to participants in this questionnaire.

At this stage it is also important to indicate that Van Niekerk (1994) established a process of research as part of an MBA research project on job satisfaction among the members of the School of Medicine. Although this was extended research and included the total membership of the School of Medicine and not only on Heads of Department, it was important to look at these findings and at stages. The results will be used in discussing the results for comparison to the results of Van Niekerk (1994).

The result on gender distribution is indicated in Table 7.1.

Table 7.1: Gender distribution of respondents
(n=27)

Gender	Percentage distribution of respondents (%)
Male	85
Female	15

Discussion of Table 7.1:

The gender issue is very interesting. According to the participants who returned their questionnaires, 85% of the participants were male and only 15% female. The one Head of Department who helped with the statistical analysis who was

excluded in this study, was also female. Including this person in the questionnaire could have increased the female presentation from 15% to 18%.

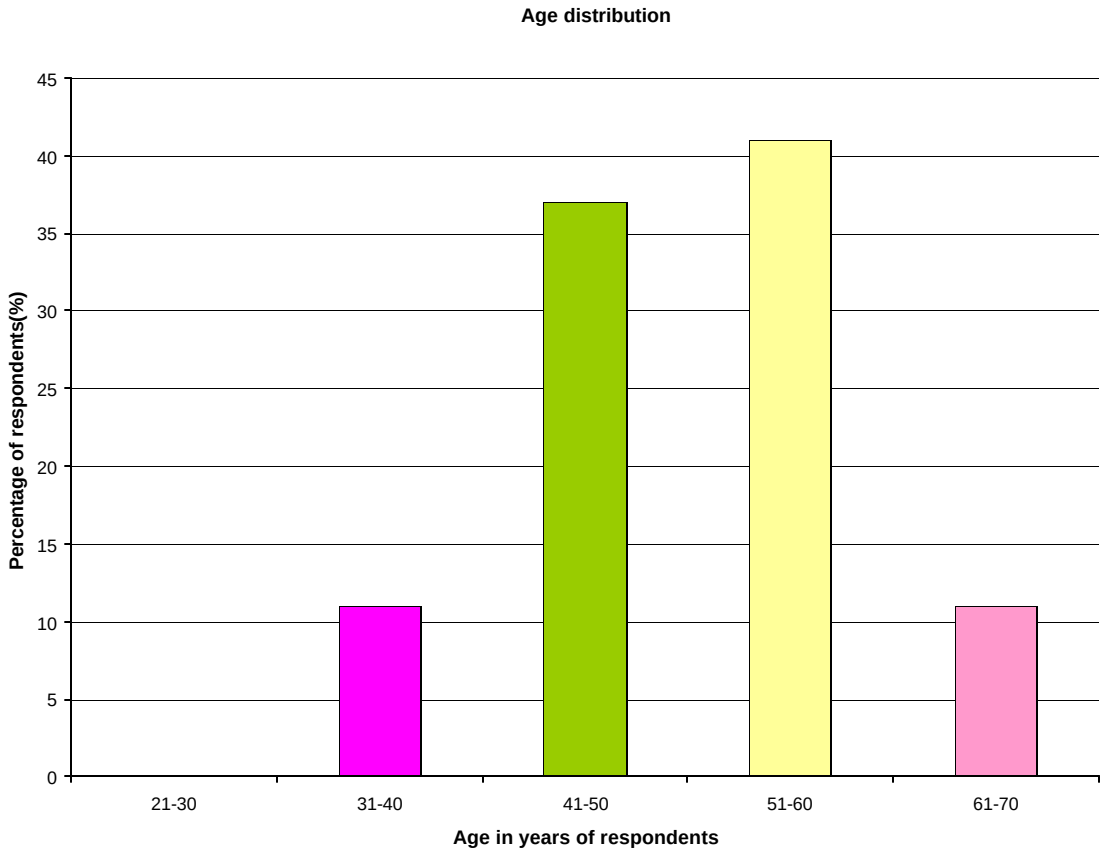
Table 7.2: Age distribution of respondents.

(n=27)

Percentage respondents distribution in different age ranges	
Age ranges	**Percentage of respondents (%)**
21-30	0
31-40	11
41-50	37
51-60	41
61-70	11

Figure 7.1: Age distribution of Heads of Department according to Table 7.2

(n=27)



Discussion of Table 7.2 and Figure 7.1:

It is important to note that, for the majority of the Heads of Department, the age distribution is between 41 and 60. Over 40% were between the ages of 51 and 60 and there were 11% who were above 61 years of age. This can be an alarming finding, as it indicates that the leadership in the Faculty is ageing and will have to be replaced within 10 years' time. Over half of the Heads of Department will have to be replaced in 10 years' time, as they will be quite near retirement. The age distribution is very important in the Faculty. This focusses on the planning of replacements and recruitment of Heads of Department for the future. It is important to note the age distribution between 50 years of age and above. The impact of an ageing workforce on faculty management needs to recognise as a threat and a proper human resource replacement plan needs to be put in place.

Table 7.3: Length of time serving as Head of Department

(n=27)

Length of time as Head of Department in years	Percentage of respondents (%)
0-2	29
3-5	16
6-10	15
11-15	15
16-20	4
20+	22

Discussion of Table 7.3:

Looking at the length of Heads of Department being in their positions, it is important to note that there are two groups. One group that had been in their position long - 26% were over 16 years and above in their positions, while a second group was fewer than two years in their positions, which equals 29%. Between six and 15 years there were 30% of Heads of Department with

experience in their posts already. This gives an excellent spread of experience among Heads of Department.

Table 7.4: Qualifications of Heads of Department

(n=27)

Number of respondents	Qualification	Percentage of respondents (n=27) (%)
(n=24)	MB.Ch.B.	89
(n=1)	M.Fam.Med.	4
(n=23)	M.Med.	89
(n=5)	Other M.-Degrees	19
(n=8)	Ph.D. or M.D.	30

Discussion of Table 7.4:

Regarding qualifications, the majority of Heads of Department had a medical background as well as a specialised qualification such as a M.Med. 89% of the Heads of Department had a M.Med. qualification, while 30% of the participants also had a Ph.D. or an M.D.

Table 7.5: Length of time of respondents in the Faculty

(n=27)

Length of time in years	Percentage of respondents (%)
0-2	7
3-5	4
6-10	26
11-15	11
16-20	11
>20	41

Discussion of Table 7.5:

It is important to note that 63% of the participants as Heads of Department were in the Faculty for more than 10 years. Fewer than 10% were in the Faculty for two years or less.

Table 7.6: Home language of Heads of Department

(n=27)

Language	Percentage of respondents in each category (%)
Afrikaans	85
English	15
Sotho	0
Other	0

Discussion of Table 7.6:

As indicated in Table 7.6, the majority of the participants of the Heads of Department were Afrikaans speaking, which contributes to 85% of the total respondents. 15% used English as a home language.

Table 7.7: Heads of Department previously serving in other Faculties

(n=27)

Served in other Faculties	Percentage of respondents (%)
Yes	41
No	59

Discussion of Table 7.7:

41% or 11 respondents worked in other Faculties in the country.

Table 7.8: Number of respondents serving in other Faculties being Heads of Department in those Faculties.

(n=11)

Serving as Heads of Department in the other Faculties	Percentage of respondents (%)
Yes	18
No	82

Discussion of Table 7.8:

Of the 27 respondents, 11 or 18% were also Heads of Department in these other Faculties.

Table 7.9: Heads of Department serving in other Faculties: Years linked with these Faculties

(n=11)

Number of years serving in other Faculties in years	Percentage of respondents (%)
0-2	36
3-5	18
6-10	28
11-15	9
16-20	0
>20	9

Discussion of Table 7.9:

Of the 11 participants who worked in other Faculties, more than 50% were linked with these Faculties for less than five years. The majority or 82% worked for less than 10 years in these Faculties. The importance of this result is to determine if these Heads of Department had an influence on the management of their departments because of a different frame of reference from the other Faculties.

There are at the present as part of the performance agreement set by the Department of Health, area in which Heads of Department are required to report on. These areas are:

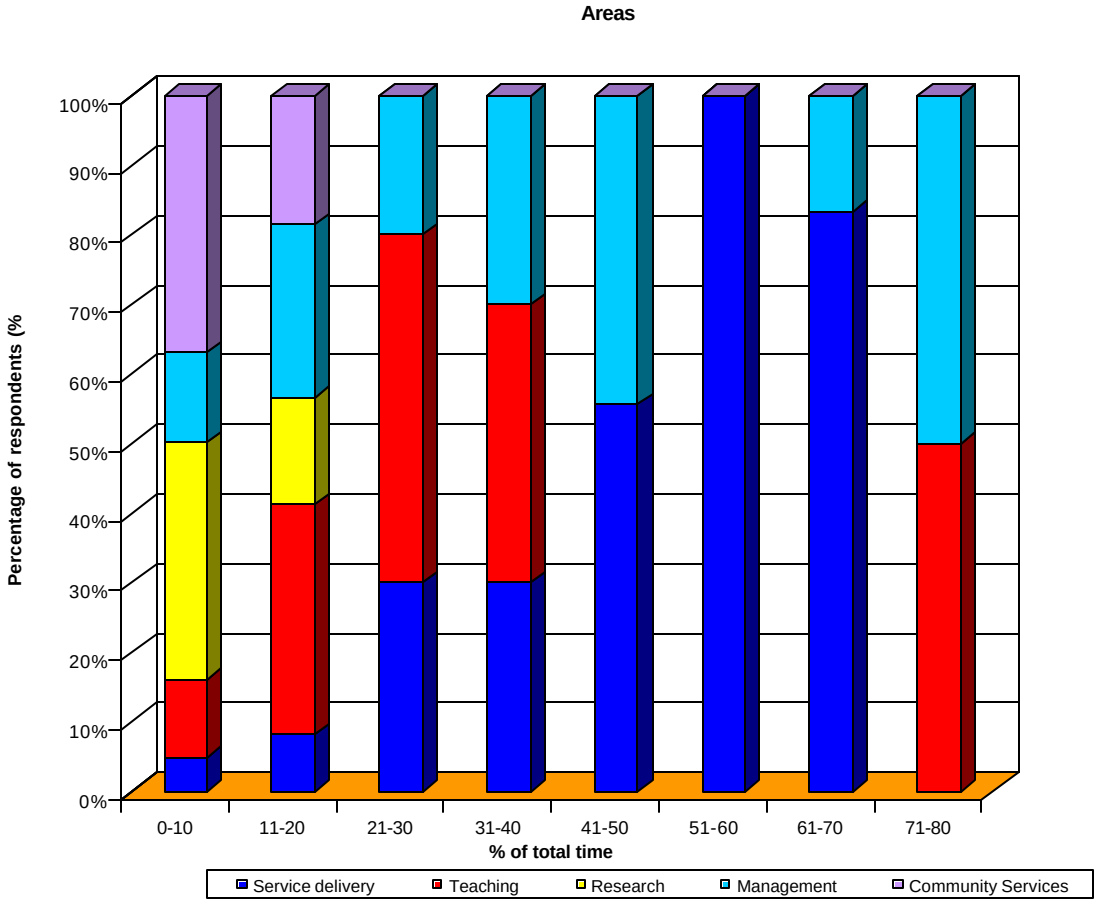
- Service.
- Teaching.
- Research.
- Management.
- Community Service.

These mentioned areas were use to evaluate the time spent in each area by the Heads of Department.

Table 7.10: Time spent on areas as indicated

Percentage of time spent (%)	Areas				
	Service	Teaching	Research	Management	Community Service
0-10	Percentage of respondents In this area (%)	Percentage of respondents In this area (%)	Percentage of respondents In this area (%)	Percentage of respondents In this area (%)	Percentage of respondents In this area (%)
11-20	12	28	85	32	92
21-30	8	32	15	24	18
31-40	12	20	0	8	0
41-50	12	16	0	12	0
51-60	20	0	0	16	0
61-70	16	0	0	0	0
71-80	20	0	0	4	0
	0	4	0	4	0

Figure 7.2: Time spent on areas according to Table 7.10



Discussion of Table 7.10 and Figure 7.2:

This is a very important table, which indicates the percentage (%) spent per area of time on the specific area. 92% of the participants spent less than 10% of their time on community service. Fewer than 20% of the participants spent 56% of their time on management. 100% of the participants spent less than 20% of their time on research. Fewer than 40% of the participants had spent less than 40% of their time on teaching. The bulk of time spent by participants on teaching was in the category 20% and less. 56% of the participants spent 40% or more of their time in service delivery. If one looks at service delivery and management together, the average time spent in these two areas for the majority is between 70% and 80%. Not enough time is available to be spent on

research. Opportunities for research in the Faculty were also one of the issues identified as an issue contributing to dissatisfaction by Van Niekerk in 1994. The distribution of time spent by Heads of Department on the different areas is important. This is illustrated by indicating that the least time was spent on community service, followed by research. A similar amount of time was spent on management and teaching issues, while service delivery took up the bulk of the time of participants in this questionnaire. The implication is that Heads of Department still spent the majority of their time on service delivery. This can create problems in the management of their departments, as the Heads of Department will first decrease time in the management area if more time is needed for service delivery. Heads of Department need to be given more time away from service delivery as a responsibility with proper distribution of time between the areas.

7.2.1.2. Strategic management and planning

It is important to indicate again that between (1) and (2) is on the unimportant side of the scale and that (4) and (5) are on the important to extremely important part of the scale.

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Table 7.11: Leadership practices

(n=27)

Leadership practices	1-2 %	3 %	4-5 %
1. Inclusive planning procedures.	4	11	85
2. Celebrate accomplishments when specific achievements are reached.	7	25	68
3. Clarity about philosophy of leadership.	7	30	63
4. Motivating people to share dreams of the future.	4	0	96
5. Respectful treatment of people.	4	0	96
6. Communicate a positive and hopeful outlook.	4	7	89
7. Ensuring that people adhere to agreed values of the department.	4	15	81
8. Ensuring that people in your department break down a specific task in manageable portions.	4	33	63
9. The development of co-operative relationships with people.	4	0	96
10. The consistency in practice of the values of the department.	4	4	82
11. The encouragement of ownership.	0	7	93
12. The setting of clear goals.	4	4	92
13. The construction of plans.	7	22	71
14. The establishment of certain indicators for work.	11	30	59

Figure 7.3: Transformation issue of Table 7.11

(n=24)

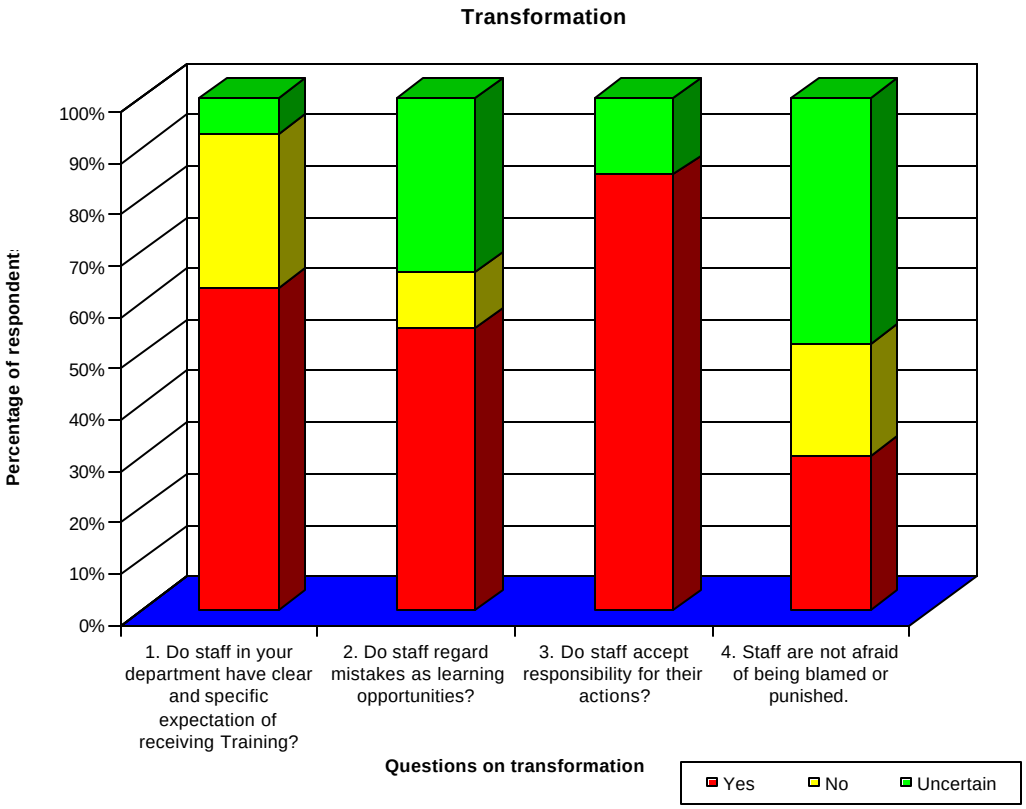
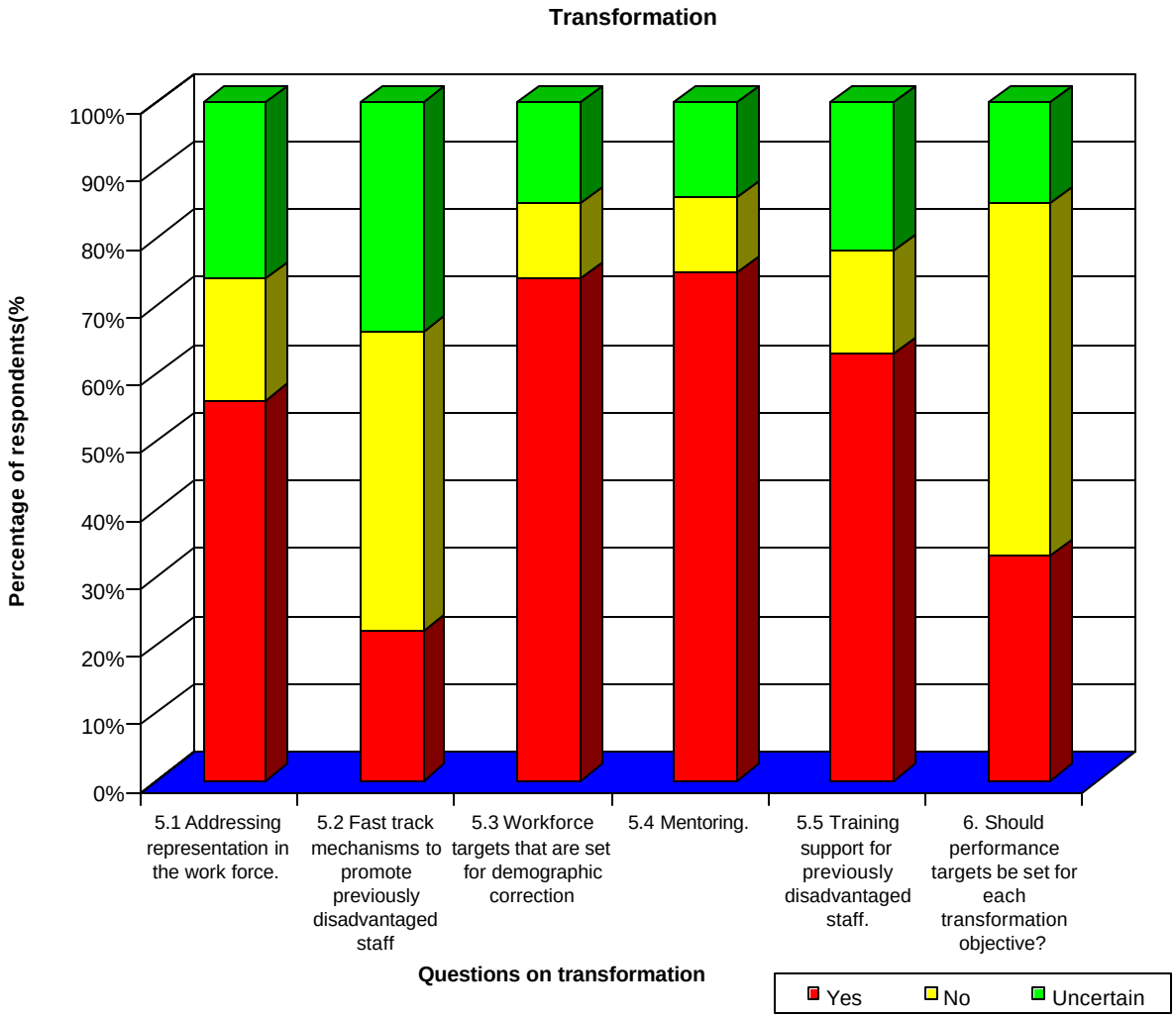


Figure 7.4: Transformation issue of Table 7.11



Scale: 1= Yes 2= No 3= Uncertain.

Discussion of Table 7.11, Figure 7.3 and Figure 7.4:

Where more than 80% of the respondents indicated that an area with leadership practice is extremely important, it is identified as an important issue in this study. Of the important issues under leadership practices, one needs to focus on those that were extremely important. These included:

- Inclusive planning procedures.
- Motivating people to share dreams of the future.

- Respectful treatment of people.
- Communication of a positive outlook for the future.
- Ensuring that people adhere to agreed values of the department.
- Development of co-operative relationships with people.
- Consistency and practice of the values of the department.
- Encouragement of ownership.
- Setting clear goals.

Figure 7.3 portrays a very positive finding on specific areas where Departments have clear and specific expectations of receiving training. They regard mistakes as learning opportunities and they accept responsibility for their actions. Figure 7.4 has two positive areas, which need to be focussed on. The first area is that participants agree that workforce targets are set for demographic correction. The value of a mentoring process is also established in this figure. On the other hand, what is important to note is that the majority of the participants did not think fast-tracking mechanisms to promote previously disadvantaged personnel members would be a solution to transformation.

Table 7.12: Respondents opinion on transformation

(n=27)

Questions on transformation	Yes %	No %	Uncertain %
1. Do staff in your department have clear and specific expectations of receiving training?	63	30	7
2. Do staff regard mistakes as learning opportunities?	55	11	34
3. Do staff accept responsibility for their actions?	85	0	15

Table 7.12: Respondents opinion on transformation (Continued)

4. Staff are not afraid of being blamed or punished.	30	22	48
5. Which of the following transformation objectives do staff accept?			
5.1 Addressing representation of staff in the work force.	56	18	26
5.2 Fast track mechanisms to promote previously disadvantaged staff	22	44	34
5.3 Workforce targets that are set for demographic correction.	74	11	15
5.4 Mentoring of staff by seniors.	74	11	14
5.5 Training support for previously disadvantaged staff.	63	15	22
6. Should performance targets be set for each transformation objective?	33	52	15

Discussion of Table 7.12:

These were all categories that scored 80% and above in the “yes” areas. Regarding the issues of transformation, it is important to point out that 48% of participants indicated that their staff were not afraid of being blamed or punished as the important issues that needed to be mentioned as areas of uncertainty to them. A positive issue is that 85% of the participants thought that their staff would take responsibility for their actions. An area of concern is that only 56% of the participants thought that their staff accepted addressing representation of staff in the workforce. Mentoring is seen as one of the important objectives that staff does accept. Only 33% indicated that performance targets should be set for each transformation objective.

Table 7.13: Comments of respondents on transformation

		Afrikaans comments	**English comments**
1.	(n=1)	*Die koppe stem saam, maar die harte is huiwerig en onseker.*	In their heads they do support it but in their hearts they are unsure.
2.	(n=1)	*Moet gebeur.*	Must happen.
3.	(n=5)	*Moet oor meriete gaan plus bekwaamheid.*	Must be on merit and with qualification.
4.	(n=1)	*Moet redelik effektief en regverdig wees binne perke.*	Must be effective and justifiable within limits.
5.	(n=1)	*Personeel is bewus van transformasie doelwitte, of hulle dit aanvaar is 'n ope vraag solank aanstellings volgens meriete geskied.*	Staff are aware of the transformation goals but the question is if they do accept it as long as appointments are according to merit.
6.	(n=1)	*Dit is moeilik en onbillik om transformasie toe te pas indien geen of swak kaliber aansoeke vanuit die geledere van die aangewese groepe kom.*	It is difficult and unfair to implement transformation if no or weak calibre applications out of the disadvantaged groups are received.
7.	(n=3)	*Transformasie kan nie met verlaging van standaarde gepaard gaan nie.*	Transformation cannot accompany the lowering of standards.

Discussion of Table 7.13:

On the open-ended area of the questionnaire, which requested comments, it is important to take note of a few of the comments that were indicated as being important by the respondents. The first was that transformation had to be according to merit and with qualification. The second important comment that was received was that transformation could not go with a lowering of standards. It seems that out of all the comments received; these were the two

most important comments as more than one participant indicated these as being important.

Table 7.14: Issues pertaining to change

(n=24)

Questions on Change	**1-2 %**	**3 %**	**4-5 %**
1. Level of communication in the School on the merger was good?	53	17	20
2. Freedom and empowerment is part to make decisions on your own without fear of failure?	17	38	45
3. Level of support experienced?	21	42	37
4. Were you allowed to be creative?	21	42	37
5. Were you allowed to show initiative?	30	30	40
6. In your view were the merger and/or the change process successful?	21	25	54
7. Was the strategy on the merger communicated?	58	4	38
8. Were measurable goals set for the new Faculty?	75	25	0
9. Were all levels of the merger process communicated?	70	17	23
10.Was the vision regarding the merger communicated to you?	66	13	21

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.14:

The issues pertaining to the change process refer to a specific process in 1997. In 1997 the Faculty of Medicine amalgamated (was combined as a unit) with the Department of Nursing of the Faculty of Social Sciences to form a Faculty of Health Sciences and to be divided into three separate schools, namely the School of Medicine, the School of Allied Health Professions and the School of Nursing. As this was an important change process in the Faculty of Health Sciences and specifically with reference to the status of a Faculty of Medicine to that of a School of Medicine, it was important the acceptance of the change process in this merger. Only the respondents that were involved in the merger, completed this part of the questionnaire and therefor n=24.

Of the important issues to note is that participants indicated that in 75% of cases, it was unimportant that measurable goals were set for the new Faculty as part of the merger. This was also applicable with regard to communication on all the levels on the merger process. Only 21% of the participants scored the issue of division on the merger that was communicated to members of the Faculty as important. This finding can perhaps be contributed because of the time lapse between the merger and the questionnaire in 2004.

Table 7.15: Issues pertaining to creating an aligned commitment (n=27)

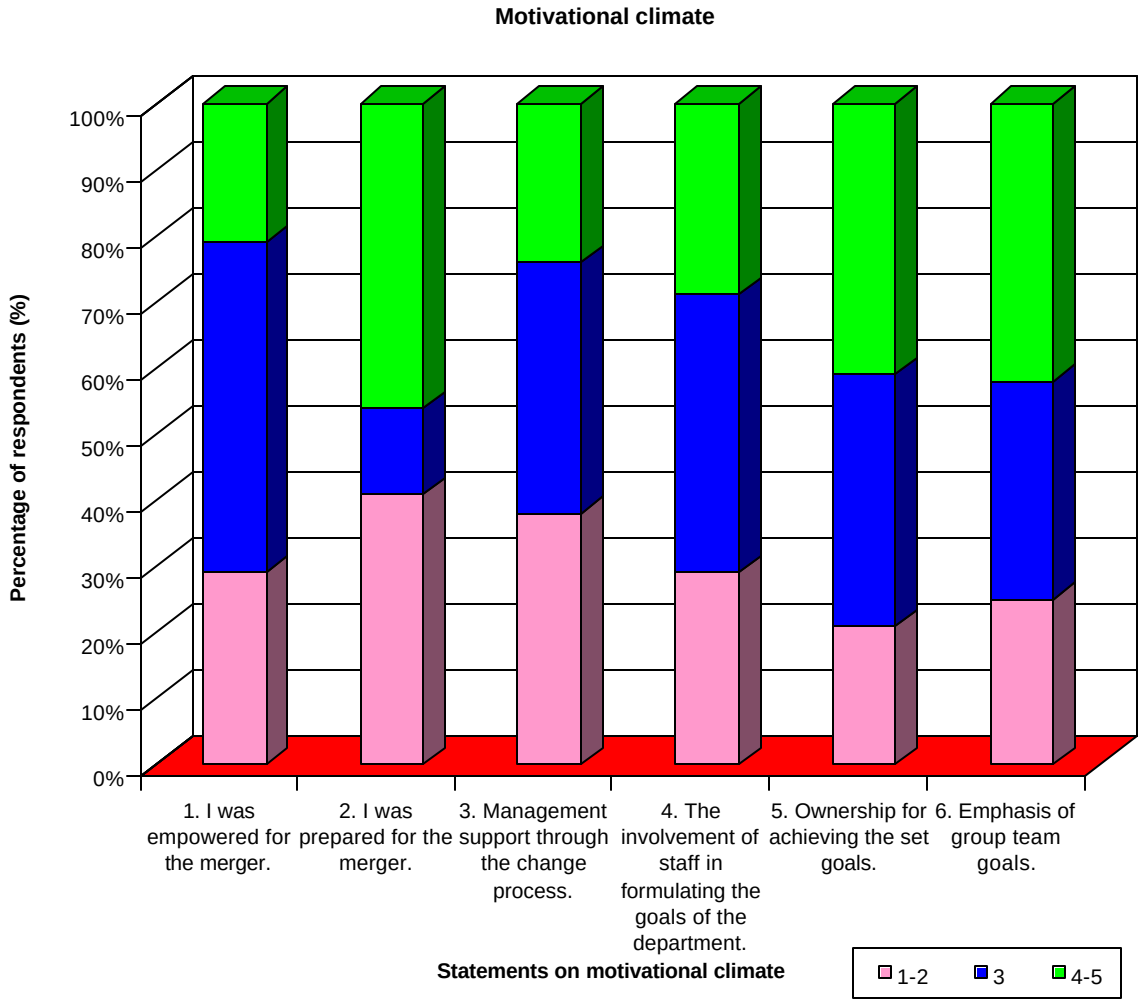
Statements on aligned commitment created (n=24)	1-2 %	3 %	4-5 %
1. I received appropriate information to visualise the new direction in the School after 1998.	46	17	37
2.The value system of the new Faculty after 1998 was present.	37	8	55
3. The emphasis on the importance of values in the new Faculty by senior staff.	34	21	45
4. Recognition and/or rewards (praise, increased pay, etc.) after 1998.	50	33	17
5. The possession of knowledge and experience in work performance management.	46	25	29
6. Sufficient training.	45	17	38
7. Clearly defined work objectives.	54	13	33
8. Clear tasks are set by supervisor/manager.	46	25	29
9. My salary is fair considering what other staff in the Faculty receive.	8	21	71
10. This Faculty's reward system is based on the value, ability and performance of employees.	54	25	21
11. Resistance to change during the merger was experienced.	50	33	17
12. Adequate management of resistance to change.	29	42	29
13. Commitment of management to the change process (merger).	12	50	38

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important

- 5= Extremely important

Figure 7.5: Motivational climate issues of Table 7.15 (n=24)

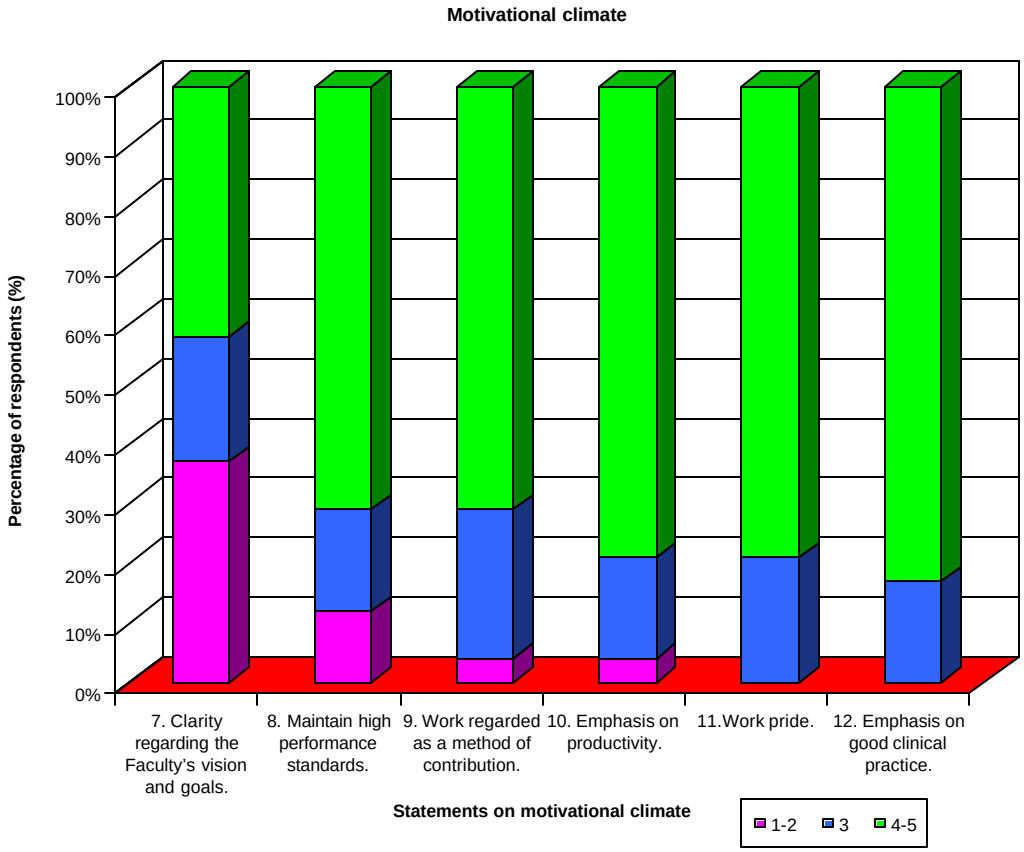


Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Figure 7.6: Motivational climate issues of Table 7.15

(n=24)



Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.15, Figure 7.5 and Figure 7.6:

On the issue pertaining to creating an alliance and commitment, it is important to indicate that the value system was very important after 1998, as indicated by participants. The position of participants compared to the rest of the staff in the

Faculty was also important as identified. It is important to note that participants scored above 50% of unimportance for the reward system and the resistance to change during the merger process. The commitment of management to the change process (merger) was 88% from neutral to important. Participants identified with this last finding that leadership and management of a merger process are recognised as an important issue in a change process.

Figure 7.5 indicates that during the merger, there was a great deal of neutrality on the motivational climate in the Faculty of Health Sciences. The time lapse between the merger in 1997 and the questionnaire can perhaps be a contributing factor to this finding. One of the issues identified in Figure 7.4 is that people want to be prepared for a merger process and a change process. This is a very positive figure with an indication that, as part of the change process, setting vision goals, having work-pride, having emphasis on productivity, and emphasis on good clinical practice are all important aspects that need to be mentioned.

Figure 7.6 as part of Section B, was one of the most important findings, especially the focus on the emphasis of good clinical practice. It still indicates that participants whom are Heads of Department value good clinical practice as a very important component of their daily tasks.

Table 7.16: Issues pertaining to creating an inspired and motivational climate

(n=24)

Statements on motivational climate	1-2	3	4-5
1. I was empowered for the merger.	29	50	21
2. I was prepared for the merger.	41	13	46
3. Management support through the change process.	38	38	24

Table 7.16: Issues pertaining to creating an inspired and motivational climate (Continued)

4. The involvement of staff in formulating the goals of the department.	29	42	29
5. Ownership for achieving the set goals.	21	38	41
6. Emphasis of group team goals.	25	33	42
7. Clarity regarding the Faculty's vision and goals.	37	21	42
8. Maintain high performance standards.	12	17	71
9. Work regarded as a method of contribution.	4	25	71
10. Emphasis on productivity.	4	17	79
11.Work pride.	0	21	79
12. Emphasis on good clinical practice.	0	17	83

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.16:

Continuing with the merger process, 41% found it important to have ownership for achieving the set goals. It is noteworthy to mention that the last issue scored the highest percentage (83%) of importance among the members.

7.2.1.3. Staff appraisal and development

This section deals with the important issue of staff development and appraisal. Participants were asked questions with specific reference to staff appraisal and development.

Table 7.17: Issues of importance for staff development and appraisal

(n=27)

Statements on issue of importance	Yes %	No %	Uncertain %
1. I regard staff development as one of the major objectives of the department.	78	11	11
2. I am committed to staff development.	89	0	11
3. I am trained in staff development.	26	59	15
4. I ensure the training of staff in my department:			
Once a year	58	42	0
Once a semester	38	50	12
Once a month	22	56	22
Once a week	55	36	9
Daily	61	33	6
Other Comments as Inputs received	33	33	34
Wissel van personeel. / Change of personnel.			
Ad hoc, dag definitief / *Ad hoc,* Day definitely			
5. I assess staff development in my department.	63	26	11
6. Career plans exist for the staff in my department.	41	41	18
7. Staff are developed to act in higher positions.	81	11	8
8. I communicate the vision of the department to all staff members.	89	7	4
9. The Department knows the kind of personnel it will require in the future.	93	7	0
10. I reward staff for good performance.	58	31	11

Scale: 1= Yes 2= No 3= Uncertain

Discussion of Table 7.17:

It is important to note that 78% of the participants indicated that staff development is seen as one of the major objectives in their departments. More enlightening is that 89% of the participants were committed to staff development. Fewer than 30% indicated that they were trained in staff development. Time frames for staff development differed within a range of answers between 58% who indicated staff training needed to be done once a year to 61% who indicated that it needed to be done daily. There were even participants who indicated as part of their comments that the staff development needed to be done on an *ad hoc* basis.

Positive findings were that 80% of the participants developed their staff to take over in a higher position and 89% communicated their vision to staff in the department. The highest finding in this group was that 93% of the participants knew what type of personnel they required in their department for future appointments.

Table 7.18: Issues of staffing

(n=27)

Statements on staffing issues	**Yes %**	**No %**	**Uncertain %**
11. Internal recruitment is used more than external recruitment.	48	48	4
12. Additional qualifications are considered in the evaluation of staff appointment.	89	7	4
13. Credible selection panels are used.	78	7	15
14. Affirmative action and employment equity are implemented.	85	11	4

Table 7.18: Issues of staffing (Continued)

15. Promotions take into account the skills and ability to perform a job.	89	4	7

Scale: 1= Yes 2= No 3= Uncertain.

Discussion of Table 7.18:

Regarding the issues of staffing it is important to note that participants valued additional qualifications as an important tool of evaluation during staff appointments. Affirmative action and employment equity are also implemented in the departments according to 85% of the participants who responded. It is furthermore indicated that promotions take into account the skills and ability to perform the job in 89% of the participants' departments.

Table 7.19: Issues of importance on staff development

Issues of Staff Development (n=27)	**Yes %**	**No %**	**Uncertain %**
16. Development of staff as part of the organisational culture takes place.	67	15	18
17. This department develops people.	85	0	15
18. You know what is required of you in your job.	69	8	23
19. You know the standards according to which you have to perform.	74	7	9
20. When your work is not up to standard, you are helped to put things right and do better.	63	22	15
21. You are given constructive feedback about your work from your supervisors.	44	41	15
22. You are sent on training programmes that are relevant to your department.	33	48	19

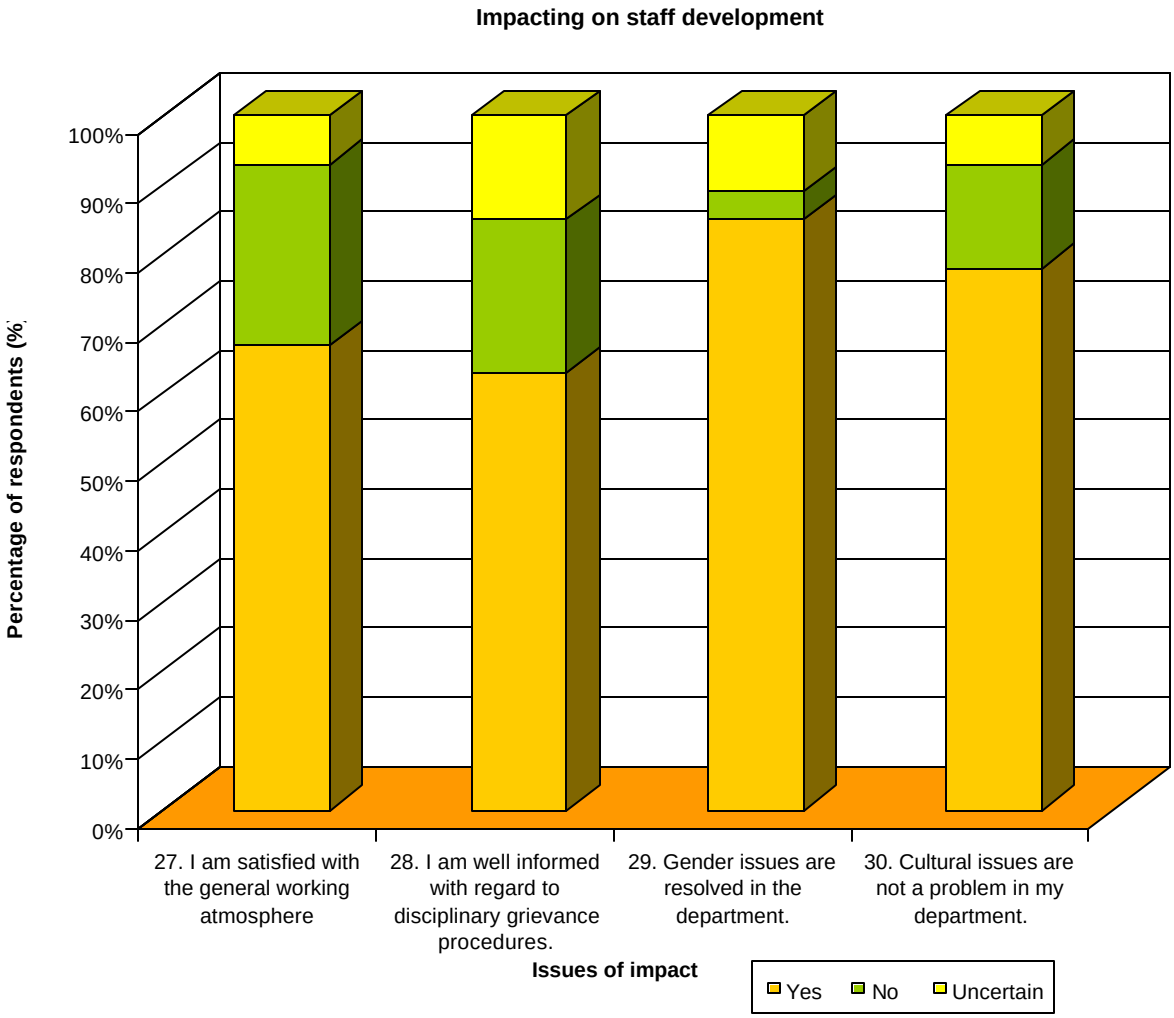
Table 7.19: Issues of importance on staff development (Continued)

23. You are stretched in your job.	96	0	4
24. Your abilities and skills are underutilised	22	63	15
25. You can communicate openly and honestly with those in more senior positions.	81	7	12
26. Enough pressure is put on people in senior positions to develop new staff.	37	30	33
27. I am satisfied with the general working atmosphere.	67	26	7
28. I am well informed with regard to disciplinary grievance procedures.	63	22	15
29. Gender issues are resolved in the department.	85	4	11
30. Cultural issues are not a problem in my department.	78	15	7

Scale: 1= Yes 2= No 3= Uncertain.

Figure 7.7: Issues impacting on staff development

(n=27)



Scale: 1= Yes 2= No 3= Uncertain.

Discussion of Table 7.19 and Figure 7.7:

With regard to issues of staff development, 85% of the participants indicated that their departments developed staff in the department. An issue that needs to be highlighted is that 23% of the participants indicated that they did not know what was required in their jobs. Participants indicated in 90% of the cases that they were overburdened, which can be an area of concern for burnout in these participants. 81% indicated that they communicated openly and honestly in

senior positions, which is a very positive finding. The last issue that is important that needs to be focussed on, is that gender issues are resolved in departments as indicated by the participants. Only 33% of respondents that they are sent on training programmes that are relevant to their departments. Respondents (96%) indicated that they are stretched in their jobs but 22% of the respondents mentioned that they are under-utilised for their abilities and skills. A significant finding is that only 37% of the respondents indicated that there are enough pressure put on staff in senior positions to develop new staff. It is important to note the factors impacting on staff development as presented in the figure as positive issues, specifically on:

- Satisfaction with general working environment.
- The informed position of members regarding disciplinary and grievance procedures.
- The gender issues that result in their departments.
- The cultural issues that are not a problem in the department.

Van Niekerk (1994:65) indicates that communication in decisions made in the hospitals and participation in decisions in the hospital are of the important issues that create dissatisfaction. This is in line with the results of the questionnaire that was sent to Heads of Department in this study.

Table 7.20: Inputs received on internal issues that have an impact on staff development

		Comments in Afrikaans	**Comments in English**
1.	(n=1)	*In moontlik om prestasie te beloon.*	Not possible to recognise achievements.
2.	(n=4)	*Tekort aan personeel.*	Shortage of personnel.
3.	(n=1)	*Motivering van personeel om deel te neem.*	Motivation of personnel to participate.

Table 7.20: Inputs received on internal issues that have an impact on staff development (Continued)

4.	(n=1)	*Beskikbaarheid van hulpbronne.*	Availability of resources.
5.	(n=2)	*Onkunde in proses.*	Ignorance in process.
6.	(n=6)	*Tyd.*	Time.
7.	(n=2)	*Gebrek aan befondsing vir navorsing.*	Lack of funding for research.
8.	(n=2)	*Gebrek aan fondse vir kongresbywoning.*	Lack of funds for conference attendance.
9.	(n=1)	*Vaardigheid.*	Skills.
10.	(n=1)	*Houding van junior personeel.*	Attitude of junior personnel.
11.	(n=1)	*Aflos van personeel in departement.*	Relief of personnel in department.
12.	(n=1)	*Toepaslike opleidingsgeleenthede.*	Suitable training opportunities.
13.	(n=1)	*Te wye veld wat tans moet ontwikkel.*	Too large spectrum of development.
14.	(n=5)	*Werksdruk.*	Work pressure.
15.	(n=1)	*Werksatmosfeer.*	Work environment.
16.	(n=1)	*Eerlik onder mekaar.*	Honesty among colleagues.
17.	(n=3)	*Personeeltekort.*	Shortage of personnel.
18.	(n=1)	*Baie hoë onderriglading. Gebrek aan motiveringstyd.*	Very high education load. Lack of time for motivation.

Discussion of Table 7.20:

Regarding inputs that were received on internal issues that have an impact on staff development, it is important to note some of the issues that were listed by the participants. Some of the important issues are the following:

- Availability of time.

- Shortages of personnel in departments.
- Work pressure.
- Lack of funding for research and conference attendance.

Table 7.21: Inputs received on external issues that have an impact on staff development

		Comments in Afrikaans	**Comments in English**
1.	(n=1)	*Gesindheid van kollegas waarmee jy saamwerk.*	Attitudes of colleagues in work environment.
2.	(n=1)	*Meganisme om personeel te bevorder.*	Mechanisms to promote personnel.
3.	(n=2)	*Bestaande kursusse in ons veld.*	Existing courses in field.
4.	(n=1)	*Dit maak bevordering nie beter nie.*	It doesn't make promotion better.
5.	(n=1)	*Dit verbeter nie besoldiging nie.*	It doesn't improve remuneration.
6.	(n=2)	*Voldoende fondse.*	Adequate funds.
7.	(n=1)	*Negatiewe persepsie van my dissipline.*	Negative perception of my discipline.
8.	(n=1)	*Onkunde aan kant van owerhede oor funksie van departemente.*	Ignorance on the side of the authorities regarding the function of the department.
9.	(n=1)	*Transposisie.*	Transposition.
10.	(n=1)	*Ondersteuning van bestuur.*	Support of management.
11.	(n=3)	*Beskikbaarheid van fondse.*	Availability of funds.
12.	(n=1)	*Skep van beter werksgeleenthede in privaat praktyk.*	Creation of better work opportunities in the private sector.

Table 7.21: Inputs received on external issues that have an impact on staff development (Continued)

13.	(n=1)	*Te veel verwagtinge wat aangespreek moet word, kan nie fokus.*	Too many expectations that need to be addressed; no focus.
14.	(n=1)	*Onttrekking van NHLS se ondersteuning aan opleiding.*	Withdrawal of National Health Laboratory Services (NHLS) support for training.
15.	(n=1)	*Personeelontwikkeling skep verwagtings van beloning en daar moet daaraan voldoen kan word.*	Personnel development creates expectations of reward and one needs to comply with these.
16.	(n=1)	*Tweeledige diensstaat.*	Dual staff establishment.
17.	(n=1)	*Onbruikbare doelwitte van buite.*	Unusable goals from outside.
18.	(n=1)	*Aanmoediging deur senior bestuur.*	Encouragement by senior management.
19.	(n=1)	*Aanbieding van onderwerpe.*	Presentation of subjects.
20.	(n=3)	*Probleme met posvulling aan Provinsiale kant.*	Problems with the filling of posts on the Provincial side.
21.	(n=1)	*Swak kommunikasie en bestuur aan Provinsiale kant.*	Bad communication and management on Provincial side.
22.	(n=3)	*Gebrek aan fondse om opleidingsgeleenthede by te woon.*	Lack of funds to attend training opportunities.
23.	(n=2)	*Lae moraal a.g.v. probleme in hospitale aan provinsiale kant.*	Low moral due to problems in hospitals on hospital side.

Discussion on Table 7.21:

Concerning inputs received on external issues that have an impact on staff development, some of the important issues that were listed were the following:

- Availability of funds.
- The problems with the filling of posts on Provincial side.
- Lack of funds to attend to training opportunities.

Other important issues that were mentioned were:

- Low morale due to problems in the hospital on hospital side.
- Existing courses in the field of development.

7.2.1.4. Managerial skills and needs

This part of the questionnaire had two groups of results per question. The first group dealt with the extent to which a Head of Department had experienced the need for skills. The skills were evaluated according to the following scale:

- 1=To no extent at all
- 2=To a lesser extent
- 3=To some extent
- 4=To a large extent

The second group of questions dealt with the importance of the skills as scored by Heads of Department according to the following scale:

- 1=Not at all important
- 2=Rather unimportant
- 3= Important

- 4=Very Important

Table 7.22: Managerial skills needed for Heads of Department

(n=27)

Managerial skills	Extent %				Importance %			
	1	2	3	4	1	2	3	4
1. Management abilities and skills.	0	0	33	67	0	0	11	89
2. Financial planning and resource utilisation.	0	15	37	48	0	4	37	59
3. Personnel development and motivation.	0	7	33	60	0	4	11	85
4. Interpersonal skills	4	11	19	66	0	0	19	81
5. Skills of insight.	0	4	15	81	4	4	15	77
6. Work performance skills.	0	4	26	70	0	4	22	74
7. Foundation skills.	15	18	15	52	4	4	33	59
8. Creative thinking – generates new ideas.	0	11	37	52	0	4	30	66
9. Decision-making.	0	4	37	59	0	0	26	74
10. Problem-solving.	0	0	37	63	0	4	11	85
11. Knowing how to learn.	4	30	22	44	0	11	41	48
12. Reasoning.	0	7	48	45	0	4	37	59

Scale:

Extent

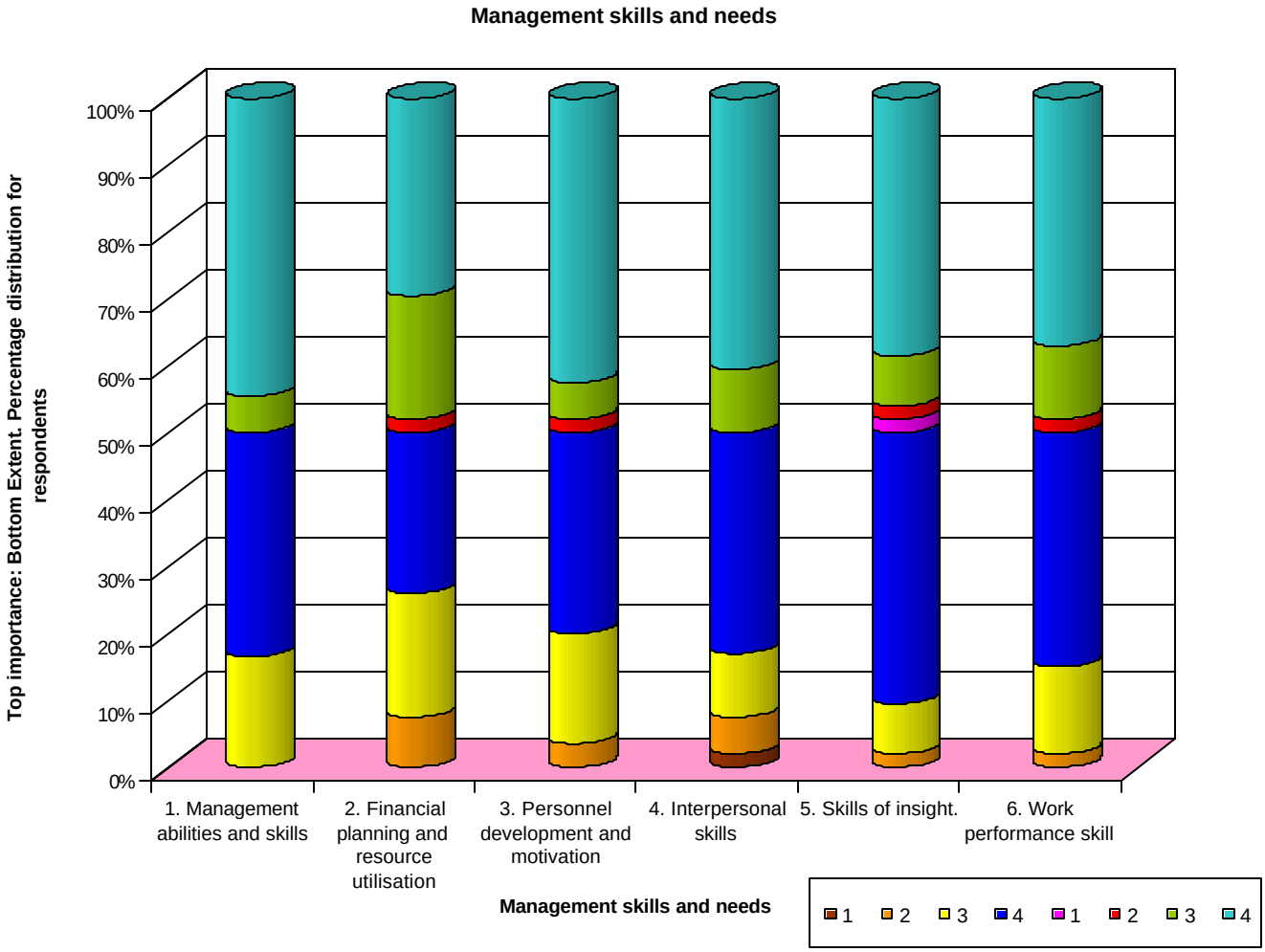
- 1=To no extent at all
- 2=To a lesser extent
- 3=To some extent
- 4=To a large extent

Importance

- 1=Not at all important

- 2=Rather unimportant
- 3= Important
- 4=Very Important

Figure 7.8: Management skills needed for Heads of Department (n=27)



Scale:

Extent (bottom)

- 1=To no extent at all
- 2=To a lesser extent
- 3=To a certain extent
- 4=To a large extent

Importance (top)

- 1=Not at all important
- 2=Rather unimportant
- 3= Important
- 4=Very Important

Discussion of Table 7.22 and Figure 7.8:

It was important to see that Heads of Department had a need of 67% for management abilities and skills and 89% was the percentage found of importance allocated to this specific skill. Personnel development and motivation were in the same category as management ability and skills and interpersonal skills were also included in this category. Skills of insight were very high in the extent category, as well as importance category. Work performance skills were included in the group. Creative thinking and the generation of new ideas were not as high as the previously mentioned skills. Decision-making was the important skill as listed by members, as well as problem-solving, despite them having a lower extent of need. Reasoning was not seen as important in the extent category and was also scored low on importance. In Figure 7.8 the management skills and needs are again focussed on as feedback by the participants.

Table 7.23: Managerial skills needed for Heads of Department: Continued (n=27)

Managerial skills	Extent %				Importance %			
	1	2	3	4	1	2	3	4
13. Responsibility.	4	7	26	63	0	7	26	67
14. Self-esteem.	0	11	30	59	0	4	26	70
15. Self-management.	0	11	37	52	0	4	41	55
16. Integrity - the practice thereof.	0	4	11	85	0	0	4	96
17. Interpreting and communicating information.	0	7	41	52	0	0	30	70

Table 7.23: Managerial skills needed for Heads of Department (Continued)

18. Using computers to process information.	0	7	33	60	0	4	52	44
19. Understanding of Information Technology (IT) systems.	4	12	44	40	0	15	39	46
20. Monitoring and correcting performance.	4	4	57	35	0	0	65	35
21. Improving and designing technology systems.	7	22	52	19	4	11	59	26
22. Selects technology.	4	11	48	37	0	4	51	44
23. Applying technology to task.	4	11	59	26	0	4	59	37
24. Maintaining and troubleshooting technology.	11	22	41	26	4	19	52	25

Scale:

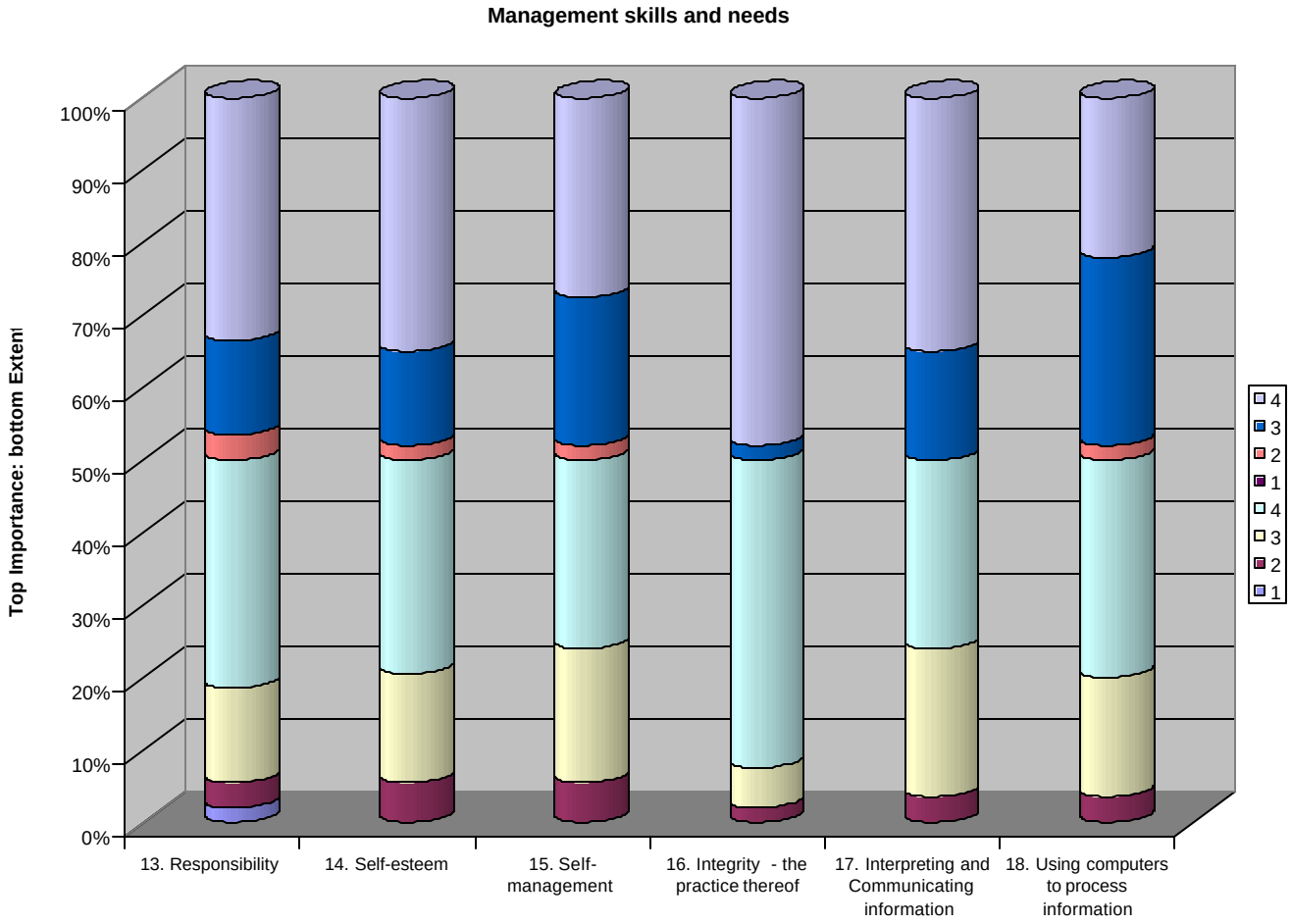
Extent

- 1=To no extent at all
- 2=To a lesser extent
- 3=To some extent
- 4=To a large extent

Importance

- 1=Not at all important
- 2=Rather unimportant
- 3= Important
- 4=Very Important

Figure 7.9: Management skills needed for Heads of Department: Continue



Scale:

Extent (bottom)

- 1=To no extent at all
- 2=To a lesser extent
- 3=To a certain extent
- 4=To a large extent

Importance (top)

- 1=Not at all important
- 2=Rather unimportant
- 3= Important
- 4=Very Important

Discussion of Table 7.23 and Figure 7.9:

In this table, integrity and the practice thereof were rated high as very important and also needed by participants. Self-esteem followed this and it was important to take note that the participants indicated that using computers to process information was not important with a rating of 44% on importance. Monitoring and correcting performance also received a very low percentage allocation on extent as well as importance. It is important to note that technology and computer skills were rated very low by participants in this table. Figure 7.9 on management skills needed for Heads of Department focusses on and expresses again a need for integrity, responsibility and self-esteem as previously indicated. Integrity is very important as indicated in this figure.

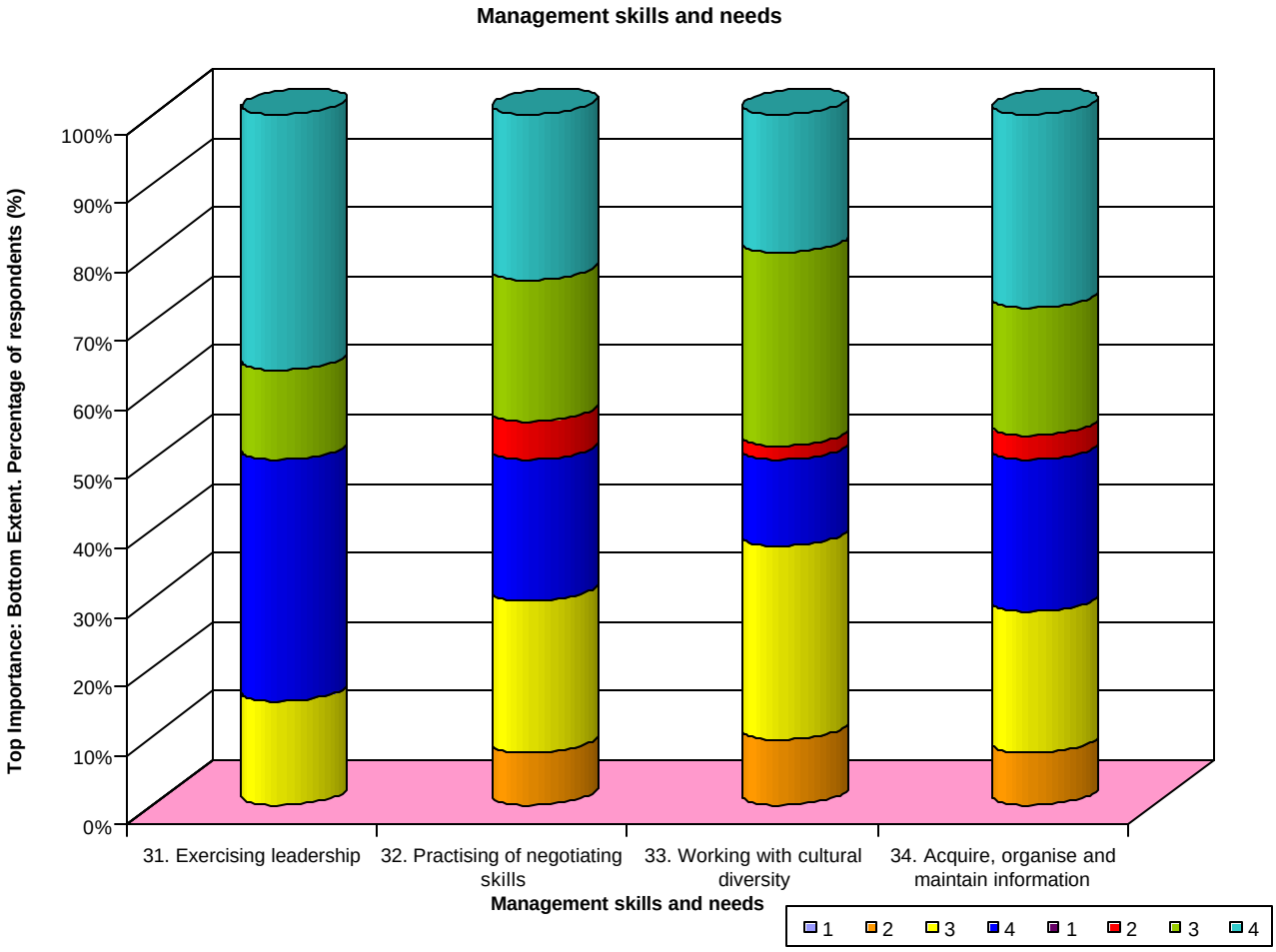
Table 7.24: Managerial skills needed for Heads of Department: Continued

(n=27)

Managerial skills	Extent				Importance			
	1	2	3	4	1	2	3	4
25. Competencies of time allocation.	0	11	33	56	0	7	33	60
26. Competencies of allocating money.	7	19	48	26	0	11	48	41
27. Allocating of resources.	0	26	41	33	0	11	41	48
28. Participating as a member of a team.	0	0	41	59	0	4	26	70
29. Teaching others.	0	4	22	74	0	0	26	74
30. Serving patients/clients/customer	4	15	0	81	4	7	11	78
31. Exercising leadership.	0	0	30	70	0	0	26	74
32. Practising of negotiating skills.	0	15	44	41	0	11	41	48
33. Working with cultural diversity.	0	19	56	25	0	4	56	40
34. Acquiring, organising and maintaining information.	0	15	41	44	0	7	37	56

Figure 7.10: Management skills needed for Heads of Department: Continue

(n=27)



Scale:

Extent (bottom)

- 1=To no extent at all
- 2=To a lesser extent
- 3=To a certain extent
- 4=To a large extent

Importance (top)

- 1=Not at all important
- 2=Rather unimportant
- 3= Important
- 4=Very Important

Discussion of Table 7.24 and Figure 7.10:

Of importance, as indicated by the participants, were the following:

- Serving patients/clients/customers.
- Exercising leadership.
- Teaching others.
- Participating as members of a team.

In the category of the extent of the needs of the participants, exercising leadership, serving patients and teaching others also scored very high above 70%. The presentation in Figure 7.10 again focusses on the importance of exercising leadership and acquiring, organising and maintaining information. The need to extend the skills to exercising leadership is also important to take note of in this figure.

Table 7.25: Other skills listed as needs by Heads of Department

		Comments in Afrikaans	**Comments in English**
1.	(n=1)	*Tydsbenutting.*	Time management.
2.	(n=2)	*Vergaderingsprosedures en optrede.*	Meeting procedures and action.
3.	(n=1)	*Nee.*	No.
4.	(n=1)	*Bestuur van verandering.*	Management of change.

Discussion of Table 7.25:

It is important to take note in this table where participants were given the opportunity to list skills as needs for Heads of Department and not a lot was added.

Table 7.26: Management needs

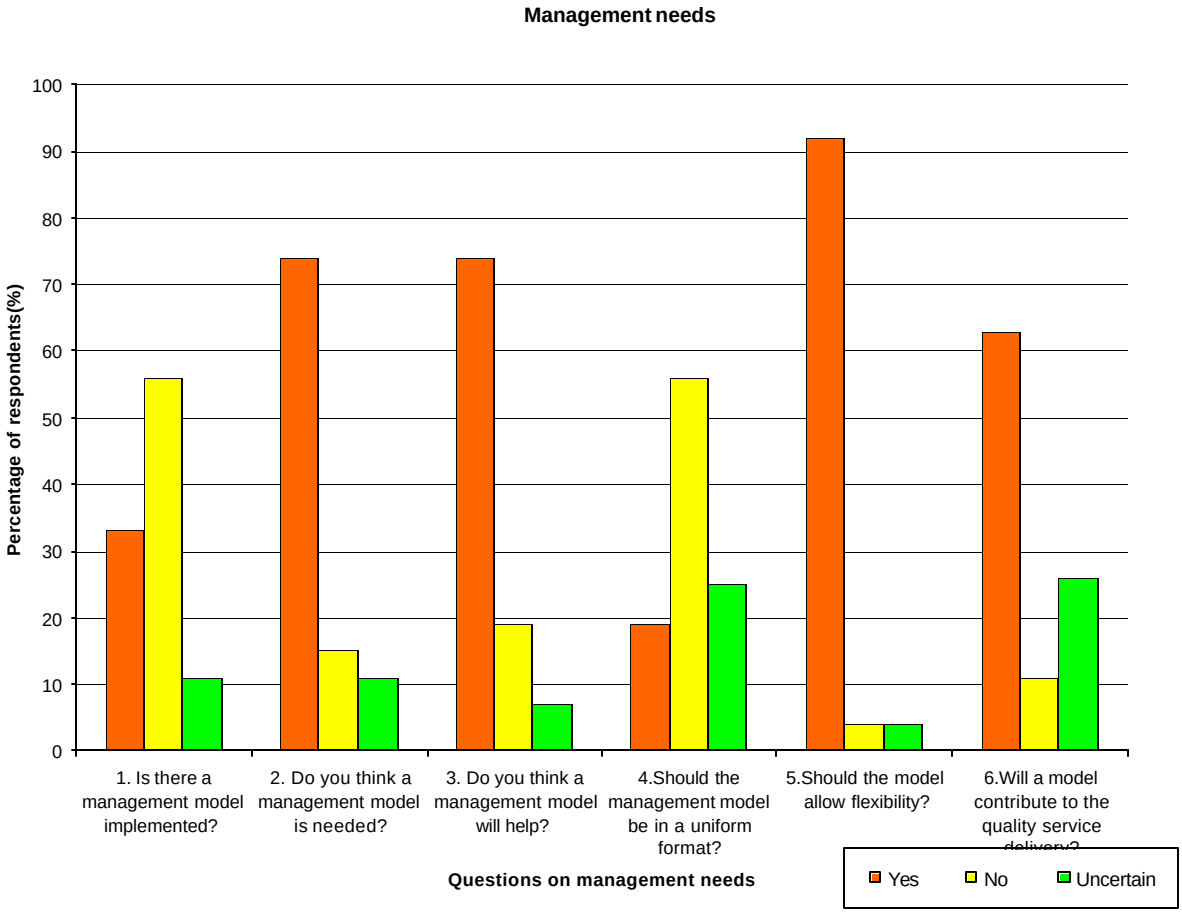
(n=27)

Questions on management needs	Yes	No	Uncertain
1. Is there a management model implemented?	33	56	11
2. Do you think a management model is needed?	74	15	11
3. Do you think a management model will help with management?	74	19	7
4.Should the management model be in a uniform format?	19	56	25
5.Should the model allow flexibility?	92	4	4
6.Will a model contribute to the quality service delivery?	63	11	26
7.Can a new management model complicate the tasks	33	26	41
8.Will you accept a framework for a model to be implemented?	63	4	33
9.Will you accept an individualised model?	89	4	11

Scale: 1= Yes 2= No 3= Uncertain.

Figure 7.11: Management needs of Heads of Department

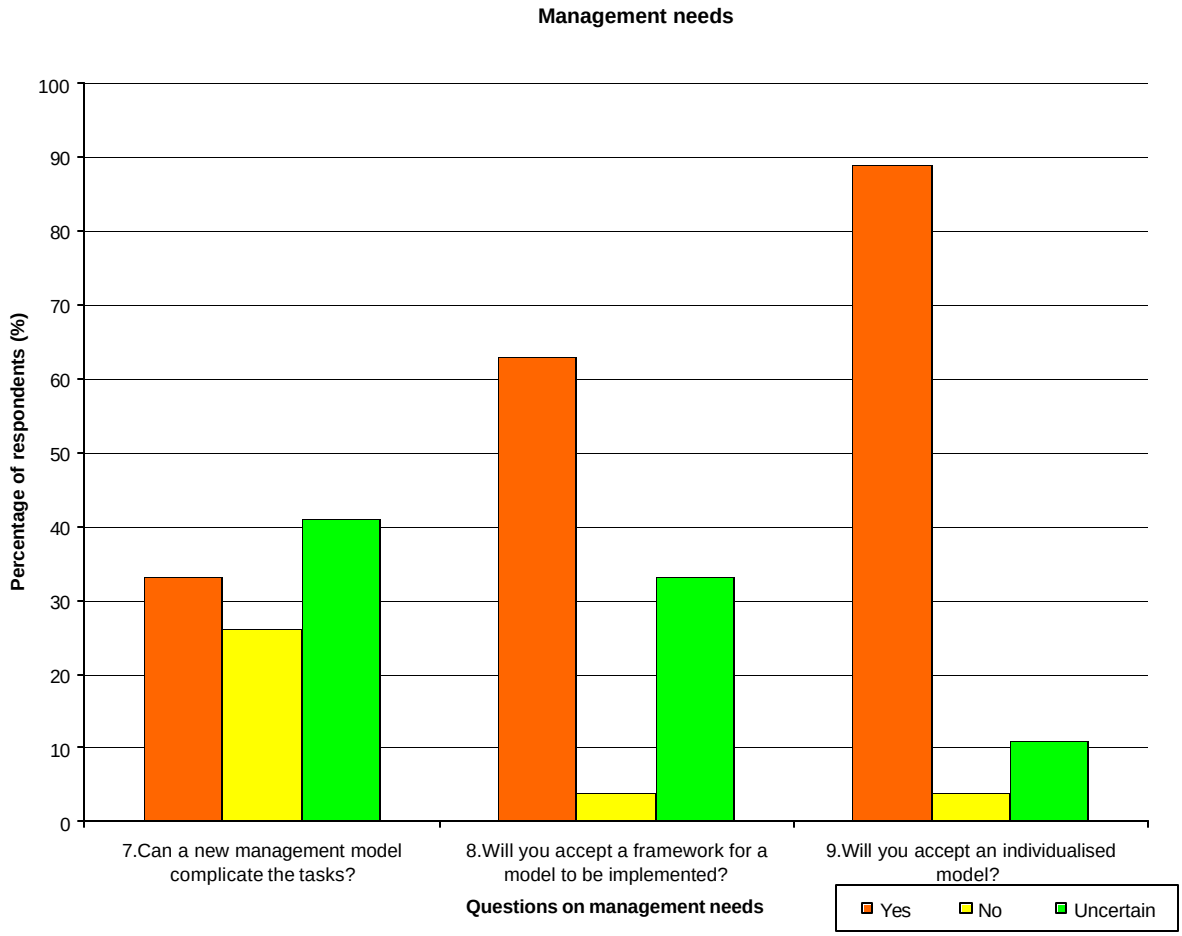
(n=27)



Scale: 1= Yes 2= No 3= Uncertain.

Figure 7.12: Management needs of Heads of Department

(n=27)



Scale: 1= Yes 2= No 3= Uncertain.

Discussion of Table 7.26, Figure 7.11 and Figure 7.12:

For this study, Table 7.26 was very important to establish if there was a real need to have a management model in place. 74% of the members indicated that they thought that a management model was needed. The same percentage of participants thought a management model would help them in their departments. A high premium of 92% was set on such a model to be flexible as indicated by the participants. A very low percentage indicated that a

management model might complicate their tasks. Only 4% of the participants indicated that they would not accept a framework for a model to be implemented. The same was indicated to accept an individualised model. This was a very important finding of the study and it actually established that there was a need for a management model; that participants wanted a flexible model; and that they were willing to implement such a management model if it was available. An individualised model is a model that a Head of department can design within the framework of needs of the specific individual. A flexible model, is a model that is given with a framework with flexibility within the model itself. Figure 7.11 is one of the most important findings as part of the questionnaire to Heads of Department. The majority of the participants indicated a need for a management model to be implemented, as well as the need to have a flexible model in place and a model that can be individualised which will help Heads of Department to manage their department. In Figure 7.12, the acceptance of a management model is important to take note of and also the low percentage of people who thought that a new management model could complicate tasks.

Table 7.27: Comments received regarding aspects of the management model

		Comments in Afrikaans	**Comments in English**
1.	(n=1)	*Bestuursmodel wat individueel in departemente toegepas kan word in samewerking met Topbestuur.*	Management model that in departments can be applied in co-operation with Top Management on an individual basis.
2.	(n=1)	*Nodig asseblief.*	Needed please.

Table 7.27: Comments received regarding aspects of the management model (Continued)

3.	(n=1)	*Matrix behoort te werk. Kommunikasielyne sal dan belangrik wees. Die bestuursmodel in ons departement is besig om te wysig.*	Matrix model can work. Communication lines will then be very important. The management model in our department is busy changing.

Discussion of Table 7.27:

On comments received regarding aspects of a management model, it needs to be note that a participant referred to the matrix model that can work and that another participant expressed the need for such a model. The number of respondents that raised these aspects is low and no interpretation can be done.

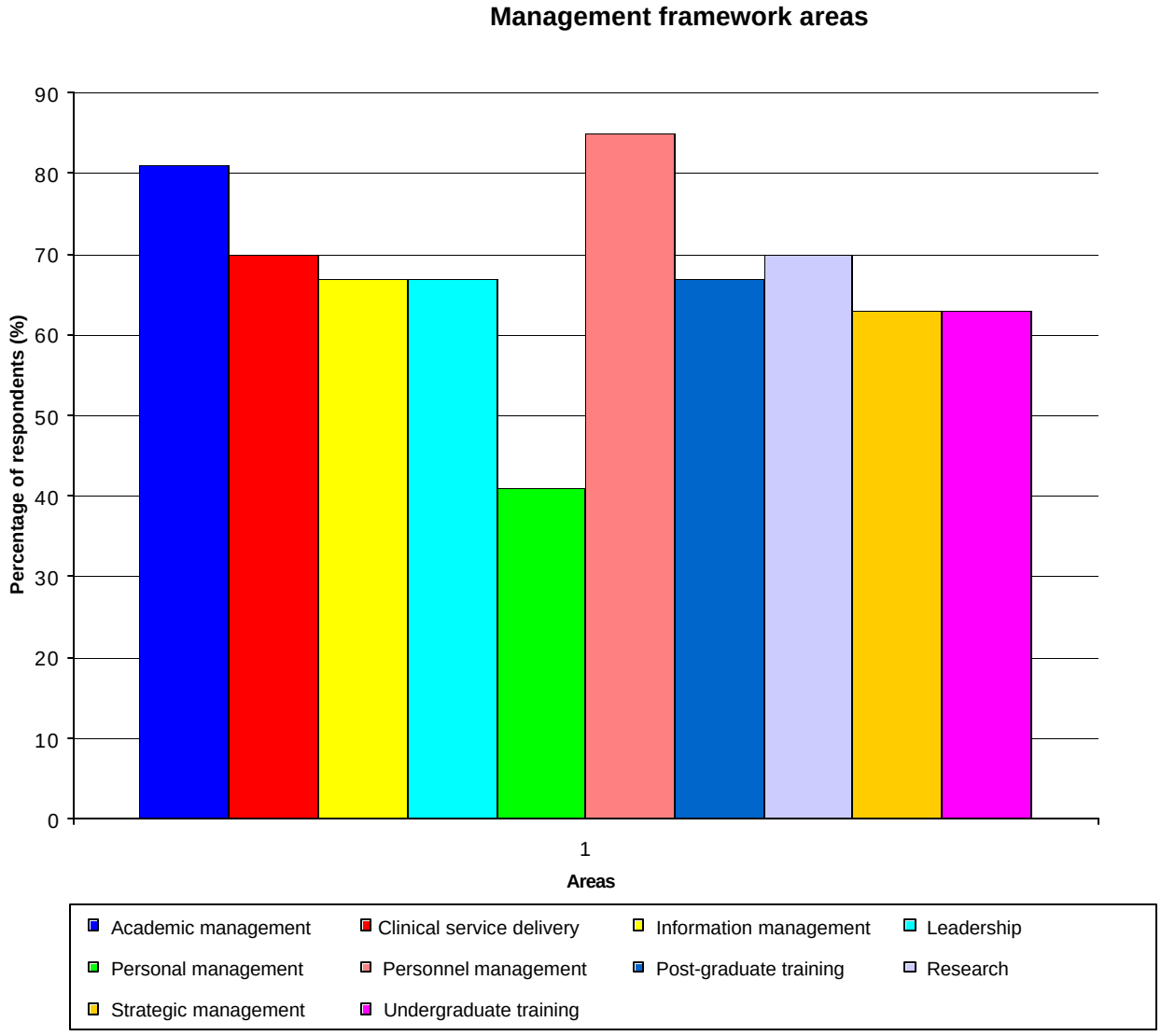
Table 7.28: Areas needed for a management model

(n=27)

Areas needed	**Percentage of respondents (%)**
Academic Management	81
Clinical Service Delivery	70
Information Management	67
Leadership	67
Personal Management	41
Human resource (Personnel) management	85
Postgraduate Training	67
Research	70
Strategic Management	63
Undergraduate Training	63

Figure 7.13: Areas of management framework

(n=27)



Discussion of Table 7.28 and Figure 7.13:

Another important finding of the questionnaire was the areas indicated by participants that were needed for a management model. The areas were decided from the literature study. Personal management was the area that was indicated as the least important (41%). Academic management, human

resource management, clinical service delivery, and research were of the top scores above 70% of indication of areas needed for a management model.

Figure 7.13 on management framework areas is a very important figure, which actually focusses across the areas and the importance of nearly all the areas. Only personal management is an area that can possibly be excluded from a management model. The following are areas that need to be included in a management model.

- Academic management.
- Clinical service delivery.
- Information management.
- Leadership.
- Human resource management.
- Postgraduate training.
- Undergraduate training.
- Research.
- Strategic management.

Table 7.29: Others inputs received as areas for management framework

		Comments in Afrikaans	**Comments in English**
1.	(n=1)	*Bemarking.*	Marketing.
2.	(n=1)	*Projekte.*	Projects.
3.	(n=2)	*Buitelandse skakeling.*	International networking.
4.	(n=3)	*Finansiële bestuur.*	Financial management.

Discussion of Table 7.29:

In this table it is noted that there were participants who indicated that financial management and international networking were also areas to include in a management framework. The number of respondents that raised these aspects is low and no interpretation can be done.

7.2.1.5. Motivational climate

This section deals with aspects impacting on the motivational climate.

Table 7.30: Motivational climate in the School of Medicine

(n=27)

Statements on motivational climate	**1-2 %**	**3 %**	**4-5 %**
1. People are involved in formulating the goals they have to achieve.	40	22	38
2. I accept responsibility for achieving the set goals.	11	11	78
3. The executive management encourages Heads of Department to achieve the goals set.	48	30	22
4. The executive management emphasises team goals.	48	26	26
5. Staff understand the Faculty's vision and goals.	52	11	37
6. My department has a specific value system	8	19	73
7. The members of the day management maintain high performance standards.	30	33	37
8. My colleagues assist me to improve.	22	26	52
9. My immediate superior insists that set work goals be achieved.	30	26	44
10. Staff here are satisfied with their jobs.	26	19	55
11. Staff members in my department are seeking other jobs.	58	7	35
12. Salaries are reasonable.	48	26	26
13.In the School people regard their work as a method to make a contribution.	8	4	88

Table 7.30: Motivational climate in the School of Medicine (Continued)

14. I am proud of the quality of work produced.	0	19	81
15. In the School of Medicine productivity is emphasised.	19	27	54
16. In the School of Medicine good clinical practice is emphasised.	4	12	84

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral on importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.30:

This table expresses the issues that are impacting on a motivational climate in the School of Medicine and that were evaluated by respondents of the questionnaire. Important issues to take note of that were listed by participants were:

- The acceptance of responsibility for achieving set goals.
- The establishment of a value system in the department.
- The fact that people in the School regard the work as a method of contribution.
- Participants were proud of the quality of work produced.

Some of the issues that were of less importance as listed by participants were that:

- The management of the School encourages Heads of Department to achieve their goals.
- Management emphasises team goals.

- Staff understand the Faculties vision and goals.

Participants also indicated that it was unimportant that staff members in their departments were seeking other jobs. One of the most important findings in this table is the importance participant linked with good clinical practice, which is emphasised. This again indicates the background of Heads of the Department on their clinical competencies. It is important for South Africa to realise that Heads of Department bring this aspect into management, which is a very important aspect for health management.

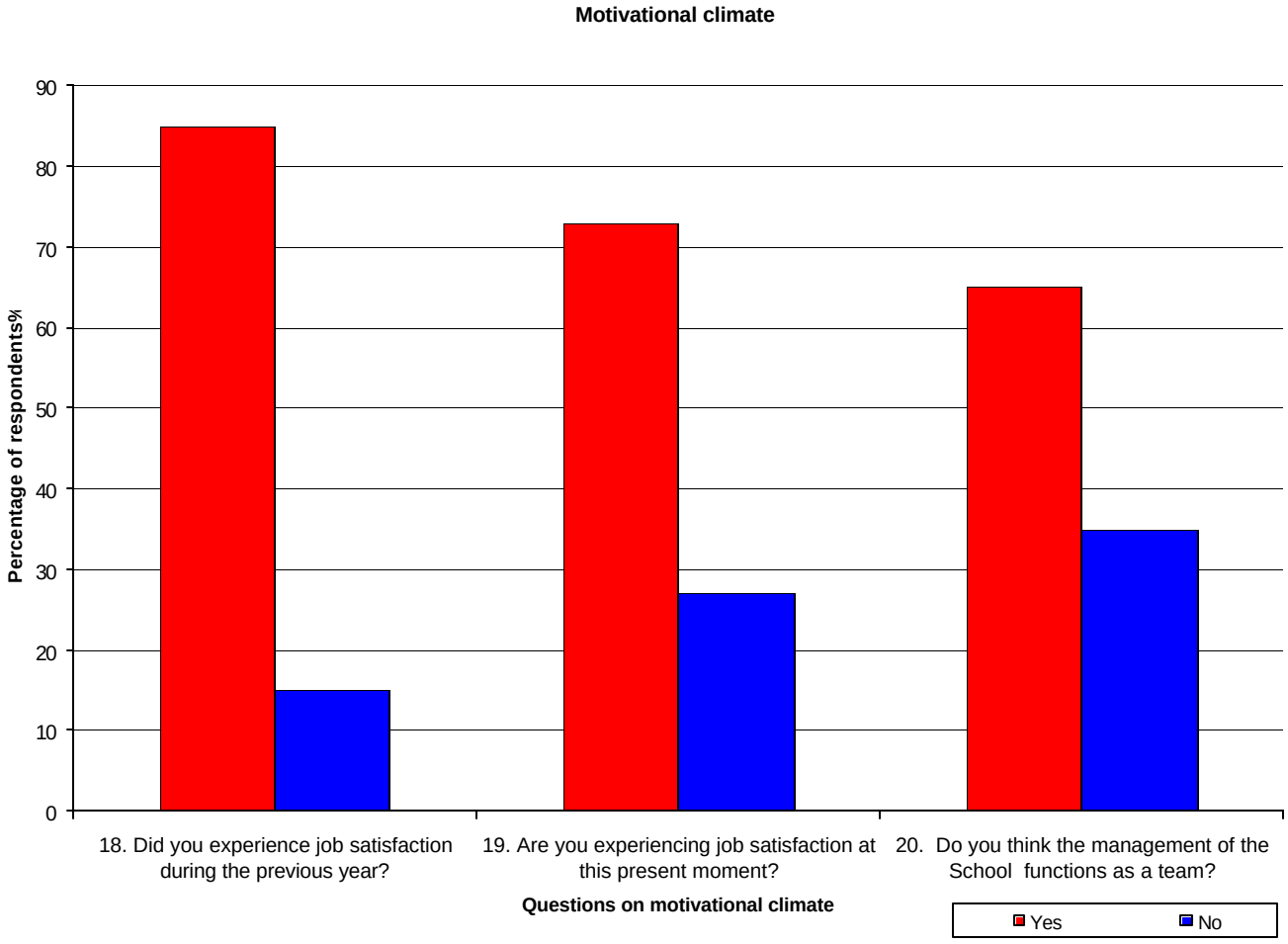
Table 7.31: Issues of job satisfaction/dissatisfaction

(n=27)

Issues of job satisfaction/dissatisfaction	Yes	No
18. Did you experience job satisfaction in the previous year (2002)?	85	15
19. Are you experiencing job satisfaction at this present moment (November 2003)?	73	27
20. Do you think the management of the School functions as a team?	65	35

Figure 7.14: Job satisfaction/dissatisfaction

(n=27)



Discussion of Table 7.31 and Figure 7.14:

This table is also a very important table because 85% of the participants expressed job satisfaction in the previous year. In November 2003, 73% experienced job satisfaction. An issue that can be worked on is that only 65% of the participants thought that management functioned as a team.

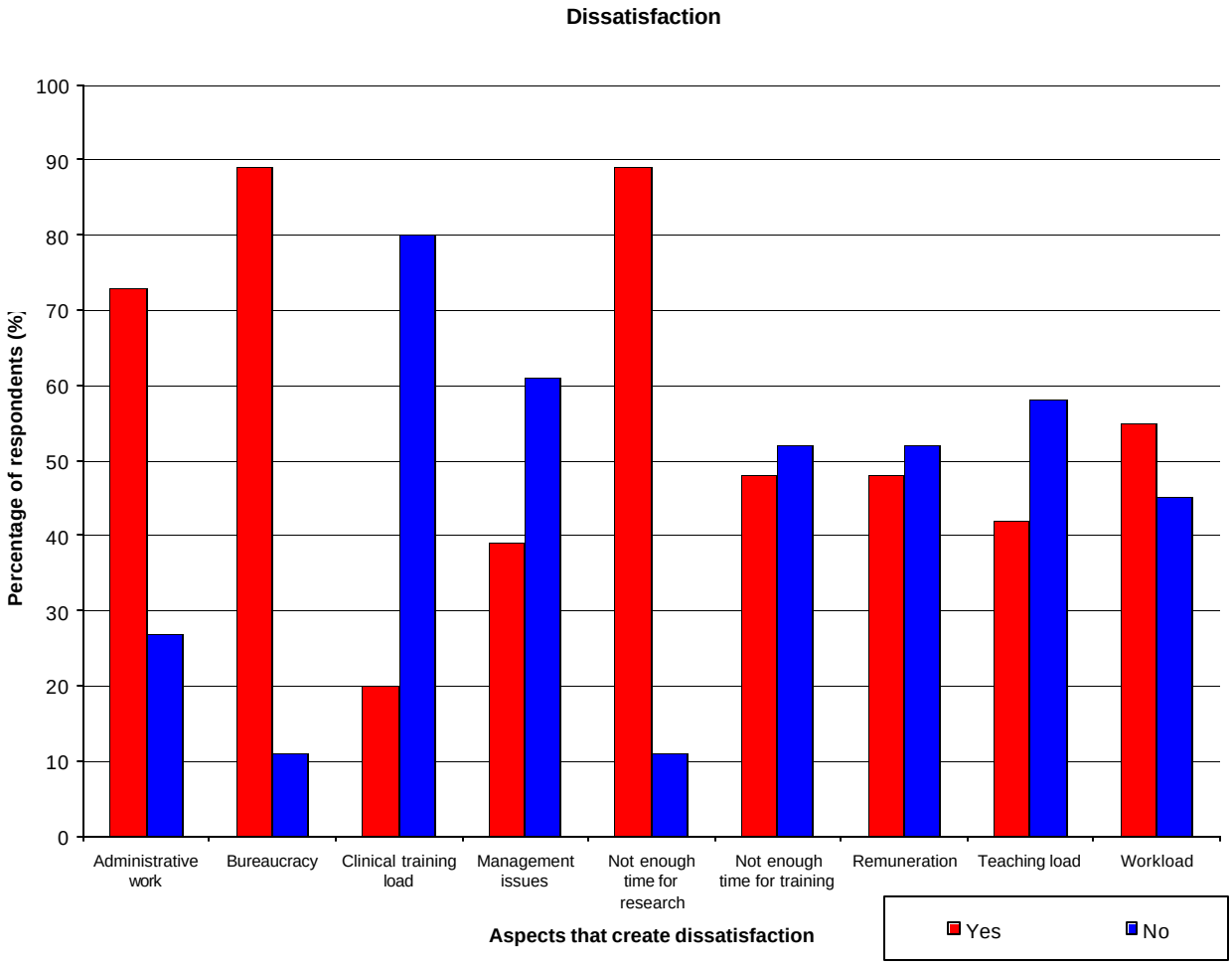
Table 7.32: Issues creating job dissatisfaction

(n=27)

Aspects creating dissatisfaction (Question 21)	Yes %	No %
Administrative work	73	27
Bureaucracy	89	11
Clinical training load	20	80
Management issues	39	61
Not enough time for research	89	11
Not enough time for training	48	52
Remuneration	48	52
Teaching load	42	58
Workload	55	45

Figure 7.15: Areas that create job dissatisfaction

(n=27)



Discussion of Table 7.32 and Figure 7.15:

Some of the important issues to take note of in this table are that not enough time for research, bureaucracy and administrative work are important aspects that contribute to dissatisfaction. Not enough time for research was also a finding of Van Niekerk (1994:65) as one of the most important issues of dissatisfaction among members in the Faculty. An important finding by Van Niekerk (1994:62), which could again not be evaluated in this study, was that satisfaction was linked with the position of personnel in his research. His

finding was that, in higher positions, the level of satisfaction was higher than that of junior personnel. Figure 7.15 presents the high level of job satisfaction that was expressed by the participants in the questionnaire. This is a very important figure, which again focuses on the areas that create dissatisfaction with participants. They include:

- Bureaucracy.
- Administrative work.
- Not enough time for research.

Areas that do not contribute to dissatisfaction are clinical training load, as well as management issues and teaching load. This figure indicates the level of satisfaction, which is a balance as well as a movement towards a level of satisfaction as measured in the ownership for the problems by the participants.

Table 7.33: Inputs received on issues of importance that create dissatisfaction

		Comments in Afrikaans	**Comments in English**
1.	(n=1)	*Gehalte van administratiewe personeel.*	Quality of administrative personnel.
2.	(n=1)	*Gebrek aan effektiewe samewerking binne die Fakulteit en Universitas Hospitaal.*	Lack of effective co-operation within Faculty and Universitas Hospital.
3.	(n=1)	*Te min senior konsultant personeel om departement se aktiwiteite en kreatiwiteit uit te bou. Ons oorleef tans net.*	Too few senior consultant personnel in the department to build the activities and creativity of the department. We only just survive.
4.	(n=1)	*Gebrek aan fondse vir navorsing.*	Lack of funds for research.

Table 7.33: Inputs received on issues of importance that create dissatisfaction (Continued)

5.	(n=1)	*Primitiewe werksomstandighede.*	Primitive work circumstances.
6.	(n=1)	*Ou apparaat.*	Old equipment.
7.	(n=1)	*Geen onderhoud aan werkplek.*	No maintenance of work environment.
8.	(n=1)	*WBS ongesond en onwenslik.*	Remunerative work outside the Public sector (RWOPS) not healthy and not acceptable.
9.	(n=1)	*Tydtoedeling te beplan.*	Time allocation to plan.
10	(n=1)	*Baie verantwoordelikheid, min uitvoerende gesag.*	A lot of responsibility with little executive powers.
11	(n=1)	*Gebrek aan outonomiteit en gesag wanneer dit kom by spesifieke aspekte van dienslewering, bv. Die verkryging van spesifieke geneesmiddels of apparaat; burokrate met geen kennis of insig oorheers proses.*	Lack of autonomy and power when it comes to specific aspects of service delivery, for instance the procurement of specific medicine or apparatus; bureaucrats have no knowledge or insight and dominate the process.
12	(n=1)	*Patetiese ondersteuning vanaf primêre en sekondêre gesondheidsdienste in dienslewering.*	Pathetic support from primary and secondary health services in service delivery.
13	(n=1)	*Het geen tyd vir my gesin.*	Have no time for my family.
14	(n=1)	*NHLS.*	NHLS.
15	(n=1)	*Aparte akademiese dienstaat – Pelonomi Hospitaal.*	Separate academic staff establishment – Pelonomi Hospital.

Table 7.33: Inputs received on issues of importance that create dissatisfaction (Continued)

16.	(n=4)	*Oënskynlike besluitloosheid en gebrekkige vermoë om besluite te neem en sake af te handel.*	Apparently lack of decision and lack of ability to take decisions and to finalise matters.
17.	(n=2)	*Provinsiale Bestuur.*	Provincial Management.
18.	(n=3)	*Onvoldoende begroting.*	Insufficient budget.

Discussion of Table 7.33:

The table refers to comments that were received by participants as open comments to the questionnaire. Of the issues to note are the comments of those who commented on this question on the lack of ability to take decisions and to finalise matters, the issue of an insufficient budget and the issue of problems with the Provincial management. The number of respondents that raised these aspects is low and no interpretation can be done.

Table 7.34: Level of satisfaction

(n=27)

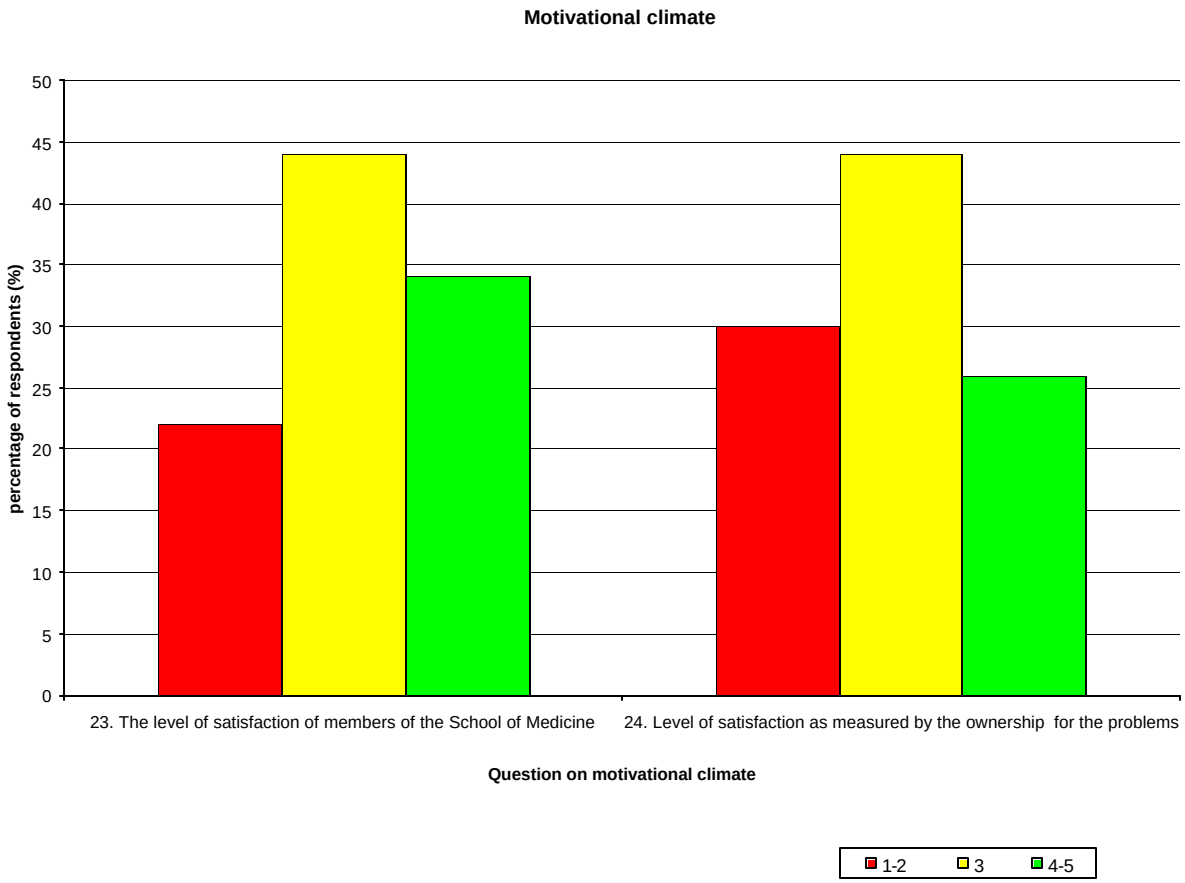
Statements on level of satisfaction	**1-2**	**3**	**4-5**
23. The level of satisfaction of members of the School of Medicine.	22	44	34
24. Level of satisfaction as measured by the ownership for the problems.	30	44	26

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Figure 7.16: Figure on level of satisfaction

(n=27)



Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.34 and Figure 7.16:

This table establishes the level of satisfaction of members in the School of Medicine of between neutral and important, as well as the ownership in the same category. No real conclusion can be made from this information. What is important about this table and figure, is that 74% indicated that they were satisfied with their job benefits. Only 56% were satisfied with their personal training in their present position.

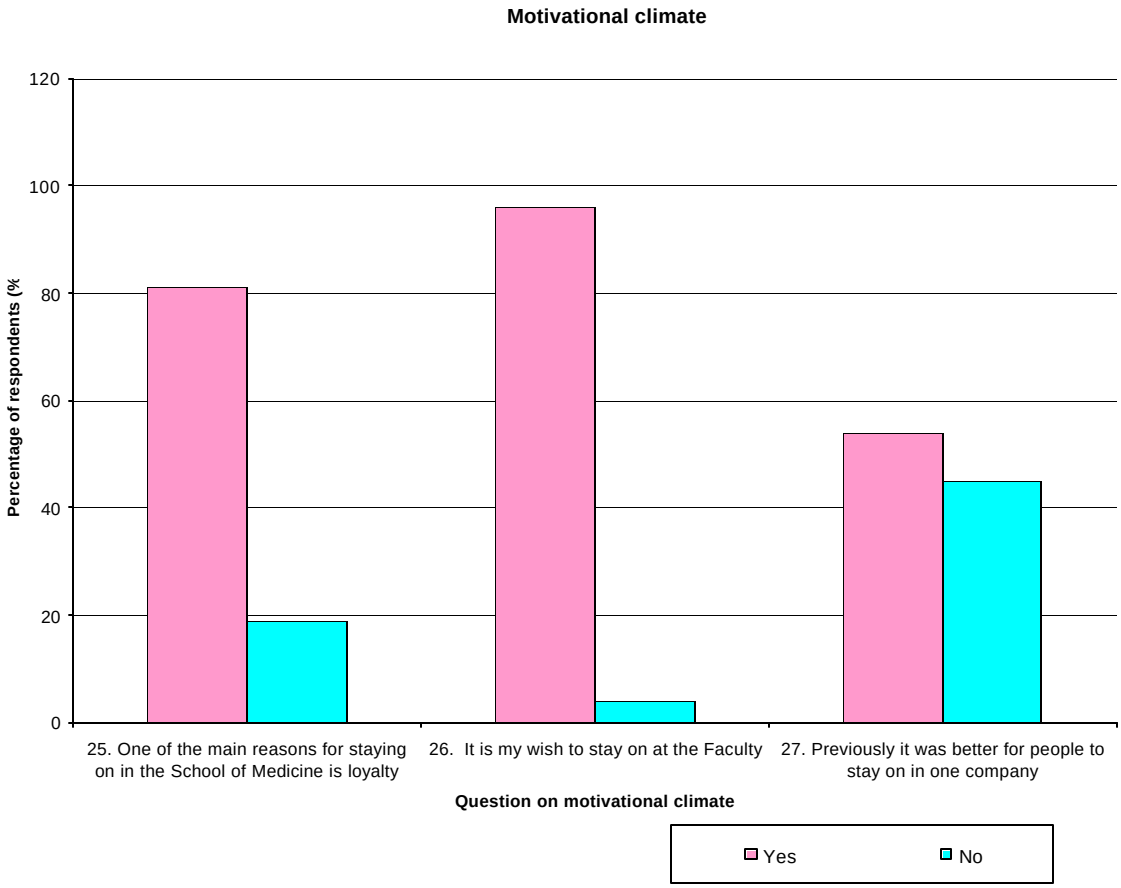
Table 7.35: Staying on in School

(n=27)

Questions on staying on in School	**Yes**	**No**
25. One of the main reasons for staying on in the School of Medicine is loyalty.	81	19
26. It is my wish to stay on at the Faculty.	96	4
27. Previously it was better for people to stay on in the Faculty.	54	45

Figure 7.17: Issues influencing staying in the School

(n=27)



Discussion of Table 7.35 and Figure 7.17:

Retaining senior members of Faculty and specifically participants to this questionnaire is very high, where 96% indicated their wish to stay on in the Faculty. 81% of the participants indicated that one of the main reasons for staying on in the Faculty was their loyalty towards the School. Figure 7.17 indicates that the main reason for staying in the School focussed on loyalty and the expression by participants to stay on in the Faculty

Table 7.36: Issues relevant to job satisfaction

(n=27)

Statements on issues relevant to job satisfaction	1-2 %	3 %	4-5 %
1. The number of work hours per week worked?	22	7	71
2. The time spent on service delivery (patient care)?	33	19	48
3. The time spent on student training and educational responsibilities?	33	19	48
4. Time spent on research?	81	11	8
5. The relationship with your immediate supervisor?	4	15	81
6. The freedom/opportunities you have to take initiative in your work environment?	22	22	56
7. The opportunities available for training in your specialist discipline area.	37	11	52
8. The opportunities available for training and development of general lecturing skills?	15	33	52
9. The opportunities available for training and development for management?	45	22	33
10. The opportunities available for research?	59	22	19
11. The opportunities available for participating in decisions in the Faculty?	33	30	37
12. The opportunities available for your department participating in decisions?	30	19	51
13. The physical circumstances where you work in the Faculty?	26	4	70
14. Your satisfaction with your life in general?	0	7	93
15. Your satisfaction with your family?	4	4	92
16. Your satisfaction with your participation in the community?	4	26	70

Table 7.36: Issues relevant to job satisfaction (Continued)

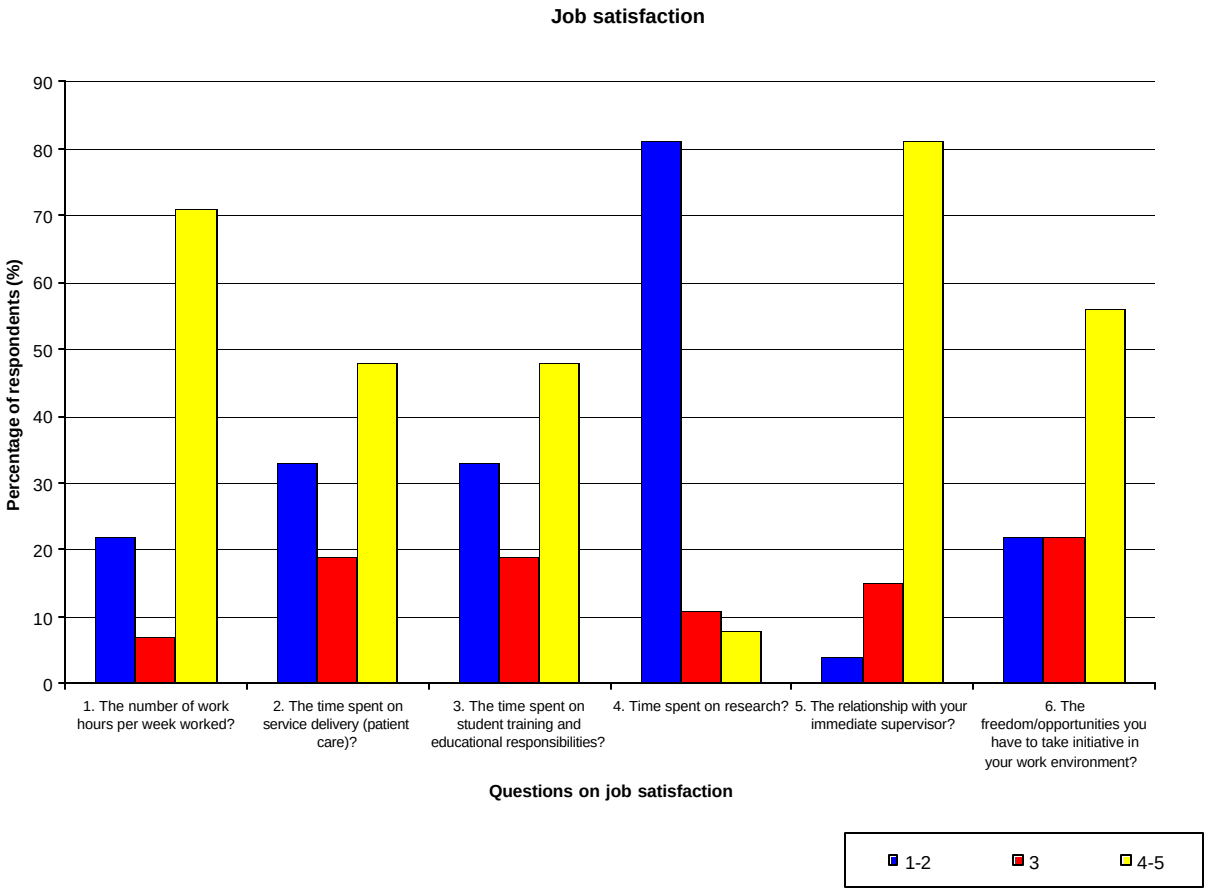
17. Your satisfaction with your relaxation?	19	7	74
18. Your satisfaction with your work?	11	11	78

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Figure 7.18: Figure on job satisfaction

(n=27)

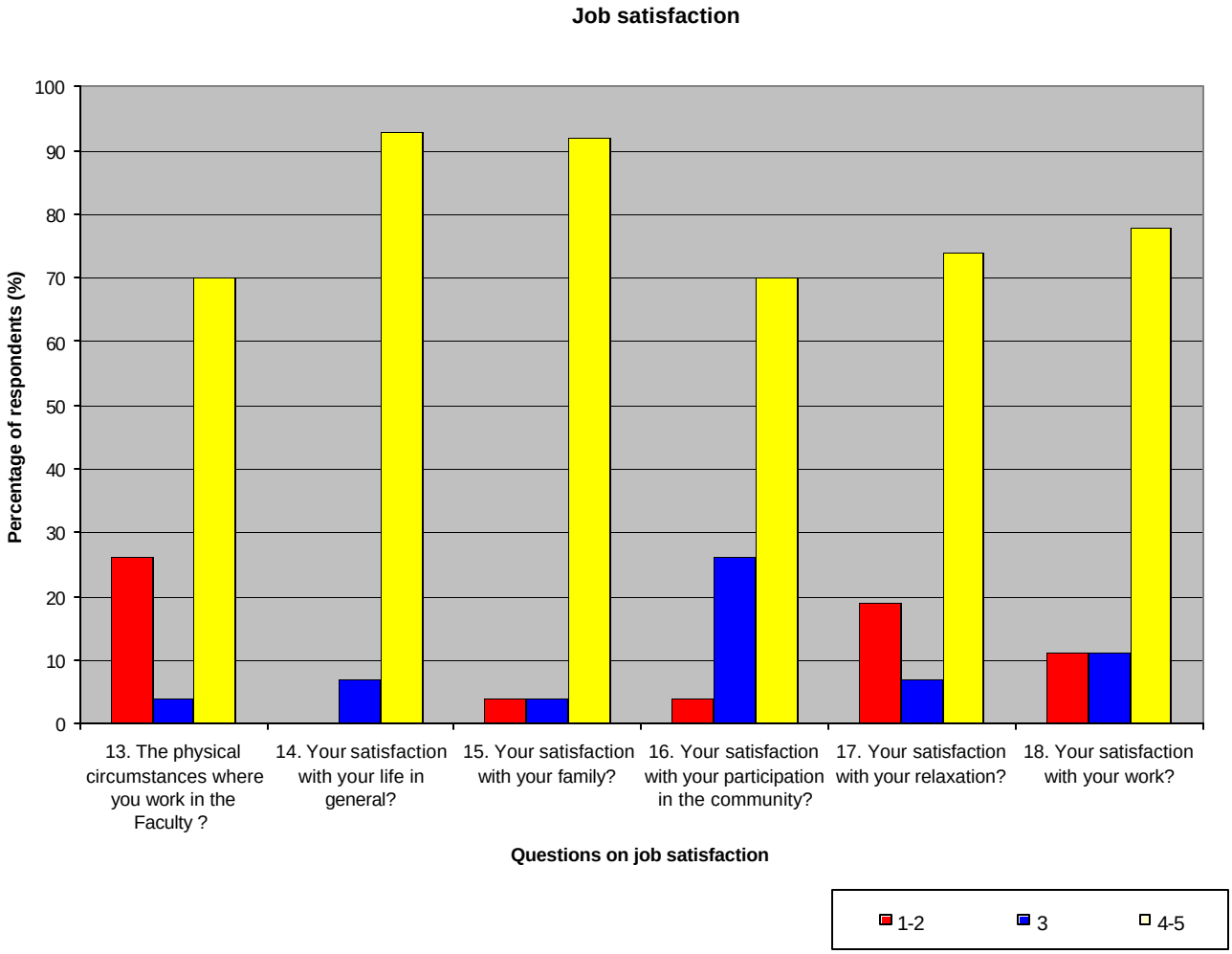


Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Figure 7.19: Figure on Satisfaction

(n=27)



Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.36, Figure 7.18 and 7.19:

Table 7.31 only measures the broad principles of satisfaction. Table 7.36 measures more detail on satisfaction. In Table 7.36, it is important to take note of the indication of the participants with regard to issues that are relevant to job satisfaction which includes the following:

- Satisfaction with their lives in general.
- Satisfaction with their families.
- Relationship with their immediate supervisor.
- Satisfaction with their work.
- Satisfaction with relaxation.
- Satisfaction with the number of hours of work per week.

Figure 7.18 represents the issues that contribute to job satisfaction. It is important to note that time spent on research is one of the issues that are unimportant as contributing to job satisfaction. Figure 7.19 represents the level of satisfaction especially those which focus on life in general, family, circumstances in the Faculty, and satisfaction with work.

Table 7.37: Issues relevant to job satisfaction

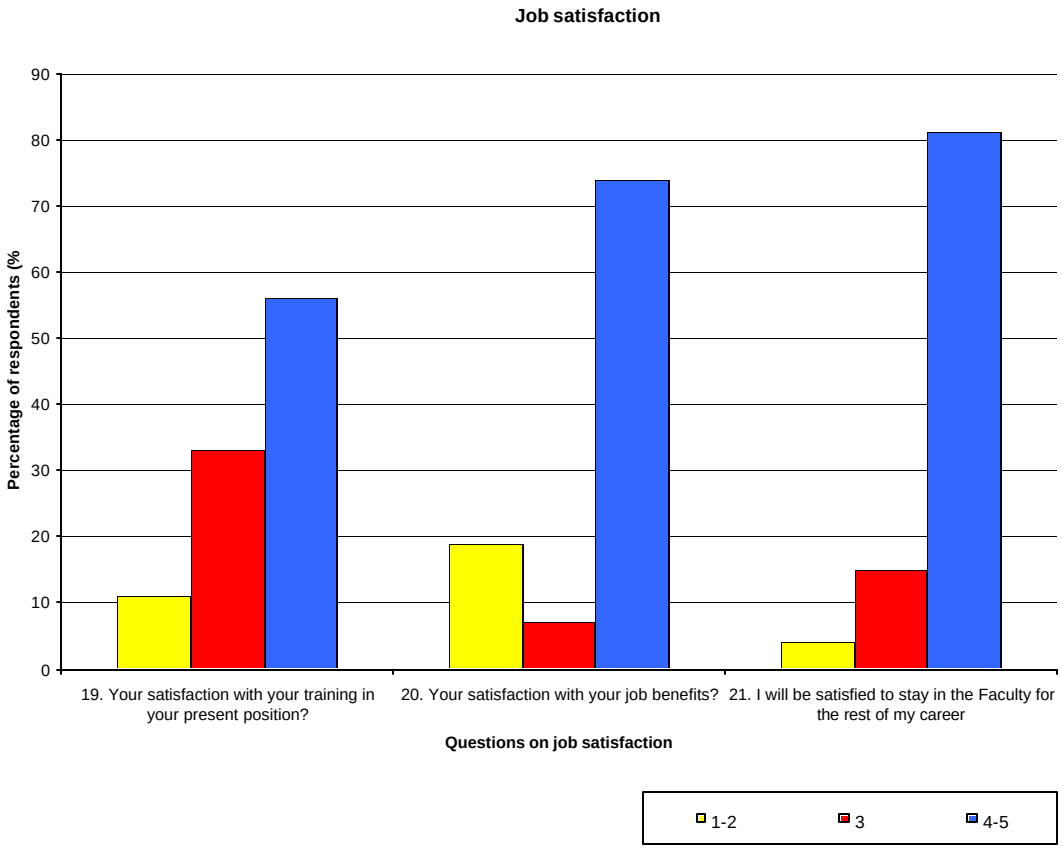
Issues relevant to job satisfaction (n=27)	1-2 %	3 %	4-5 %
19. Your satisfaction with your training in your present position?	11	33	56
20. Your satisfaction with your job benefits?	19	7	74
21. I will be satisfied to stay in the Faculty for the rest of my career.	4	15	81

Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Figure 7.20: Figure on satisfaction

(n=27)



Scale:

- 1= Not at all important
- 2= Rather unimportant
- 3= Neutral with regard to importance
- 4= Important
- 5= Extremely important

Discussion of Table 7.37 and Figure 7.20:

What is important about this table, is that 81% of the participants indicated that they were satisfied and would stay on in the Faculty for the rest of their careers , while 74% indicated that they were satisfied with their job benefits. Only 56% were satisfied with their personal training in their present position. This is the last Figure on the finding of the results of the research and it is important to take note of the overwhelmingly positive results on satisfaction regarding job benefits as well as satisfaction to stay on in the Faculty for the rest of the careers of the participants in the research study.

7.2.2. The Delphi process

The response for the Delphi process was 100% as all six of the Delphi participants provided their questionnaires for round one. 190 statements were part of the Delphi process. Of this, consensus was reached on 138 statements, which makes up 73% of the total success of all the statements asked in the first round. Only 52 statements or 27% of the Delphi process round number one had to continue to round number two as statements without consensus (cf. Appendix G).

Of the Delphi problems, four statements were identified by the experts to be irrelevant and to be discarded from the questionnaire. These were statement numbers 15, 85, 145 and 162. This contributes to 2% of the total 190 statements of the Delphi process. If these questions were taken out of the equation, it became 186 statements of the Delphi process that were evaluated. Of this 186, consensus was reached on 138, which increases the percentage of consensus reached on statements from 73% to 74%. This means that, after round one, consensus was not reached on only 26% of the statements (cf. Appendix I). Appendix G indicates the results of the Delphi process results after Round 1 and Appendix I the results after Round 2.

The time frame was not met with Delphi round number one. This was because of a member of the expert panel who left to go abroad and the Delphi round number two could not continue until such time as the member returned from his overseas visit. It was important to continue with this member as an expert, as he was the only educationalist on the panel and specialists with educational backgrounds are limited in South Africa. It turned out to be a logistical problem, as the member had already sent his response for Delphi round number one questionnaire before he left for his overseas visit, but had sent it electronically to the wrong address. This is a limitation that will be discussed later on.

All six participants were available for Delphi round number two as well and the questionnaire was sent out to them on 11 May 2004 with a ten-day period to complete the questionnaire.

After the second round of the Delphi process, two members indicated that they would not change their views. This created stability within the Delphi process, as the members could not be approached for a third round of the Delphi process. Linstone and Turoff (1979:278) refer to the problem of the question on what represents a reasonable cut-off point and the stability by position reached. They indicate that there is no statistical theory. They mention that there is a

certain degree of oscillatory movement and change within a group, which is inevitable. Stability is then defined not as the natural tendency for opinions of experts to centralise (Linstone & Turoff, 1979:277). It is mentioned that the interest lies not in the opinion of the individual but rather in the group - the change in the group needs to be measured. Stability therefore can be declared when the movement of the group as a whole has reached stability. Management is also not an exact science and I would have been surprised if a 100% consensus had been reached on all the statements. This also indicates the complexity and diversity of the components of management. The results of the final Delphi process are indicated in Table 7.38.

Table 7.38 Final results of Delphi Process

DELPHI PROCESS: FINAL ROUND RESULTS

The questionnaire will be anonymous to other participants. There will be four sections to be completed.					
Section A **Strategic Management and Planning** This section deals with issues related to strategic management and planning					
Scale 1= Essential 2= Useful 3= Unnecessary				R= Round F= Final	
A. AREAS OF MANAGEMENT					
1. The model needs to include specific areas as areas of management. The areas to be included are:					
					Comments on final results
a. Service delivery	**1**	**2**	**3**	**R**	**Consensus in Round 1**
*** number of Delphi experts**	**6***	**0**	**0**	**F**	
b. Student training	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
c. Research	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	

d. Management (including Administration and Planning)	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
e. Community service	1	2	3	R	**Consensus in Round 2**
	1	5	0	F	
f. Others?					

B. LEADERSHIP PRACTICES					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of leadership practices that must be taken into account/need to be included:					Comments on final results
2. Inclusive planning procedures.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
3. Celebrate accomplishments when specific achievements are reached.	1	2	3	R	**Stability reached** Leadership must give feedback to staff.
	3	3	0	F	
4. Clarity about philosophy of leadership.	1	2	3	R	**Consensus in Round 2** If the philosophy is moulded by political forces (e.g. previously disadvantaged considerations) then clarity is essential, otherwise useful
	1	5	0	F	
5. Motivating people to share dreams about the future.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
6. Respectful treatment of people.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
7. Communicate a positive and hopeful outlook.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	

8.	Ensuring that people adhere to agreed values.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
9.	Ensuring that people break down a specific task into manageable portions.	1	2	3	R	**Consensus in Round 2** This will depend on the individuals concerned.
		5	1	0	F	
10.	The development of co-operative relationships with people.	1	2	3	R	**Consensus in Round 1**
		5	1	0	F	
11.	The consistency in practice of the values.	1	2	3	R	**Consensus in Round 1**
		5	1	0	F	
12.	The encouragement of ownership.	1 5	2 1	3 0	R	**Consensus in Round 2**
					F	
13.	The setting of clear goals.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
14.	The construction of plans.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
15.	The establishment of certain indicators for work.	1	2	3	R	**Consensus in Round 1** Despite participants voting on this aspect, the majority felt that it had to be discarded from the list.
		4	1	0	F	
C. TRANSFORMATION						
Scale 1= Essential 2= Useful 3= Unnecessary						
Deals with issues of transformation that must be taken into account/need to be included:						**Comments on final results**
16.	Staff must regard mistakes as learning opportunities.	1	2	3	R	**Stability reached** It is essential that you learn from your mistakes.
		2	3	1	F	

17. Staff must accept responsibility for their actions.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
18. Staff must not be afraid of being blamed or punished.	1	2	3	R	**Stability reached** A culture of blame and punishment is fundamentally retrogressive.
	3	3	0	F	
19. Staff must accept the following transformation objectives:					
19.1. Addressing representation in the work-force.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
19.2. Fast track mechanisms to promote previously disadvantaged staff.	1	2	3	R	**Consensus in Round 2**
	1	5	0	F	
19.3. Workforce targets that are set for demographic corrections of the workforce.	1	2	3	R	**Consensus in Round 2**
	1	5	0	F	
19.4. Mentoring.	1	2	3	R	**Consensus in Round 2** Useful but can be viewed as patronising in professional appointments.
	5	1	0	F	
19.5. Training support for previously disadvantaged staff.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
20. Performance targets should be set for each transformation objective.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
21. Any further comments on transformation?					
Transformation in this section is linked to demographics, which in a South Africa context is important, but I would rather see it as a cultural issue within any organization. Targets and programmes are fine and needed, but if the culture of the organization does not change, transformation will be difficult if – not impossible. Possibly an important characteristic will be the ability to manage transformation in a multicultural environment.					
The realities must be taken into account (e.g. pool of qualified personnel from previously disadvantaged communities presently available).					
Need to understand the broad transformation environment of the country.					
Ability to manage change.					

Be a change agent rather than obstruct transformation.
Develop a common vision for transformation in line with the bigger picture. Equity; Broad based Black Economic Empowerment, Skills development; etc.

D. QUESTIONS RELATED TO CHANGE

Scale

1= Essential
2= Useful
3= Unnecessary

Deals with issues of change that must be taken into account/need to be included:					**Comments on final results**
22. With the management of a change process the level of communication is important.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
23. Freedom and empowerment to make decisions on your own without fear of failure.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
24. Level of support is important in the change process.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
25. Setting measurable goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
26. Vision on change needs to be communicated.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	

27. Any comments on “Change”?
Change management is a particular skill and may not be within every Head of Department’s (HoD’s) grasp. However, the Faculty leadership should provide the leadership with respect to change management and strenuously support “change agents” who are identified within the ranks of the faculty staff. Change agents may not always be the HoD’s and as such require support.
Listen to and address the concerns of the stakeholders.
Feedback is a breakfast of champions.

E. CREATING ALIGNED COMMITMENT AMONG ORGANISATIONAL MEMBERS TO THE ORGANISATION, VISION , GOALS AND VALUE SYSTEM (COETSEE, 1996: 45)					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of creating an aligned commitment that must be taken into account/needs to be included:					**Comments on final results**
28. Receiving appropriate information to visualise the new direction.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
29. A value system (behavioural guidelines such as honesty, quality, profit, etc.) is important to create an aligned commitment.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
30. Recognition and/or rewards (praise, increased pay, etc.) are important to create an aligned commitment.	**1**	**2**	**3**	**R**	**Stability reached** If staff efforts are not recognised, then there is no transparency in the system. One respondent did not respond
	2	**3**	**0**	**F**	
31. The possession of knowledge and experience in work performance management.	**1**	**2**	**3**	**R**	**Consensus in Round 2** I find this question difficult to understand.
	1	**5**	**0**	**F**	
32. Sufficient training.	**1**	**2**	**3**	**R**	**Stability reached** One respondent did not respond
	2	**0**	**3**	**F**	
33. Clearly defined work objectives.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**0**	**1**	**F**	
34. Clear tasks set by supervisor/manager.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
35. Adequate management of resistance to change.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Support the ones that are showing the concerns.
	6	**0**	**0**	**F**	
36. Commitment of management to the change process.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	

37. Any other comments on aligned commitment?
Feedback is essential.
Peer support.
Assigning champions.

F. CREATING A MOTIVATING AND INSPIRATIONAL CLIMATE OR ENVIRONMENT CONDUCIVE TO CHANGE (COETSEE, 1996:28).					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of creating a motivational climate that must be taken into account/needs to be included:					Comments on final results
38. Management support throughout the change process.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
39. The involvement of staff in formulating the goals of the department.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
40. Ownership for achieving the set goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
41. Emphasis of setting team goals.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**0**	**1**	**F**	
42. Clarity regarding the vision and goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
43. Maintaining high performance standards.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
44. Emphasis on productivity.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
45. Work pride.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**1**	**0**	**F**	

46. Emphasis on good clinical practice.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
47. Any comments on motivational climate?					
These characteristics are all good, but I think that what is needed, is to determine what the key characteristic to promote change is. In this regard I would identify leadership and communication of the future vision as key enablers for an organisation to change.					
Rewarding high performance and productive units.					

Section B
Staff Appraisal and Development

This section deals with issues that are of importance for staff appraisals, development, appointment procedures and levels of management.

Scale

1= Essential
2= Useful
3= Unnecessary

A. ISSUES OF IMPORTANCE

Deals with issues of importance for staff development that must be taken into account/needs to be included:					**Comments on final results**
48. Staff development must be regarded as one of the major objectives.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
49. One must be committed to staff development.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	4	**0**	**1**	**F**	
50. Academics are trained in staff development.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	4	**1**	**0**	**F**	
51. Training of staff must be ensured:					
Once a year	**1**	**2**	**3**	**R**	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and might change from area/department to area/department. Score was discarded.
Once a semester	**1**	**2**	**3**	**R**	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.
Once a month	**1**	**2**	**3**	**R**	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.
Once a week	**1**	**2**	**3**	**R**	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.

Daily	1	2	3	R	**Consensus in Round 1** Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.
				F	
Other timeframe.					
52. Staff development is assessed.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
53. Career plans need to exist for staff.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
54. Staff need to be developed to take over in higher positions.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
55. The vision must be communicated to all staff.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
56. The Department knows the kind of personnel it will require in the future.	1	2	3	R	**Consensus in Round 2**
	6	0	0	F	
57. Staff must be rewarded for good performance.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
58. Any comments on staff appraisal and development?					
Do not link staff rewards to financial rewards					
Constraints (in the real world, e.g. lack of resources) must be taken into account.					
B. STAFFING – HOW DOES ONE APPROACH THE FILLING OF VACANT POSTS?					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of staffing that must be taken into account/need to be included:					**Comments on final results**
59. Internal recruitment is used more than external recruitment.	1	2	3	R	**Consensus in Round 2** Use both where necessary to promote diversity and new blood.
	0	1	5	F	

60. Additional qualifications are considered in the evaluation of staff during the appointment process.	**1**	**2**	**3**	**R**	**Stability reached** Relevant qualifications that add value.
	3	**3**	**0**	**F**	
61. Credible selection panels are used.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
62. Affirmative action and employment equity are implemented.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
63. Promotion takes into account the skills and ability to perform a job.	**1**	**2**	**3**	**R**	**Consensus in Round 1** The potential of the individual assists to consider affirmative action as well.
	6	**0**	**0**	**F**	
64. Other comments?	Academic record (outputs) must be taken into account.				

C. STAFF DEVELOPMENT					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of staff development that must be taken into account/needs to be included:					**Comments on final results**
65. Development of staff as part of the organisational culture takes place.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
66. Departments develop people.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
67. Staff know what is required from them in their jobs.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Implement personnel development and management system (PDMS).
	5	**1**	**0**	**F**	
68. Staff know the standards according to which they have to perform.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
69. Members of staff are given constructive feedback about their work from their supervisors.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	

70. Staff are sent on training programmes that are relevant.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
71. Enough pressure is put on people in senior positions to develop new, inexperienced or lower levels of staff.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Developing staff must be done at all levels.
	5	**1**	**0**	**F**	
72. Any other comments?	These questions are all good, the format of the questionnaire makes it difficult to weight them.				

D. OTHER AREAS IMPACTING ON THE PROCESS OF STAFF DEVELOPMENT AND APPRAISAL					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of staff development that must be taken into account/need to be included:					**Comments on final results**
73. Staff members are satisfied with the general working atmosphere.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
74. Staff members are well informed with regard to disciplinary grievance procedures.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Without clarity nasty shocks can occur.
	5	**1**	**0**	**F**	
75. Gender issues are resolved.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**1**	**0**	**F**	
76. Cultural issues are not a problem in my department.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**0**	**1**	**F**	
77. List two internal issues that have an impact on staff development. Comments received					
Can not be developed (n=1).					
Inconsistency (n=1).					
Management support (n=1).					
Organisational culture (n=1).					

Availability of resources to implement such programmes (n=1).
Sufficient staff to allow people to take time off to be involved in staff development without feelings of guilt and increased work pressures (n=1).
Resources (Human and Financial) (n=1).
Motivation/morale (n=1).
The supervisor is to take it seriously (n=1).
All must know when their turn will come – needs a Human Resource Development (HRD) Plan
78. List two external issues that have an impact on staff development. Comments received by experts.
Politics
Over regulation by government (n=1).
Resource availability (n=1).
Recognition (n=1).
Family commitments especially the working woman (n=1).
"Job hopping" (n=1).
Opportunities available (n=1).
Networking (local and international) (n=1).
Allocation of a dedicated budget (n=1).
Recognition of additional skills acquired (n=1).

Section C
Managerial Skills and Needs
This section deals with skills that are of importance for Heads of Department to manage.

Scale

1= Essential
2= Useful
3= Unnecessary

Deals with issues of management and skills needed that must be taken into account/need to be included:					**Comments on final results**
79. Management abilities and skills, including planning, organisation, control and decision-making.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
80. Financial planning and resource utilisation.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
81. Personnel development and motivation.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**0**	**1**	**F**	
82. Interpersonal skills, including adaptability, consistency and self-assertion.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
83. Skills of insight, including expertise, dealing with problems and improvisation.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
84. Work performance skills, including production, usefulness and drive.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
85. Foundation skills including reading, writing, arithmetic and listening skills.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Participants felt that this was irrelevant. A Head of Department will not reach this level without these skills.
				F	
86. Creative thinking – generates new ideas.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
87. Decision-making - specific goals and constraints; generates alternatives; considers risks; and evaluates and chooses best alternatives.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	

88. Problem-solving - recognises problems and devises and implements plan of action.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
89. Knowing how to learn – uses efficient learning techniques to acquire and apply new knowledge and skills.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
90. Reasoning.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
91. Responsibility – exerts a high level of effort and perseveres toward goal attainment.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
92. Self-esteem – believes in own self-worth and maintains a positive view of staff.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
93. Self-management - assesses self accurately, sets personal goals, monitors progress and exhibits self-control.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
94. Integrity – the practice thereof.	**1**	**2**	**3**	**R**	**Consensus in Round 1** An absolute characteristic – without it the person cannot be in such a position.
	6	**0**	**0**	**F**	
95. Interpreting and communicating information.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**0**	**1**	**F**	
96. Using computers to process information.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	1	**5**	**0**	**F**	
97. Understanding of IT systems.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	1	**5**	**0**	**F**	
98. Monitoring and correcting performance.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
99. Improving and designing technology systems.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	0	**1**	**5**	**F**	

100.	Selects technology – judges which set of procedures, tools, instruments or machines - including computers and their programmes - will produce the desired results.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		0	**6**	**0**	**F**	
101.	Applying technology to task.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		1	**5**	**0**	**F**	
102.	Maintaining and troubleshooting technology.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		1	**0**	**5**	**F**	
103.	Competencies of time allocation.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
104.	Competencies of allocating money.	**1**	**2**	**3**	**R**	**Stability reached**
		3	**3**	**0**	**F**	
105.	Allocating of resources, including physical and human resources.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
106.	Participating as a member of a team.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	
107.	Teaching others.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
108.	Serving patients, clients/customers.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
109.	Exercising leadership.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	
110.	Practising of negotiating skills.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
111.	Working with cultural diversity.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	

112. Acquiring, organising and maintaining information	1	2	3	R	**Consensus in Round 2**
	5	1	0	F	
113. Any other skills needed you want to list?					
Adaptability.					
Financial management.					
Management needs					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of management needs needed that must be taken into account/need to be included:					**Comments on final results**
114. It is important that a management model is implemented.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
115. A management model is needed.	1	2	3	R	**Consensus in Round 2**
	5	1	0	F	
116. A management model will help to improve the management.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
117. A management model should be in a uniform format.	1	2	3	R	**Consensus in Round 2**
	0	5	1	F	
118. The model should allow flexibility.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
119. A model will contribute to the quality of service delivery.	1	2	3	R	**Stability reached**
	2	3	1	F	
120. A new management model can complicate tasks.	1	2	3	R	**Consensus in Round 2**
	0	1	5	F	

121. A framework for a model to be implemented will be accepted.	1	2	3	R	**Stability reached**
	2	3	1	F	
122. An individualised model will be accepted.	1	2	3	R	**Consensus in Round 2**
	1	4	0	F	
123. Any comments regarding aspects of a management model?					
The management model must serve as a tool that will ensure implementation of a common vision. It must be a broad framework without compromising the ability to be flexible to meet the needs of individual departments.					

124. Those areas you think a management model (framework) must address			
	Comments on final results		
♦ Academic management	R F	1 YES 6	**Consensus in Round 1**
♦ Clinical service delivery	R F	2 YES 6	**Consensus in Round 1**
♦ Information management	R F	3 YES 6	**Consensus in Round 1**
♦ Leadership	R F	4 YES 6	**Consensus in Round 1**
♦ Personal management	R F	5 YES 5	**Consensus in Round 1**
♦ Personnel management	R F	6 YES 6	**Consensus in Round 1**
♦ Postgraduate training	R F	7 YES 6	**Consensus in Round 1**
♦ Research	R F	8 YES 6	**Consensus in Round 1**
♦ Strategic management	R F	9 YES 5	**Consensus in Round 1**
♦ Undergraduate training	R F	10 YES 6	**Consensus in Round 1**

♦ Other (specify). ♦ Interaction with partner employers (Province, NHLS, etc.). ♦ Community service/outreach.
♦ Relationships, partnerships and cross cutting agreements.
♦ Financial sustainability and affordability.

Section D
Motivational Climate

This section determines the level of the motivational climate needed.

Adapted from Coetsee (1996:28)

Scale

1= Essential
2= Useful
3= Unnecessary

Deals with issues of motivational climate that must be taken into account/need to be included:						**Comments on final results**
125.	People are involved in formulating the goals they have to achieve.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
126.	Responsibility is expected for achieving the set goals.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**0**	**1**	**F**	
127.	Management encourages people to achieve the goals set.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
128.	Management emphasises team goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
129.	Staff understand the Faculty's vision and goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
130.	Staff members are involved in setting specific goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
131.	A specific value system (behavioural guidelines such as quality, honesty, profit, and respect for one another) is needed.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
132.	The members of management maintain high performance standards.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
133.	Colleagues assist individuals to improve.	**1**	**2**	**3**	**R**	**Stability reached**
		4	**1**	**1**	**F**	
134.	Staff members are satisfied with their jobs.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	

135.	Salaries are reasonable.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Unreasonable salaries do not motivate.
		5	**1**	**0**	**F**	
136.	People regard their work as a method to make a contribution.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
137.	Staff members are proud of the quality of work produced.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
138.	Productivity is emphasised.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
139.	Good clinical practice is emphasised.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
140.	Job satisfaction is experienced.	**1**	**2**	**3**	**R**	**Consensus in Round 2** No job satisfaction = no motivation.
		5	**1**	**0**	**F**	
141.	Management functions as a team.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	

142. The following aspects create dissatisfaction:				Comments on final results
Administrative work	**Yes**	**No**	**R**	**Consensus in Round 2** Must carry some administrative load. Only if inappropriate.
	5	**1**	**F**	
Bureaucracy	**Yes**	**No**	**R**	**Consensus in Round 1**
	6	**0**	**F**	
Clinical training load	**Yes**	**No**	**R**	**Consensus in Round 1**
	5	**1**	**F**	
Management issues	**Yes**	**No**	**R**	**Consensus in Round 1**
	5	**1**	**F**	
Not enough time for research	**Yes**	**No**	**R**	**Consensus in Round 1**
	6	**0**	**F**	

Not enough time for training	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Remuneration	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Teaching load	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Workload	Yes	No	R	**Consensus in Round 1**
	6	0	F	

143. List two other issues of importance to you (if any), that create dissatisfaction in your work.

Do not have time for their families (n=1).

Failure to take key decisions (n=1).

Lack of recognition for good work (n=1).

- Lack of resources (n=1).
- The interaction with Provincial and National Departments of Health and Education (n=1).
- Continuously having to counter plans of Provincial DoH for changing the service platform that will obviously impact negatively on the academic functioning of the Faculty (n=1).
- Being forced into reactive management (n=1).
- Lack of a proper management information system (n=1).
- Lack of understanding from the side of University Management for the complexities of a Faculty of Health Sciences (n=1).
- Low staff morale due to the above(n=1).

Not enough time for service delivery (n=1).

THIS SECTION DEALS WITH THE LEVEL OF SATISFACTION.						
Scale 1= Essential 2= Useful 3= Unnecessary						
						Comments on final results
144.	The level of satisfaction of members is important.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
145.	The level of satisfaction as measured by the ownership is important.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Participants felt that this part is not understood correctly and the statement must be discarded.
					F	
QUESTIONS RELATED TO JOB SATISFACTION						
Scale 1= Essential 2= Useful 3= Unnecessary						
To what extent are the mentioned aspects important according to job satisfaction ?						**Comments on final results**
146.	The number of work hours per week spent working.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		2	**2**	**2**	**F**	
147.	The time spent on service delivery (patient care).	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
148.	The time spent on student training and education responsibilities.	**1**	**2**	**3**	**R**	**Stability reached** Might also cause dissatisfaction if time available is not enough.
		3	**2**	**1**	**F**	
149.	Time spent on research.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Might also cause dissatisfaction if time available is not enough.
		5	**1**	**0**	**F**	
150.	The relationship with immediate supervisor.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**0**	**1**	**F**	
151.	The freedom/opportunities members have to take initiative in their work environment.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	

152.	Opportunities available for training in specialist discipline area - attendance of conferences, congresses, etc.	1	2	3	R	**Consensus in Round 1**
		5	1	0	F	
153.	Opportunities available for training and development of general lecturing skills.	1	2	3	R	**Stability reached**
		3	1	2	F	
154.	Opportunities available for training and development for management.	1	2	3	R	**Consensus in Round 2** There must be these OPPORTUNITIES
		5	1	0	F	
155.	Opportunities available for research.	1	2	3	R	**Stability reached** Not all academics have an inclination towards research. If you have no opportunities for research you are not an academic.
		3	2	1	F	
156.	Opportunities available for participating in decisions.	1	2	3	R	**Consensus in Round 1**
		5	1	0	F	
157.	The physical circumstances - offices, noise level, etc.	1	2	3	R	**Consensus in Round 2**
		1	5	0	F	
158.	Satisfaction with participation in the community.	1	2	3	R	**Consensus in Round 2**
		5	1	0	F	
159.	Satisfaction with relaxation.	1	2	3	R	**Consensus in Round 1**
		5	1	0	F	
160.	Satisfaction with work.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
161.	Satisfaction with job benefits.	1	2	3	R	**Consensus in Round 1**
		5	1	0	F	
162.	Satisfaction to stay on for the rest of a career.	1	2	3	R	**Consensus in Round 1** Participants felt that they would not be able to score on this aspect and it was discarded.
					F	

Table 7.39: Comments of experts in Delphi Process

Statement Number	Comment
1a Service delivery	The training and research should be geared to supporting the needs of service delivery.
1c Research	I have indicated that this would be useful, since as an HoD an individual could be competent in general management and still "manage" research effectively in a department.
1d Management	Including financial resource management.
1e Community service	This is indeed useful, but depending on the specific department not necessarily essential. In some departments, e.g. community or public health, it would be essential.
	Link up with government policy on Community Service.
54 Staff need to develop	Succession planning is essential taking into consideration the transformation and employment equity goals.
113 Other skills needed.	♦ Empathy. ♦ Adaptability. ♦ Pragmatism. ♦ Flexibility. ♦ Continuous personal development ♦ The ability to complete/finish tasks within reasonable timelines.

Appendix J exhibits the final letter to participants in the Delphi process with the final results and an invitation for comments. No comments were received.

In round number two, all six participants indicated their views on the Delphi process. Despite setting a target date of 19 May 2004, the majority of the members did not respond before the end of May 2004. Of the 52 questions of

round two, consensus could not be reached on 14 of the statements. This is 27% of all the statements that were made to the experts in round two. For these statements, stability was reached as two participants indicated that they would not change their view.

If one takes the 14 statements from the total, it means that consensus was not reached on only 7% of the statements. Consensus was reached on four of the statements by 80%, although only five participants answered each of these statements. It was seen as consensus, as four of the five did indicate their view on these issues.

The results of round two are already indicated in Table 7.38. Some of the important aspects of the Delphi process that are a concern and that needs to be highlighted, are the following:

Reference to the issue of areas of management, it is important that the majority of members indicated that the following are management areas that are needed for a management model:

- Service delivery.
- Student training.
- Management, which includes administration and planning.
- Community service.

Community service was one of the areas that experts were not sure about and consensus could only be reached in round two.

Transformation was another area that was indicated by experts as an important issue. They felt that transformation was a bigger issue and transformation had to be included as part of strategic management. This would then also be part of

the strategic management of a department and the responsibility of a Head of Department.

Management of change was also indicated as one of the important areas by the experts. Consensus was reached in round number one on the majority of statements in this area.

The experts had many comments on staff development and appraisal, as already indicated. The comments of the experts will be summarised in an additional table. Consensus was reached on the statements on managerial skills and needs in the majority of cases. The majority of consensus was also reached in round number one on all these issues. In this area, consensus was reached on all the statements and no statements were left and could not be reached consensus on. On management needs, the outcomes of the results were the same.

The important issue of management needs to be discussed in more depth. Five of the experts already indicated in round one that they thought that it was important to have a management model. Consensus was already reached in round number one that this model needed to be implemented. Consensus was only reached in round number two on the need for a management model.

Five of the respondents also already indicated in round number one that the management model would help to improve the management of the department and that it was essential. On a management model that needs to be on a uniform format, five of the experts indicated that they felt it would be useful and consensus was only reached in round number two on this issue. It is important to note that five of the experts or more than 80% indicated that a model should allow flexibility and consensus was reached on this issue in round number one.

Consensus was reached that the model contributed to the quality of service delivery in round number two and on the issue that the management model could complicate tasks. The indication was a feeling that this will be unnecessary. The views then of the experts are that the new management model will not complicate the tasks.

Experts felt that as the consensus reached in round number two that a framework for a model to be implemented will be accepted as a useful mechanism. An individualised model, where consensus was only reached in round number two, five of the experts in this round felt that it would be useful. The areas that experts indicated that needed to be included in a management model according to statement number 124 as a list is very important for the compilation of a model. According to this, in round number one, consensus was reached on the following statements as areas to be included in a model:

- Academic medicine.
- Clinical service delivery.
- Information management.
- Leadership.
- Personnel management.
- Personal management.
- Postgraduate training.
- Research.
- Strategic management.
- Undergraduate training.

Consensus was reached in round number one on areas that created dissatisfaction, which included:

- Bureaucracy.
- Clinical training load.

- Management issues.
- Not enough time for research.
- Not enough time for training.
- Remuneration.
- Teaching load.
- Workload.

It is interesting to take note that consensus was not reached on administrative work by the experts, as half of the experts thought that administrative work ought not to lead to dissatisfaction. For this stability was declared. It is important to take note of the mentioned view. The view is probably because of the composition of the group of experts where half of the group were managers and the other half had previously academic involvement or were Heads of Department or Heads of School.

On the area related to statements on job satisfaction, the majority of the statements' consensus was reached in round number two. This is probably because of the soft statements that were made in this group. It indicates how important it is to take note of job satisfaction and how difficult it is to establish and create job satisfaction. Even among the experts, it took two rounds to finalise and reach consensus on the majority of these statements in this section.

It is thus clear from the Delphi process that the management model is needed and the main sections were already identified by the experts.

The main sections include:

- Undergraduate teaching.
- Postgraduate education and training.
- Office administration.

- Strategic planning.
- Research.
- Service delivery.

This is also in line with the findings from the questionnaire that was handed out to Heads of Department. As there were indications by members that they had reached their final view on these statements, no other new issues were identified to take in as new statements into round number three of the Delphi process. At this stage the Delphi process was then seen as concluded and thus an indication of the final results of the Delphi process as indicated above.

7.3 CONCLUSION

In conclusion it needs to be said that the literature surveys that were done indicated specific needs of Heads of Department in the School of Medicine. These needs were utilised to set up a questionnaire to be tested with the market. There was also a literature review on all the management models available that are possibly applicable to the management of departments in a School of Medicine. These models can be utilised for reference. to compile a framework of a management model. Research was done on the needs as well as the factors that are influencing the environment of Heads of Department and the experts of the Delphi process to determine a model for Heads of Department.

The questionnaire to Heads of Department indicated specifically that there are certain needs of Heads of Department; that there are factors influencing their environment; and that they do not have a proper model for managing their departments. It was also clear from the research that Heads of Department are in need of a management model that can be implemented for them to manage their department. This was confirmed by the first questionnaire.

The Delphi process continued to ask the experts about these areas, as already previously indicated as part of the Delphi process. The focus was specifically on:

- Strategic management and planning.
- Staff appraisal and development.
- Managerial skills and needs.
- Motivational climate.

As part of the managerial skills and needs, questions were asked with regard to the management model. All the experts were of the opinion that a management model is needed for Heads of Department. The experts confirmed some of the components of the management model. The majority of experts had consensus on the statements already made in round one. Round two confirmed consensus on some of the other statements. Consensus was reached on the majority (93%) of issues. This could be used to establish the management model that will be discussed in the next chapter.

***

CHAPTER 8

"We are what we repeatedly do.
Excellence, then, is not an act, but a habit" (Aristotle as quoted in Covey 1994:46).

DESIGN OF A MODEL FOR THE MANAGEMENT OF A DEPARTMENT

8.1 INTRODUCTION

From the inputs on the questionnaire to Heads of Department as well as the Delphi process with the six experts, it was quite clear that there were no uncertainties among the participants in both instances that a management model for Heads of Department was needed. Only one participant in the questionnaire survey to Heads of Department indicated that the management model would not be useful. The rest as the majority of the Heads of Department who participated and responded to the questionnaire indicated the need for a management model.

It was also important to take note that the majority of the Heads of Department indicated that they would prefer a flexible model and a model that could be individualised for their specific department. This was in line with the main objective of the study. The objective was to establish a need for the management model; to establish the areas of management that are needed; and to establish the factors that influence these management processes.

If one looks at Figure 7.2, it is significant that the majority of the individuals, 76% of Heads of Department, spend less than 40% of their time on

management. The majority of Heads of Department spend 50% and more of their time on service delivery. If one looks at the areas of time spent by Heads of Department between the major categories, it became clear that the following areas are important:

- Services delivery.
- Management.
- Teaching.
- Research.
- Community services (*cf. Figure 7.2*).

The least time is spent on community service (92% spent only 11-20% of their time on community service); followed by research service (85% spent only 11-20% of time on research); then teaching (80% spent up to 40% of time on teaching); then management (76% spent up to 50% time on management); and – the most time spent - service delivery (65% spent more than 50 % of time on service delivery). If one looks at this list, there is quite an extensive gap between the highest percentage of time spent on service delivery and the following as management as the second category.

If one looks at the areas indicated by Heads of Department as areas needed for a management model, it is interesting to see that human resource management is first on the list. In order of priority, it is as follows:

- Human resource management (85%).
- Academic management (81%).
- Clinical service delivery (70%).
- Research (70%).
- Information management (67%).
- Leadership (67%).
- Postgraduate training (67%).

- Strategic management (60%).
- Undergraduate training (60%).
- Personal management (43%).

Issues that are added by Heads of Department as part of their comments were:

- Projects.
- International networking.
- Financial management.

56% of Heads of Department indicated that there was not a management model that was implemented and 74% indicated that a management model is needed. Of these, 74% also indicated that a management model would help. The majority of Heads of Department indicated that there should not be a uniform format for a management model, as the majority, namely 46%, had this view as a response. 92% of the Heads of Department indicated that a management model should allow flexibility and 63% indicated that the model would contribute to quality service delivery. 63% also indicated that they would accept a framework for a management model to be implemented and 89% indicated that they would accept an individualised model.

Considering the areas of dissatisfaction that were indicated by the Heads of Department, it is important that these areas need to be taken into account with a management model as part of human resource management. Not enough time for research (89%) and bureaucracy (89%) were two of the main areas that created dissatisfaction. The next area was the administrative work (73%). The area that least created dissatisfaction was clinical service delivery. Other areas that created dissatisfaction were not enough time for training and workload. These areas are important as areas in management when a model is designed.

Management issues only contributed to 39% of areas of dissatisfaction indicated by the Heads of Department. The areas of satisfaction were already discussed in Chapter 7 (cf. 7.2.1.5) and will not be discussed again. It is thus important to note that the experts as well as the Heads of Department indicated that the management model was needed. Both groups also indicated the different areas of the management model that were important and referred to a flexible management model that could be individualised. The aim of the rest of the study will be to focus on these criteria for the design of a management model.

Leadership is an important component to a management model. Rice and Upson (2003) indicate that the leadership success factors include the following:

- Show respect and integrity.
- Communicate effectively.
- Promote teamwork.
- Demonstrate leadership.
- Develop talent.
- Drive innovation and risk-taking.
- Build customer loyalty.
- Demonstrate business acumen.
- Create value-added results.

This is referred to in Appendix K as a good example of what they indicate good leadership is all about.

Rice and Upson (2003) indicate that there are 21 indispensable qualities of a leader. Heads of Department needs to be leaders with a management model. Qualities is thus important.

It is safe to say that it is clear that Heads of department will have to be leaders and managers in their respective departments.

The research on management, in addition, is able to serve as an important reference document for an education, training and induction programme for Heads of Department. This needs to be seen especially against the background of the fact that references and documentation on management in a medical school in South African context are extremely limited.

8.2 MAIN SECTIONS OF THE MANAGEMENT MODEL

It is evident from the research done with Heads of Department as well as with the experts in the Delphi process that there are specific areas of management that need to be focussed on. Specific areas that were identified as priorities by individuals are:

- Personnel management.
- Academic management.
- Clinical service delivery.
- Research.
- Information management.
- Leadership.
- Postgraduate training.
- Strategic management.
- Undergraduate training.
- Personal management.
- Projects.
- International networking.
- Financial management.
- Transformation management.

For the purposes of the rest of the discussion, the following decisions were made before a management model could have been created. It was impossible to develop a management model to incorporate a model that will be tailor-made for each and every specific area as indicated by the Heads of Department, because of the complexities in each department. The aim was more to have a workable model applicable to all departments. It was therefore seen that a management model would be created to link up some of these areas as areas that could be addressed in the model by one solution or part of the model.

It is furthermore important to note that, for a management model and areas to be established, it is important to determine the point of departure. For this research it was found that Heads of Department play a very important role in the management of their departments. We need to continue to set the academic qualifications of Heads of Department as the primary criteria for the appointment of Heads of Department. This will mean that the academic status of the department will be ensured by this strategy and policy decision.

For the design of the model, it is then still indicated that it is important to recognise the importance of the Head of Department as an academic role model and leader. For the design of the model it was seen that out of the needs, there are seven main areas of management that have to be included in the management model as elements.

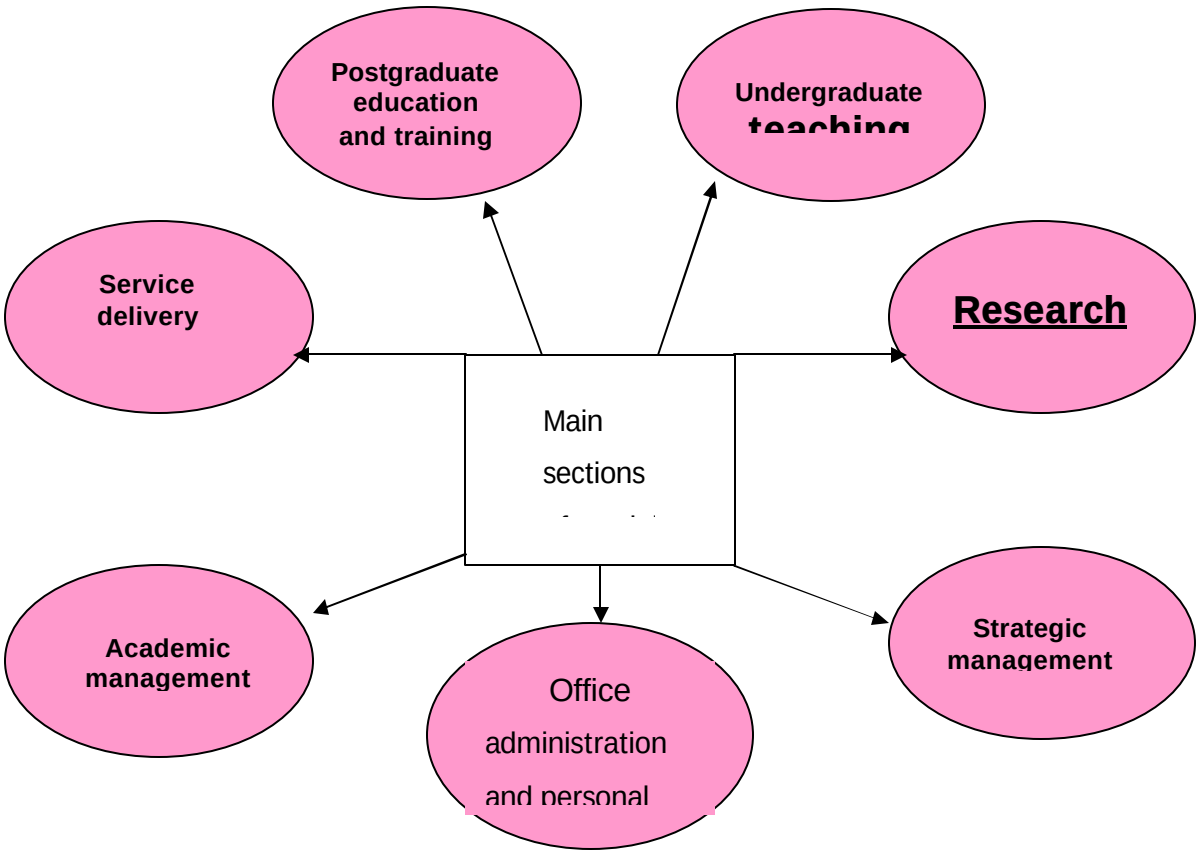
- The first is academic management, which includes financial management, human resource management, information management and projects.

- The second main area is research and this could not be incorporated in another section.

- The third and most important section for Heads of Department is that of postgraduate training.
- The fourth area is undergraduate training.
- The fifth area section of the model is service delivery.
- The sixth section is strategic management, which also includes international networking and communication.
- The last area is that of office administration and personnel management.

These seven areas are the areas that will be concentrated on in the design of the model.

Figure 8.1: The main sections that play a role in the design of the management model



8.3 CRITERIA FOR THE MANAGEMENT MODEL

Criteria/Indicators are defined (Sykes, 1982:509) as a personal thing that points out, or give information on current situation. This means that the specific criteria to the model need to point out a specific direction or what is needed in a management model. If one looks at the outcome of the research and the results of the research, there are a few issues that need to be used as criteria

that need to be included within the management model for Heads of Department of the School of Medicine. These criteria are the following:

- Flexibility.
- Individuality.
- Integration.
- Efficiency.
- Functional.
- Ease of implementation.

It was also important to take note that the majority of the Heads of Department indicated that they would prefer a flexible model and a model that could be individualised for their specific department. This was in line with the main objective of the study, which was to determine a need for the management model to establish the areas of management that are needed and to define the factors that influence these management processes.

One of the prominent issues that were identified from the inputs of the questionnaire is that each and every Head of Department visualises a model for their own use to manage their departments. As the model itself was not tested, it was difficult to say, but the estimations made from the research are that Heads of Department will prefer a specific model that can be individualised according to their needs. This means that the model that is created, needs to be flexible and in a format that will enable Heads of Department to adapt this model according to their specific styles and management needs.

Other criteria that can be included as criteria for the management model are the following:

- Reliability of the model.
- Multi-tasking of the model.

- Ease of use of the model to implement and according to needs.
- Adaptability of the model.
- Cost of the model and its implementation.
- Simplicity of the model.
- Speed of the process of decisions of the model.
- Time-consumption with the implementation of the model.
- Communication speed of the model.

The management model needs to be dynamic and therefore a suggestion will be made later on future research on the model. It is also seen as indicated that collaboration between Heads of Department will be improved with the establishment of the management framework, which everybody understands.

Kreitner and Kinicki (1998:572) indicate that there are effective criteria that need to be taken into account in the modern organisation. Some of these effective criteria include the following:

- The quality of the service.
- The quality of management.
- Innovativeness.
- Long-term investment value.
- Financial soundness.
- Ability to attract, develop and keep talented people.
- Responsibility to the community and environment.
- Wise-use of organisational assets.

Kreitner and Kinicki (1998:575) emphasise certain aspects that link up with the effectiveness criteria of management. These include the following:

- Goal accomplishment approach.

- Resource acquisition approach.
- Internal process approach.
- Strategic contingency approach.

Kreitner and Kinicki (1998:10) also indicate that organisations go through large-scale changes. This change is to increase speed efficiency and flexibility within these organisations. It is indicated that one of the primary roles of managers in the future will be to be facilitators, team members, teachers, advocates, sponsors, and coaches. This will also need an incorporation of continuous lifelong learning.

The cultural environment and orientation will be based on multicultural, multi-lingual organisations that need to be managed. The primary source of influences was indicated to be knowledge, which includes technical and inter-personal knowledge. The future manager will have to have an approach to change and to facilitate. This management model will have to be in line as an criterion to facilitate this change process.

The management model will also have to address quality and the improvement of quality. Kreitner and Kinicki (1998:14) indicate that there are four common aspects to total quality management. These include the following:

- Do it right the first time to eliminate costly re-work.
- Listen to and learn from employees.
- Make continuous improvement an everyday matter.
- Build teamwork, trust and mutual respect.

Kreitner and Kinicki (1998:14) continue to say that people are the key factor in organisational success. As part of their discussion, it can be determined that Heads of Department can play a key role in the establishment of a management model in the School of Medicine. It is important that there are

ownership and commitment for implementation as pre-requisites for the total implementation of the model.

It is important that all these criteria as mentioned by the experts above, together with inputs received form the questionnaire and the Delphi process be considered for the application of criteria for the management model. After careful consideration of all the criteria, the following criteria need to be applicable for this management model:

- Simplicity.
- Flexibility.
- Individuality.
- Integration.
- Efficiency.
- Functional.
- Ease of implementation.
- Quality.
- Multi-tasking of the model.
- Position of the Head of Department.
- Fit into performance management system.
- All-inclusive model.

8.4 THE DESIGN OF THE MODEL

It is important to take note that the design of the model is a very integrated, complex process. The main components already identified are strategic management, service delivery, research, postgraduate education and training, undergraduate teaching, academic administration and office administration, which need to be incorporated in the design of the model. Second, the criteria as previously mentioned need to be part of the design of the model. The model

needs to be flexible to enable Heads of Department to make it applicable according to their needs.

The second issue is that the model needs to be set up so that it addresses the areas of management and that these areas are not excluded as in the past. The management model needs to be comprehensive and in adherence to the criteria set above. Change and change management need to be parts of the design of the management model.

As Heads of Department are appointed on the joint staff establishment (this is a dual appointment with the Department of Health and the UFS) and appointed for Provincial Administration and University activities, it is important that the model addresses both organisational aspects and environments. The management model and the design thereof need to be in line with the policies and procedures and the organisational culture of both the DoH, the Provincial Administration and the Faculty of Health Sciences, University of the Free State.

There is no sense in compiling and implementing a model that is only applicable for university activities and excludes service delivery activities which are the core of activities of the Provincial Administration. This model needs to be an all-inclusive model with flexibility to allow preferences from Heads of Department. It is also important to acknowledge the importance of the position of the Head of Department in such a management model. The role of Heads of Department in a management model must not be underestimated. The importance in the design of the management model is to focus specifically on this area and to increase the significance and importance of Heads of Department as the ultimate and final managers and leaders of the departments.

With the flexibility that the management model needs to allow, one can rate the specific areas identified as the main areas in the management model and focus

on those that are rated by a specific Head of Department as more important. This will specifically be an important issue in the management model, as the implementation of the management model and the overall performance of the manager need to be measured by a performance management system. A performance management system in this case is a system where members of staff set certain key responsibility areas together with their supervisors with measurable criteria and members are measured against within a specific timeframe.

The management model then needs to fit into the performance management system to enable Heads of Department to be measured on the implementation of such a management model.

8.5 SUMMARY

Thompson and Strickland (1998:352) indicate that it is important for organisations to keep the organisation internally responsive and innovative. The authors continue to say that it is the role and the responsibility of managers to formulate and implement strategy. The task of these managers is to generate fresh ideas, to identify new opportunities and to respond to the environment that is continuously changing.

It is furthermore said that this style cannot be accomplished by one person and it needs to be implemented as a principle that it is a task and a responsibility across the organisation. Part of this responsibility is to promote entrepreneurial activities and opportunities that can lead to continuous change in the organisation. They continue to indicate that, in diversified organisations, it is more important to create these opportunities and to have a flexible, responsive, innovative, internal environment to address the critical, fast-moving, high-responsive technological industry.

It is important to take note of the fact that the Head of Department plays a pivotal role in the management of a department. The design of such a model needs to incorporate the leadership role of the Head of Department. As part of this process and the design of the model, it is necessary that a Head of Department needs to indicate his area of interest. As part of the design of a model the criteria was set already established that the criteria are flexibility in individuality and the adaptability of such a model. The majority of Heads of Department indicated that they would prefer a flexible model and a model that could be individualised for their specific departments. Leadership is part of the responsibilities of Heads of Department and incorporated in the appointment and will not be area on its own but part of the main areas of the model identified.

If one looks at the time spent by Heads of Department between the major areas, the important areas identified include:

- Services.
- Teaching.
- Research.
- Management.
- Community service.

Aspects needed to be addressed by the model as indicated by Heads of Department include are:

- Academic management.
- Research.
- Leadership.
- Undergraduate training.
- Postgraduate training.
- Strategic management.

A management model needs to be designed according to the seven main areas as indicated, which include:

- Service delivery.
- Postgraduate education and training.
- Undergraduate teaching.
- Academic management.
- Research.
- Office administration.
- Strategic management.

The model will incorporate some of the elements of management models that are utilised in the global environment for management of other organisations and described in chapter 4. The model needs to be tailor-made for specific needs in the management model of Heads of Department with reference to the results of the research on the needs of Heads of Department.

The next chapter will deal with the management model for the School of Medicine of the University of the Free State.

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CHAPTER 9

"Engagement and execution is everything"

(Rice & Upson:2003).

THE FINAL MODEL AND DISCUSSION

It is indicated that certain criteria should be applied to compile the management model. This was already discussed in chapter 8(cf. 8.3). The management model needs to have the following characteristics:

- Simplicity.
- Flexibility.
- Individuality.
- Integration.
- Efficiency.
- Functional.
- Ease of implementation.
- Quality.
- Multi-tasking of the model.
- Position of the Head of Department.
- Fit into performance management system.
- All-inclusive model (inclusiveness).

It was also previously mentioned what the main sections need to be, namely (cf. 8.2):

- Service delivery.
- Postgraduate education and training.
- Undergraduate teaching.
- Academic management.
- Research.
- Office administration.
- Strategic management.

The pivotal role that the Head of Department needs to play in the management model was already mentioned. For such a management model there is also an environment as well as a service plan that needs to be taken into account. As part of the service plan, there is a strategic planning process, as well as a strategic management and cost-centre design that needs to be taken into account.

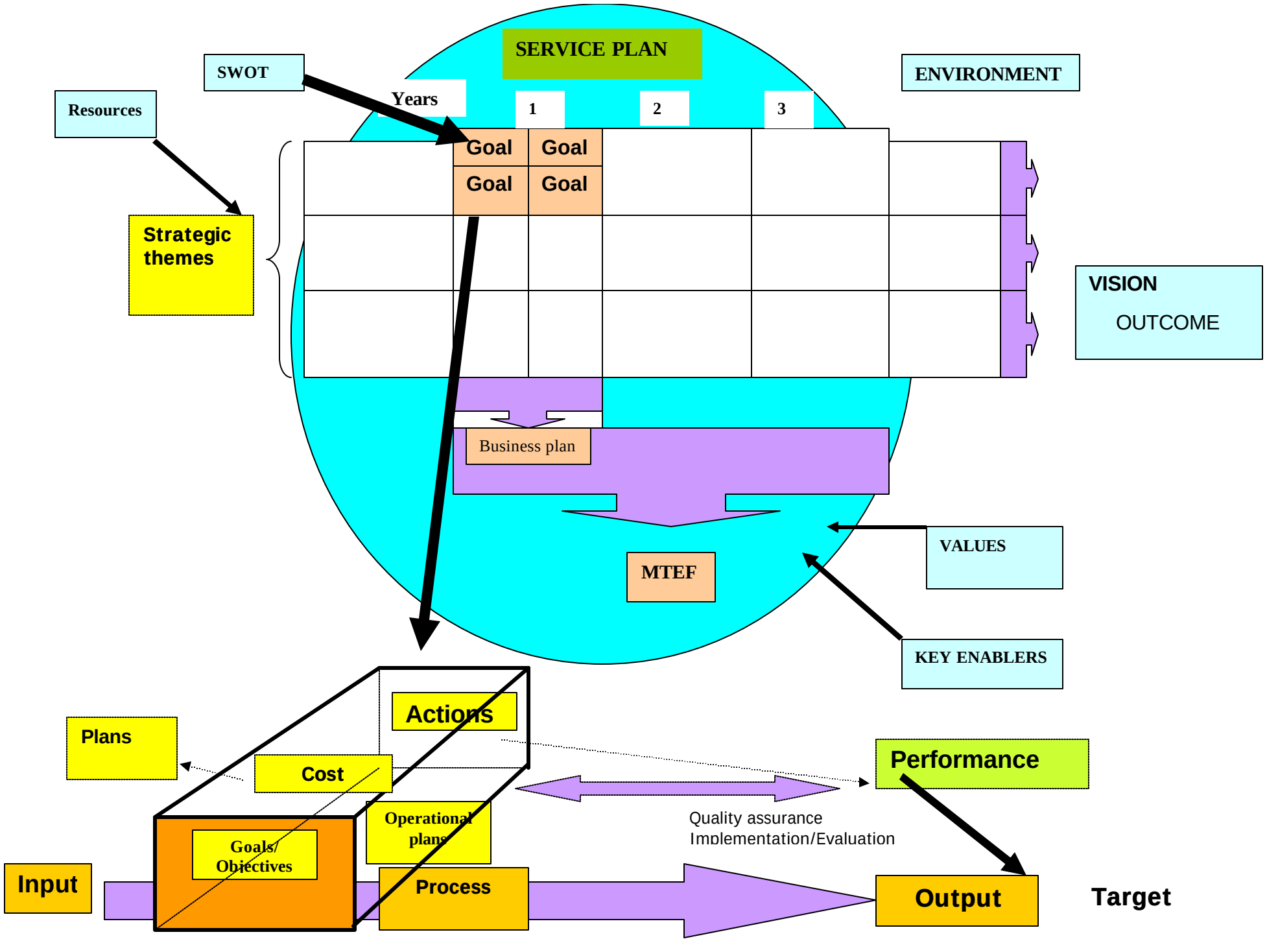
The question is how do we do good planning? It is indicated by Rice and Upson (2003) that good planning is all about the review experiences of others. As part of this process, one needs to design and follow a sensible processed roadmap. They describe the processed roadmap as a map that indicates how the process and planning will be done. To visualise this would be an important issue to take the process forward.

As part of the planning process, Rice and Upson (2003) say that it must be linked with management by objectives (MBO) and assigning accountabilities. This will make the process much more successful. The process needs to be integrated with budgeting and embrace performance recognition.

It is said that the dynamic environment in which an organisation lives and functions is very important. Insight into trends and events in the environment is important for managers and a priority for management. Knowledge of the trends in the environment and identification of environmental issues are the main responsibilities of management. For this one needs to scan the environment to ensure that one has the information available that is relevant to the organisation.

Figure 9.1 (Van Zyl, 1998) refers to the strategic management and cost-centre approach. The service plan as indicated in this diagram refers to the planning process to be followed.

Figure 9.1: Strategic Management and Cost Centre Diagram



For the planning process, one needs to do a situational analysis which is indicated in the diagram as a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The service plans are drafted for three years according to the strategic themes that are set. Strategic themes are those themes that the DoH in the Free State decides upon at least every three years to provide a strategic vision. These are for instance, a primary health care approach, health research and others.

For each and every strategic theme, strategic goals are set. These goals are set for year one, two and three as a service plan for these three years. These strategic themes need to be set in line with the resources available and a situational analysis, which is called the SWOT analysis. The environment also needs to be taken care of. In addition, it is important within these strategic themes that these goals follow one another per strategic theme over the three years. For instance, projects that are implemented over a period of more than one year, will have goals in the follow-up years as well.

Strategic themes include strategic projects as well as strategic objectives. The difference between the objectives and the projects is that the project is a specific project that is tailor-made to have a certain outcome as the outcome of a project, for instance to build a clinic for addressing primary health care approach in a specific area. The strategic objective is more in line with issues that are not project-orientated, for instance to provide sufficient tuberculosis treatment in all the primary health care clinics as part of the primary health care approach set as the strategic theme.

The horizontal line per theme in the diagram indicates at the end on the right hand side, the purple arrows, which indicate the vision and outcome. This is specifically setting a vision for an organisation where one wants to end and to measure these outcomes. For instance for a specific project as an example

already used, the outcome would be a finalised project in a specific geographical area. To enable people to reach these goals per service plan for a specific year, one has corporate values or organisational values that are set.

The budgeting process of such a strategic plan is on a zero-based budget process. This means that you need to know what you spent on activities the previous year per activity (cost) so that you can budget on a zero-based budget principle, to determine the cost for the future. The costs are then determined on this basis per goal per cost-centre unit. Each and every cost-centre unit will work out per goal the cost on a zero-based budget and this goal will then be cost particularly per organisation. The cost of the goals put together can be seen as the business plan for a service plan for a year.

Within the DoH , Provincial Administration, there is a three-year cycle, which is called the Medium-Term Expenditure Framework (MTEF). The MTEF is a three-year business plan for the strategic themes per goal that is set and can be identified in the diagram. For the implementation of these goals, one also has an impact of key enablers on the implementation of these goals.

This whole service plan needs to be seen in the context of the global world. Globalisation and environmental factors have an impact on this system itself. These environmental impact factors can be grouped into the following categories:

- Political.
- Socio-economic.
- Technological.
- Social.
- Academic.
- Educational.
- Cultural.

- Ecological.
- Physical.
- International.

The influences of the external environment as well as the strategic planning sessions of the past indicated some factors for the Faculty of Health Sciences, University of the Free State, namely:

- The present year (2003) Growth and Employment Redistribution (GEAR) plan of the Cabinet as introduced by the Minister of Finance has a direct influence and is a critical variable on the financing of services within the public sector. This means that we have an increase of workload within the Health Services with a limited budget. Inflation is also not taken into account and this creates problems. With a staff establishment that takes up 65% of the present budget, it means that, with increases in salaries, we have to decrease either the total personnel component or have to find alternatives to render the services cheaper.
- The second most important variable that has an influence on the Faculty of Health Sciences, University of the Free State is the policy on service-rendering. Specific reference is made to the Batho Pele policy (RSA DPSA 1999) on service-rendering within the public sector in this regard. This means that, within the framework of the public sector, one has to look at the services requested by the community at large and what their needs are.
- The third critical variable that has important consequences for the Faculty of Health Sciences, University of the Free State is the current (year 2003) policy of the government on health. This is to implement a primary health care approach.

It means that, in the future, hospitals will receive less money to render services and that more funds will be channelled to primary health care services. The exchange rate has an influence where hospitals need very sophisticated technology to render the service and this type of technology must be bought from companies abroad, which means that, with a lower exchange rate, we pay more for equipment and medical consumables.

- The fourth important critical variable in the Faculty of Health Sciences, University of the Free State is participative management and transformation within the institution, which might lead to lower productivity, a longer timeframe to make decisions and the influence on labour relations within the institution as an impact of the process of participative management on the institution.

The four most important critical technological variables for the Faculty of Health Sciences, University of the Free State are the following:

- The computerisation of services where documentation will be done on computer in the future. This will have an influence on the staffing ratios as well as on the type of services that will be rendered.
- Keyhole surgery within the medical field will also have a critical influence on the service within the hospital where patients will receive less invasive surgery. The average length of stay of patients will also be shorter and the recovery and rehabilitation of patients will be shorter.
- The use of simulators in the training of personnel in the future will have a significant consequence in the hospital where people will be trained on simulators and where the actions of individuals during the training process will be

evaluated with a lower risk of negligent actions against patients.

- New developments of services and products will also have an influence on the rendering of services in the hospital.

The crime wave in the country at the present moment as referred to by Theron (1998:6) has a significant impact on service-rendering within the health sector. The crime increases patients because of trauma and increases the usage of resources at a cost. The trauma increases the workload on institutions and decreases the available resources within health for rendering a comprehensive health care and, more specifically, on a primary health care level.

The influence of illegal immigrants from neighbouring countries, for instance Lesotho, has a major impact on health services within the Free State and makes a significant contribution to the consequences within tertiary care. If there is for instance a bigger request for services in primary health care, this means the reallocation of the present finances of hospitals to primary health care to enable primary services to render services to the illegal immigrants.

The increasing level of poverty in the country has a direct influence on the health services and a request for health services. Within poverty-stricken areas the level of diseases is much higher and the request for services increases in these areas. The influence of the community in service-rendering and their requests and needs have to be taken into account in the future and will have a significant influence on service-rendering in the hospital. This might mean that the community would ask and request services that are not rendered by tertiary hospitals at the present.

During the discussions by the management of the Faculty during a *Bosberaad* held from 5-6 February 2004 on the specific assumptions within the external environment, it was very clear to the group that there would be a significant

influence and development in the critical variables as indicated in the next three years (2004 – 2006). One of the assumptions is that there will be a limited amount of money available for Level III and IV services in the Free State.

The personnel of institutions as well as union staff associations will have a significant influence and play an important part in the management of hospitals as a result of the new Labour Relations Act (RSA 1999) and workplace forums as stipulated in the Act. The Member of the Executive Council will have more power and decision-making within the services themselves and services will be controlled by the political Head and not by the administrative Head as is done at present by the Director General of the Provincial Administration in the Free State. Political scenarios will have a greater influence on the services and the type of services being rendered by hospitals. Within the economical environment and limited resources the hospital will have to streamline its spending patterns. The new hospital boards will have greater control over the management of the hospitals and will be representing the community at large.

This will have an influence on the style of management of institutions in the future. The specific legislation on medication will have a significant influence and some of the medication might not be regularly available to the health sector in South Africa any longer if certain parts of the legislation are in practice. One of the crucial assumptions that was made during our discussions (*Bosberaad*, 2004) was that the crime rate will continue and will not decrease in the next three years, which will result in a drain on the finances of institutions and on the resources of institutions. Trauma in South Africa is very expensive and this creates an overwhelming burden on the rest of the services to be rendered.

During discussions (*Bosberaad,* 2004) it was indicated that the limited financial resources that will be available to tertiary hospitals in the future will force tertiary institutions to focus on specific services and to create protocols to treat

specific diseases. It will also have an influence on the scope of services, research and clinical training that will be available within tertiary hospitals. The referral patterns of patients in the future will have to change to ensure that all patients will be treated on the correct level. The involvement of unions and staff associations during the next three years will create a situation where decisions on aspects within services will take longer and result in the fact that the management process within institutions can be very lengthy. The spending patterns in academic hospitals will also change with the setting of protocols and cost centres to limit the spending on certain diseases, which will create a core of critical services to be rendered in tertiary hospitals. Tertiary hospitals are hospitals providing speciality or superspeciality services. Academic hospitals are tertiary hospitals linked to tertiary educational institutions for purposes of health sciences training. It might mean that, if you need treatment for a specific rare disease in the future, it will not be available at all the tertiary hospitals. The effect of the community involvement in the management of hospitals may create a situation where the character of services might change in the future and where institutions will be requested by the majority of the community to render services, which they need, to them.

Overall, the tertiary hospitals will have to increase productivity, decrease personnel, and set critical targets for service-rendering. Other services outside these critical identified services will have to be prioritised and will have to be considered as the request occurs. This might mean that we should not treat certain diseases in the future, which is not the case at the present moment.

The organisation that is relevant as the basis for services, research and education is the Universitas Hospital. In the hospital there are five major aspects of control, which incorporate the following:

- Human resources.
- Finances.

- Administration.
- Information.
- Service delivery.

At operational level of management for a middle management manager managerial skills will be required as indicated by Katz (1996:40). At middle management levels the following skills will be needed in a large organisation like the Faculty of Health Sciences, University of the Free State:

- Communication.
- Planning.
- Leading.
- Controlling.
- Culture-building.
- Facilitating.
- Negotiation.
- Motivation.

At top management level skills for an executive manager of a large organisation will be needed as indicated by Katz (1997:34).

- Leadership.
- Profit orientation.
- Strategic planning.
- Decision-making.
- Facilitating skills.
- Delegation.

By “planning skills” it is meant that the manager must be able to do proper planning within the enterprise and implement the plans for the enterprise. Communication skills are needed where the manager, who needs to

communicate with subordinates as well as with clients, needs to address issues within the enterprise. Negotiation skills are needed specifically in labour relations and where you deal with clients when you have to sell and buy. Motivational skills are needed within an enterprise to help with the motivation of personnel. Delegation skills are skills where the manager delegates different tasks to different individuals and does proper planning and divides workload as a part of delegating. Facilitating skills are used when the manager implements a culture where everybody's point of view will be recognised so that everybody feels comfortable within the enterprise. Strategic planning skills are skills needed to do proper planning with a vision, a mission and the setting of goals and objectives.

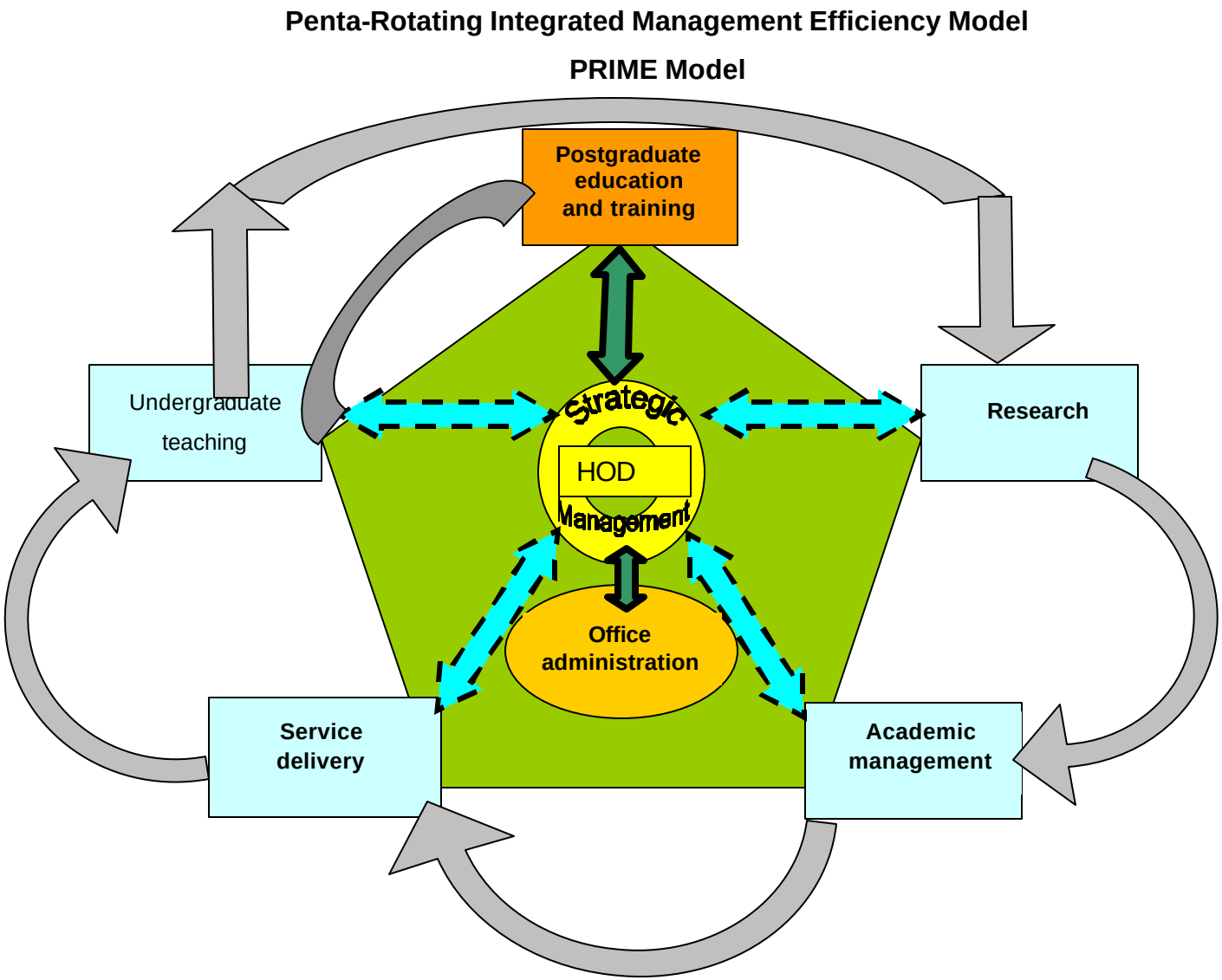
At operational level the implementation of a service plan and the goals as set within the vision of an organisation as part of the service plan is implemented at the level of cost-centres. These cost-centres take these goals and objectives and provide certain outputs as a process within the cost-centre, taking into account certain inputs that are received. The cost of this activity is where the name "cost-centre" is originated to this operational level with its operational plans.

The cost-centre itself also has its own plans in line with the goals set at organisational level, as well as the vision and outcomes set at organisational level. The organisational goals as part of the strategic themes are taken into account when actions are set within the operational plans. These plans, if implemented through a process, will then give certain outputs, which are the target of the vision. For the action, certain performance indicators are set to measure the output of the action. Quality assurance and implementation and evaluation of the process are also part of the whole evaluation system within a cost-centre.

Part of Figure 9.1 indicates this specific concept. These cost-centres function at departmental level, for instance within Surgery, Internal Medicine and Paediatrics. It is at this level that the operational plans are finalised and the main sections of a management model need to be managed. Heads of Department take specific responsibility for the management at this level in the main areas.

Figure 9.2 indicates specifically the main areas and how it functions as a new model compiled by the researcher by using own insight. This model is called the Penta Rotating Integrated Management Efficiency (PRIME) Model. The PRIME model is based on the needs of Heads of Department as determined by the research and the Delphi survey and serves the purposes of academic health and was also taken from the extensive literature review on management models. “Penta” refers to the five main areas, which can be seen as a broader scope of management of the management responsibilities of a Head of Department within a specific department and includes Postgraduate education and traing, research, undergraduate teaching, academic administration and service delivery. Two of the seven main criteria that were previously indicated (strategic management and office administration) that need to be included in the main management model cannot separated from the position of Heads of Department. It is the primary responsibility of the Head of Department to take responsibility for the strategic management of his department. “Penta” is the latin for five. The Penta-Rotating Integrated Management Efficiency (PRIME) model will fit in with the suggested barriers that need to be overcome and to address the challenges as set by Kapp (*cf Chapter 4*). It is important to mention that the PRIME model has a triangulation with the literature study, the results of both the questionnaire to the Heads of Department and Delphi technique and the PRIME model itself. Figure 9.2 is a schematic presentation of a proposed management model for Heads of Department as a solution to manage departments:

Figure 9.2: The PRIME Model



It was already previously indicated that the appointment of Heads of Department are in the majority of cases linked to their academic qualifications and what they have in these areas as the highest rated. For instance, for a Head of Department in the Department of Surgery, the surgical skill and academic level of such an individual will be the most important criterion in deciding for an appointment in the position. This makes Heads of Department, as already indicated, pivotal in the management model for a department.

If one looks at the PRIME Model, one will see that there are five areas outside the core green area of the department. These areas include:

- Postgraduate education and training.
- Research.
- Academic management.
- Service delivery.
- Undergraduate teaching.

It is these five areas that can rotate as responsibility for the Head of Department. The grey arrows in the model indicate the rotation process. As part of the PRIME model, it is envisaged that the Head of Department will only have strategic management and office administration as his direct responsibility and postgraduate education and training as a permanent area, together with one of the areas indicated in the model as a rotating model. The opinion of the researcher is that Heads of Department need to continue to take responsibility for postgraduate education and training (e.g. specialist training). This is the biggest weight in determining a suitable candidate in an appointment process, the suitability of the Head of Department as the academic specialised level of the individual is based on academic achievements. For this purpose, the Head of Department will still be the most suitable candidate in the model to spearhead and manage the postgraduate education and training. Therefore the grey arrows within the model pass the postgraduate education and training

section and this section is also coloured in orange in the model to point out the area of expertise of Heads of Department. The view is that the Heads of Department must not be given a choice for not taking responsibility for managing postgraduate education and training.

Of the four other areas left, namely research, academic management, service delivery and undergraduate teaching, it is envisaged in the model that the Head of Department chooses one of those areas as a responsibility area to manage. The three other areas then need to be given to senior personnel members in the department to take primary responsibility for their management. Therefore rotating them as the Head of Department can on an individual basis choose which area of the four areas left, he wants to manage. These areas include research, academic management, service delivery, and undergraduate teaching.

Reference in chapter 5 (see 5.2) to equity and the establishment of equal opportunities was already mentioned. Within the PRIME model the previous negative experiences in the workplace can be addressed by allocating some of these areas as managerial responsibility to individual's from the disadvantaged groups to address equity and instil the process of "growing your own timber" for future Heads of Department. It needs to be said that the Head of Department will still have to manage these areas in an over-arching capacity and the persons who will take responsibility for these three areas will have to indirectly report to the Head of Department. This is the reason for the dashed lined (blue) arrows in the green area. One of the arrows will become permanent green as soon as the specific Head of Department has decided on an area that he will manage.

Thompson and Strickland (1998:2) indicate that a strategic plan for organisations is the "game-plan" for management to position a specific organisation. This is said to achieve the vision and mission of an organisation.

These authors (1998:3) indicate that there are five tasks of strategic management, which include the following:

- Forming a strategic vision of what the organisation's future business make-up will be and where the organisation is headed.
- Setting objectives.
- Crafting a strategy to achieve the desired outcomes.
- Implementing and executing the chosen strategy efficiently and effectively.
- Evaluating performance and initiating corrective adjustments in vision, long-term direction, objectives, strategy or implementation in the light of actual experience, changing conditions, new ideas and new opportunities.

It is said by Thompson and Strickland (1998:5) that strategic management and strategic vision are the roadmaps for an organisation to indicate where it is going. This cannot be devolved from the responsibility of a manager. As departments in a medical school are seen as small organisations, this is specifically in line with what Thompson and Strickland (1998) say about strategic management and thus with the statement that Heads of Department cannot delegate this responsibility to anybody else.

Thompson and Strickland (1998:15) indicate that implementing and executing the strategy is a hands-on close administrative task which includes the following principal aspects:

- Carrying out the strategy successfully.
- Developing budgets for internal activities.
- Establishing operational procedures.
- Determining duties and job behaviour and motivating people.

- Implementing reward systems and structures.
- Creating a culture and work climate.
- Installing information, communication and operation systems.
- Enabling programmes for continuous improvement.
- Exerting internal leadership.

For this reason, the strategic management is situated in the office of the Head of Department and will not be able to be moved. Thompson and Strickland (1998:18) indicate that the organisation's most important visible strategic manager is the Chief Executive Officer (CEO) or, in this case the Head of Department. They are seen as the captain of the ship. For these Heads of Department, they will have to carry the mantle of chief direction-setter, chief objective-setter, chief strategy-maker and chief strategy-implementer for the total department. It is said that even if there are other senior managers or colleagues who do have the leadership, that formulating and implementing a strategic plan and strategic management lies with the top person of a unit.

It needs to be said that the strategic implementation of, for instance, a strategic plan for surgery, should be in line with the bigger organisation's visions and goals and objectives that were set. Although it is said that Heads of Department need to take responsibility for the implementation and crafting of such a strategic plan as part of the strategic management process in the department, it does not mean that the Head of Department will do the work alone. The Head of Department will use all the members in the department to help with the implementation of such a strategic plan and even with helping to draft such a strategic plan. It will be an all-inclusive process at the end of the day; it is said that the Head of Department still needs to take responsibility for the strategic vision and setting such a vision.

This means for instance that, in the Department of Surgery, the Head of Surgery will have to set the surgical strategic vision for the Department of Health at tertiary level for the Free State on a regular basis. This include specific areas that will be applicable only to the surgical discipline and will have to be implemented in the institutions as well as at educational level.

A good example is when surgery moved to keyhole surgery (keyhole surgery is surgery done with a small incision and the procedure is done with observation of an area of surgery through fibre optic equipment on a television screen) as a new initiative many years ago. At this stage Heads of Surgical Departments had to set strategic visions for service delivery on keyhole surgery as well as a strategic vision for the education of students according to the curriculum and adapting the curriculum to include the new initiatives. As the areas of strategic management and office administration cannot be separated with the position of Heads of Department, these areas were not included in the five outside areas as already mentioned.

The other main area that was indicated as part of the responsibility of the Head of Department was the issue of office administration. Now office administration has to do with the Head of Department's own office. For this office, the level of the post is usually linked with a personal secretary to the post of Head of Department. The Head of Department, together with the secretary, will have to take responsibility for the office administration of the department. This area cannot be separated from the position of the Head of Department and his post. This is then also not included in the main areas, which is indicated outside the core of the office of the Head of Department.

The remaining areas are the five areas, which are referred to in the name of the model to penta (P=penta), or five. These include:

- Postgraduate education and training.

- Research.
- Academic management.
- Service delivery.
- Undergraduate teaching.

Figure 9.3: PRIME Model with choice of Head of Department for responsibility for service delivery

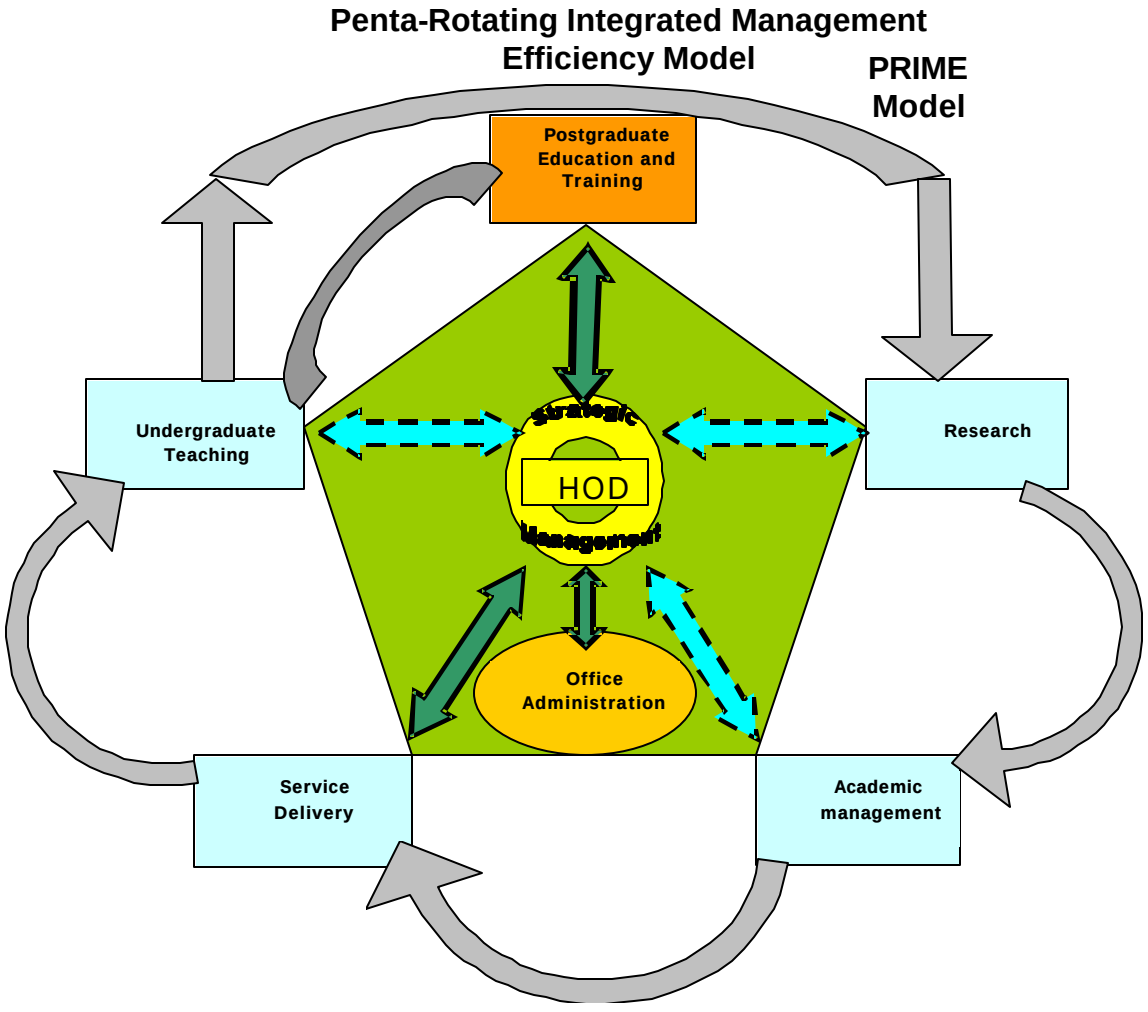


Figure 9.3 illustrates the concept of rotating (R= rotating) as principle precisely. In this model the Head of a specific department decides for example to keep postgraduate education and training as a responsibility and to take primary

responsibility for service delivery (green arrow to service delivery). This is the reason for the third green arrow in the green pentagon as the core of the Head of Department. In this model, the Head of Department will appoint senior members of the department to take primary managerial responsibility for the following areas:

- Undergraduate teaching.
- Research.
- Academic management.

A second Head of Department may choose to take academic management as the area of responsibility. In this department, senior members of the department will be appointed as primary managers responsible for the areas of undergraduate teaching, service delivery and research. This also explains very clearly the concept of rotation within the model.

The third issue that needs to be explained is the concept of integration of the model, i.e. 'integrate' (I=Integrated). As indicated in Figure 9.2 as part of the PRIME model, the Head of Department will not be able to give over all the responsibility of the department or respective main section to another consultant. Strategically, the Head of Department will still have some responsibility for these areas, although it may not be the primary responsibility. This concept refers to shared responsibility and it will stay in place for the rotating, notwithstanding the area of choice of the Head of Department. This establishes the integration of the management of the department. Sykes (1982:521) defines to "integrate" as a complete process by an addition of parts or to combine parts into a whole. In this case, integration of the model means that the sections are overarching, integrated into a model for management that can be used by the Head of Department.

The fourth word of PRIME (M=Management) is “management” and this will not be defined, as the whole concept was to establish a management platform for Heads of Department to function in their departments. The last word to be described for the PRIME model will be “efficiently” (E=Efficiency). Sykes (1982:308) defines “efficiency” as “a state of quality of being efficient” and “efficient” as “being productive of effect”, “competent” or “capable” - It is said that it is that which makes a thing what it is. This is precisely the focus of the model to establish an efficient model to manage their department. In broad terms, this is the description of the total model that will be followed.

The last thing that has not been discussed is the bridge in Figure 9.2 between undergraduate and postgraduate education and training. The view is that this is a specific area in the model of academic importance. Numerous students and thus customers are involved in these two areas. The model will later on precisely describe this bridge between the two main sections (cf. Figure 9.6). The reason for these sections is that there needs to be shared human resources to establish a proper student administration in these two main areas in a department. The whole concept will be discussed later on (cf. Figure 9.6 and 9.7).

Transformation is seen as an strategic issue in the School of Medicine, UFS. Heads of Department will be required to deal with transformation in this main category as a direct responsibility. Figure 9.4 is a diagrammatic presentation of the strategic management section of the PRIME model.

Figure 9.4: Strategic management section of the PRIME Model

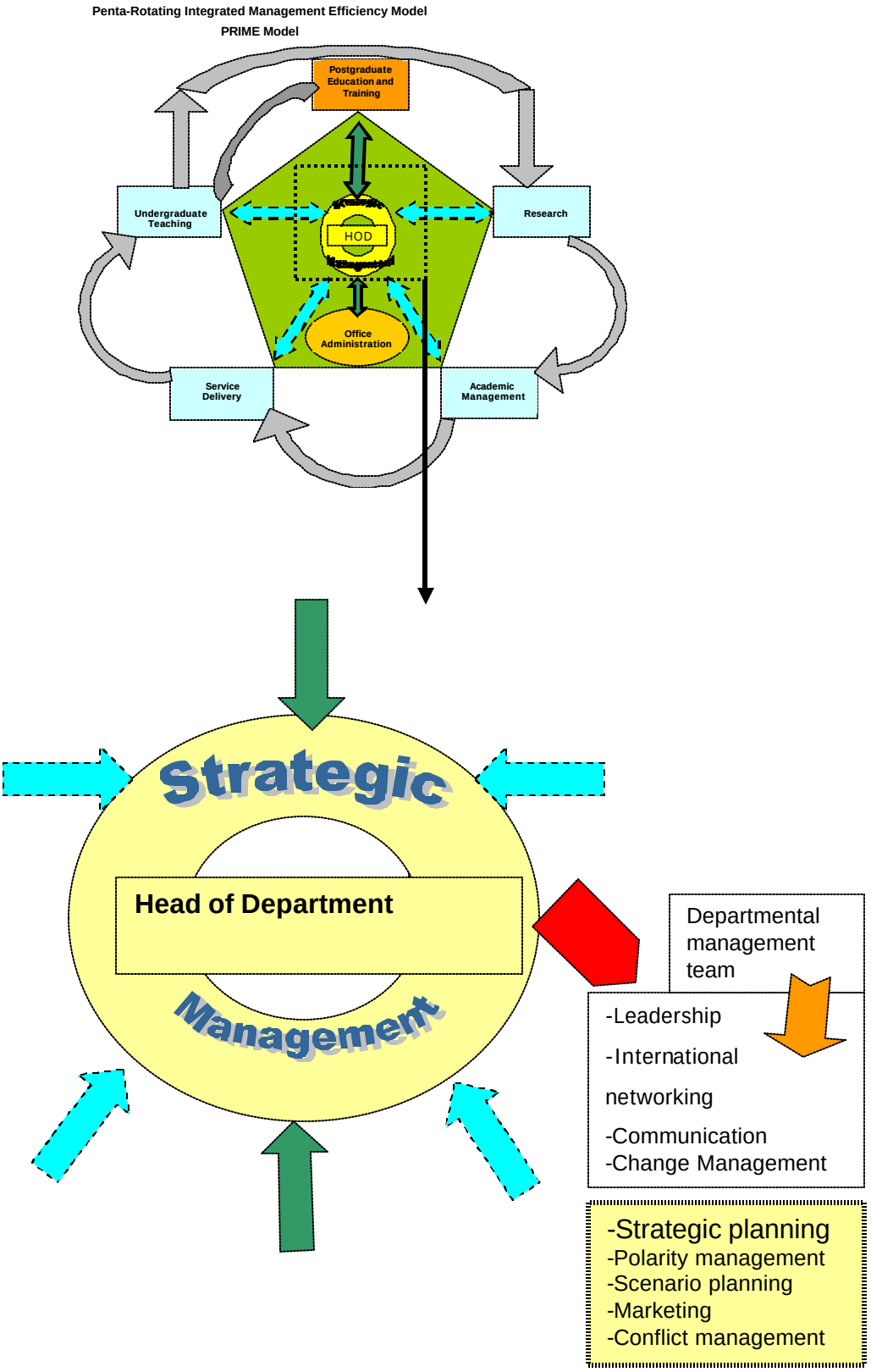


Figure 9.4 indicates that the strategic management section of the PRIME model has already been discussed as a responsibility of the Head of Department. It is important that some of the activities indicated by the red arrows will include:

- Leadership.
- International networking.
- Communication
- Change management.
- Projects done through project management.

It is envisaged that, despite the Head of Department taking primary responsibility for this and being the leader of the team, the departmental management team will take shared responsibility for this strategic management activity. The Head of the Department will be the conductor of the orchestra for strategic management. The departmental management team and the impact on the activities as indicated by the orange arrow is indicated on the right hand part of Figure 9.4. The yellow block indicates those management models that were discussed in Chapter 4 that can be applicable for the management of these specific areas.

Strategic planning as a main section of the management model was already discussed. Other elements of management models that were discussed in Chapter 4 that can be applicable and used by the departmental management team for strategic planning, are the following:

- Strategic model.
- Polarity management.
- Scenario planning.
- Marketing.

- Conflict management.

Scenario planning, marketing and conflict management will not be discussed again. The opinion of the researcher is that some of this is done on a much higher level, for example scenario planning. Marketing is a very specific area that is needed and a competency that takes dedication and training. For this area it is suggested that marketing is taken overall responsibility for and specific marketing activities be outsourced to skilled people within the support services of a Faculty.

The strategic management model focusses specifically on academic standards and the long-term goal of accreditation. This strategic management model works on the self-evaluation analysis of strategic focus and strategic planning within certain contexts.

There is also an external and an internal environment; institutional and departmental mechanisms; and mission and vision goals and objectives that form part of the model. All of these work towards a strategic management for the purpose of internal quality assurance.

Rice and Austin (1998:58) discuss the factors that produce high morale in a Faculty. These characteristics of high morale in academic institutions include the following:

- High involvement of academic staff in decision-making.
- An environment that supports academic staff and their work.
- A collaborative environment.
- Encouraging risk-taking.
- New ideas likely to be tried.
- Anticipatory planning.

- A high proportion of academic staff attended liberal arts colleges
- Narrow gap between perceived and desired involvement in decision-making.
- Individual career orientation likely to be accommodated by the organisation.
- Administrators and academic staff have similar views about academic workplace.

The PRIME model makes provision for these characteristic as indicated above by creating an environment for team management of a department. This will also ensure a very real opportunity for high morale.

Johnson (1996:4) identifies polarity management as a form of management with specific reference to unsolvable problems. The building of an individual/ a team polarity map is important. As described by Johnson, the polarity map is the map in order to manage a polarity effectively. This polarity map has four quadrants.

Each pole has an individual or a team pole as well as an upside or a positive pole and a negative or downside pole. Johnson (1996:7) indicates that there may be a push for a shift from one pole of a polarity to another and this pushing can be caused by the following:

- Experience or anticipating the downsize of the present pole, which they identify as a “problem”.
- They are attracted to the upsides of the other pole, which they identify as a “solution”.

The normal movement through the four quadrants can be pictured as an infinity loop. Johnson (1996) calls this the polarity two-step. Polarity perspective and skills can make you more effective by increasing your ability to:

- identify and anticipate and work with resistance; and
- focus your team on the best outcome. This is the best of both worlds.

It is important that people strive to gain the benefits of other quadrants and this means that they need to strive to move towards specific poles to gain these benefits. Flexibility is indicated as not being a solution to a problem. Clarity is more important than flexibility. It is important to have clarity in discussing instructions, visions and the way forward. It is thus important to differentiate between a problem to solve and a polarity to manage.

Distinguishing between a polarity and a problem, one needs to ask the following questions (Johnson, 1996:81):

- Is the difficulty ongoing?
- Are there two poles interdependent?

Problems have a solution, which can be considered as an end-point in a process. Polarities, on the other hand, do not get solved; they need to be managed. The solution to a problem can stand alone, whereas polarity management on the other hand requires a shift in emphasis between opposites so that neither can stand alone. It is both difficulties. The two sides are interdependent. The rest of the model on polarity management (cf. 4.4) is described in Chapter 4.

The second main section to discuss in the PRIME model is office administration. Figure 9.5 is a diagrammatic representation of the office administration section of the PRIME model.

Figure 9.5: Office administration section of the PRIME Model

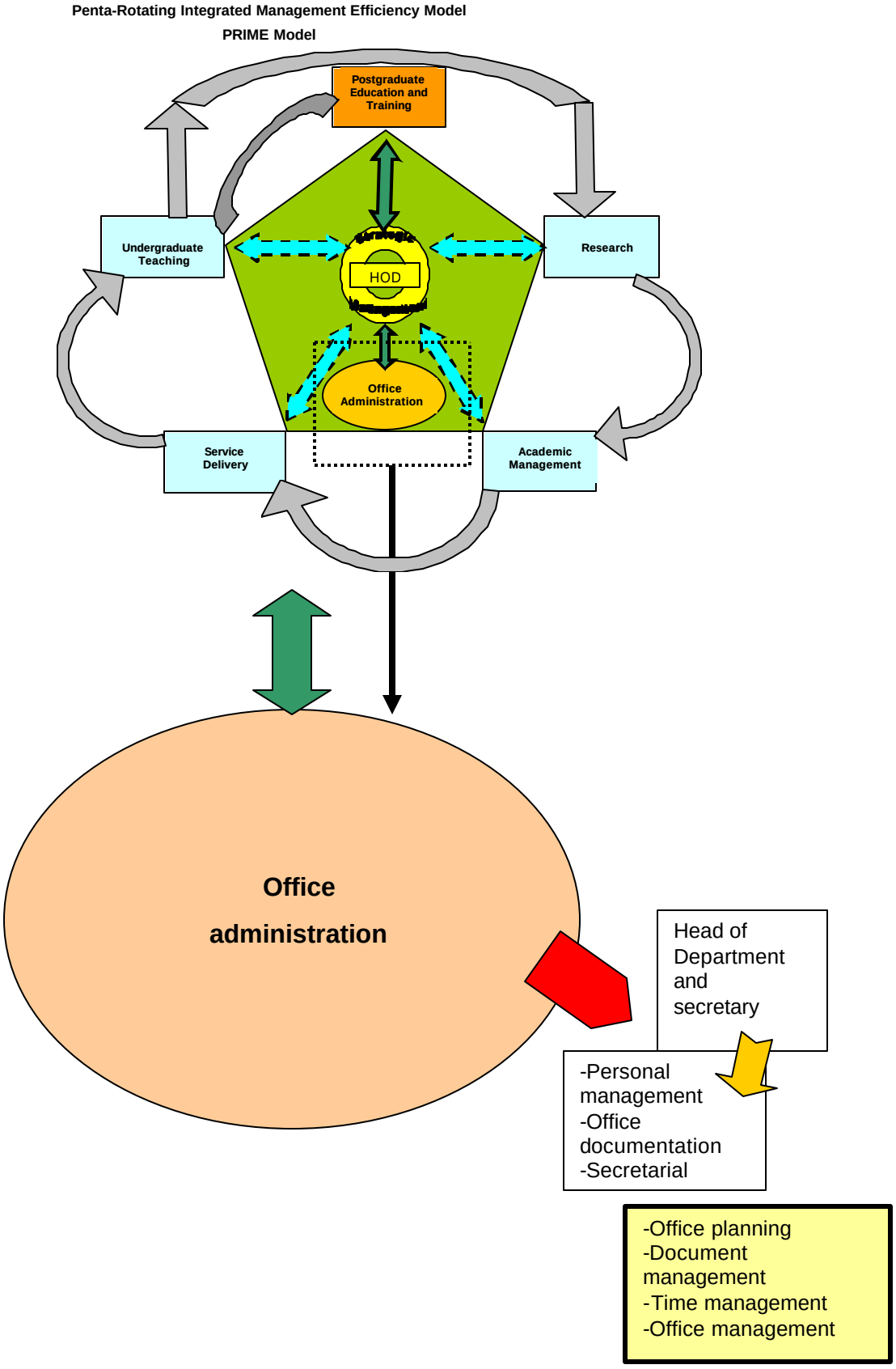


Figure 9.5 indicates the role of office administration as a main section of the PRIME model. The red arrow indicates the specific areas of management needed in this section which include:

- Personal management.
- Office documentation.
- Secretarial duties.

The Head of Department, together with his secretary, takes responsibility for the management of this section of the PRIME model. This cannot be delegated to anybody else, as the secretary is responsible to and reports to the Head of Department. The secretary, as individual can take some decisions, but overarching the management of this section also lies with the Head of Department. The orange arrow indicates the impact of this management team on the activities specifically linked with this main section of office administration. The yellow box in the figure indicates some management models that can be used to manage this area. These include:

- Office planning.
- Document management.
- Time management.
- Office management.

Much was previously thoroughly discussed about management in general and office management in (cf. Chapter 4) and will not be repeated here. Reference to these generic management principles can be found in Chapter 4.

Lucas (1994:29) indicates that considerable portions of several of the tasks can be computerised and some of the Heads of Departments' time-consuming, uninteresting burden of paperwork can be eliminated. Types of data that have been identified that can be computerised are budgets, teaching plans, student

records and space. Some of the administrative tasks are also mentioned by Lucas (1994) includes:

- Preparing teaching schedules.
- Managing graduate assistants.
- Managing administrative assistants and departmental secretary and clerical assistants.
- Performing personal decision-making.
- Managing the budget (Lucas, 1994:30-31).

The next main section is postgraduate education and training. Figure 9.6 is a diagrammatic presentation of the postgraduate education and training section of the PRIME model.

Figure 9.6: The postgraduate education and training Section of the PRIME Model

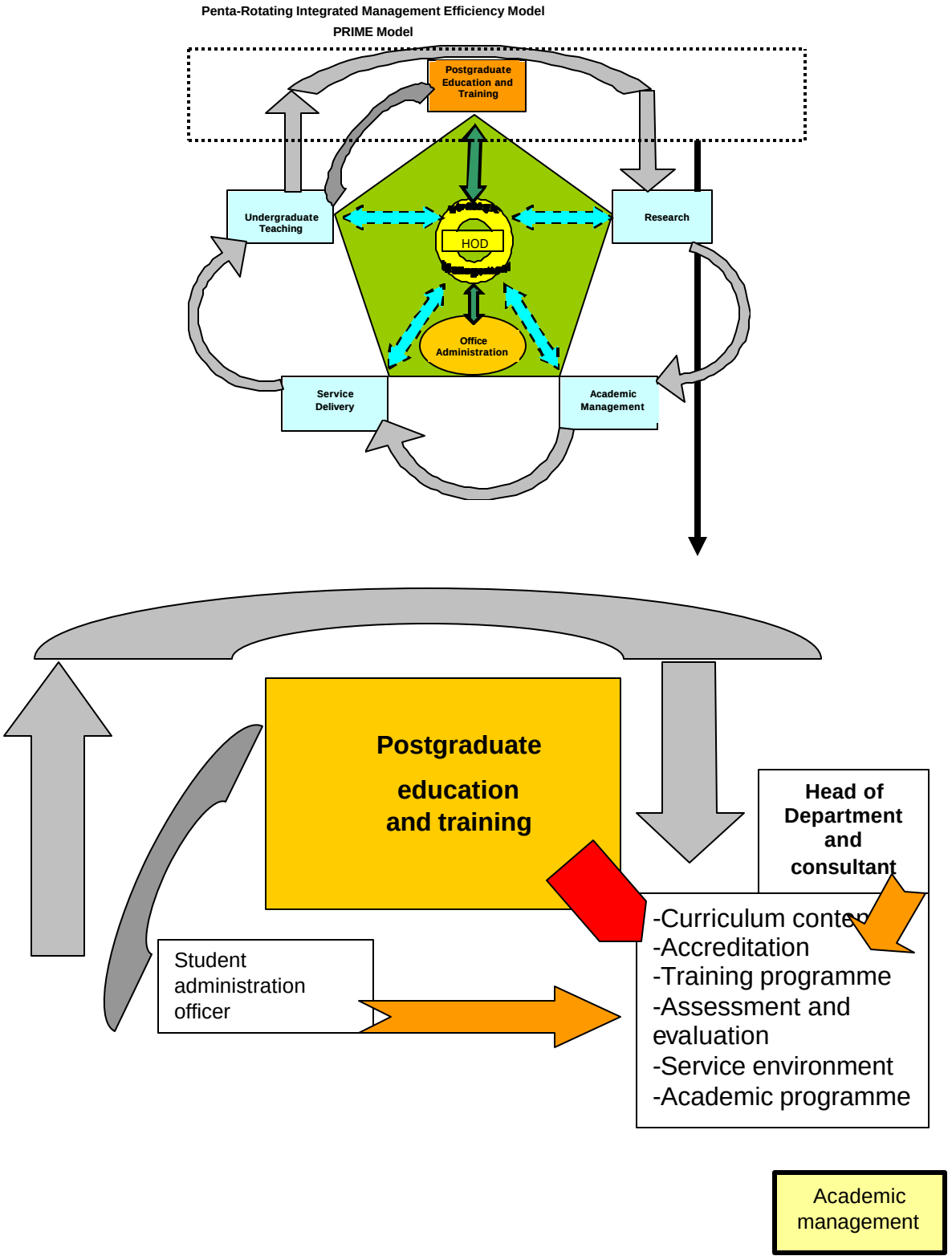


Figure 9.6 indicates the compulsory main section for Heads of Department for managerial responsibility in the model. In this, the Head of Department and perhaps the second in charge together with other consultants take managerial responsibility for postgraduate education and training. It is suggested that this responsibility be shared with a second senior consultant and not taken on alone. The reason for this is that there is then somebody that can stand in for the Head of Department if other management responsibilities demand on his time. The red arrow specifically indicates the activities that would be managed by this team of management. These activities include the following:

- Curriculum content management.
- Accreditation.
- Training programme.
- Assessment and evaluation of candidates.
- Service environment management.
- Academic programme.

Curriculum content management is the process of revision and updating curriculum content in health in line with new academic health developments. Academic programme is the composition of the programme and training programme includes the clinical components and skills and practical activities. Service environment management is where a candidate in postgraduate education and training needs to be exposed to clinical practice. This needs to be managed and is usually done with logbooks. The logbook process is an integrated part of the evaluation of the clinical exposure of postgraduate students. This forms part of the managerial responsibility of the main section of postgraduate education and training.

It is also important to indicate that the second orange arrow indicates a second responsibility and that is the bridge between postgraduate education and training and undergraduate teaching. It was already indicated that this area

has to do with students and student administration. Student administration is very important. It is therefore envisaged as part of the model that there should be student administration support to a department.

For the larger departments, student administration officers will be able to help co-ordinating (overarching as part of the bridge in the model) activities and the management of both postgraduate education and training and undergraduate teaching. This administrative personnel member will support the Head of Department in student activities, the registration of students, the drafting of schedules of students, marking databases of students, and organising tests and examinations. In the yellow box in this model, the management model that is envisaged for this main section to be utilised is academic management.

The next main section of the model is undergraduate teaching. Figure 9.7 is a diagrammatic presentation of the undergraduate teaching section of the PRIME model.

Figure 9.7: Undergraduate teaching section of the PRIME Model

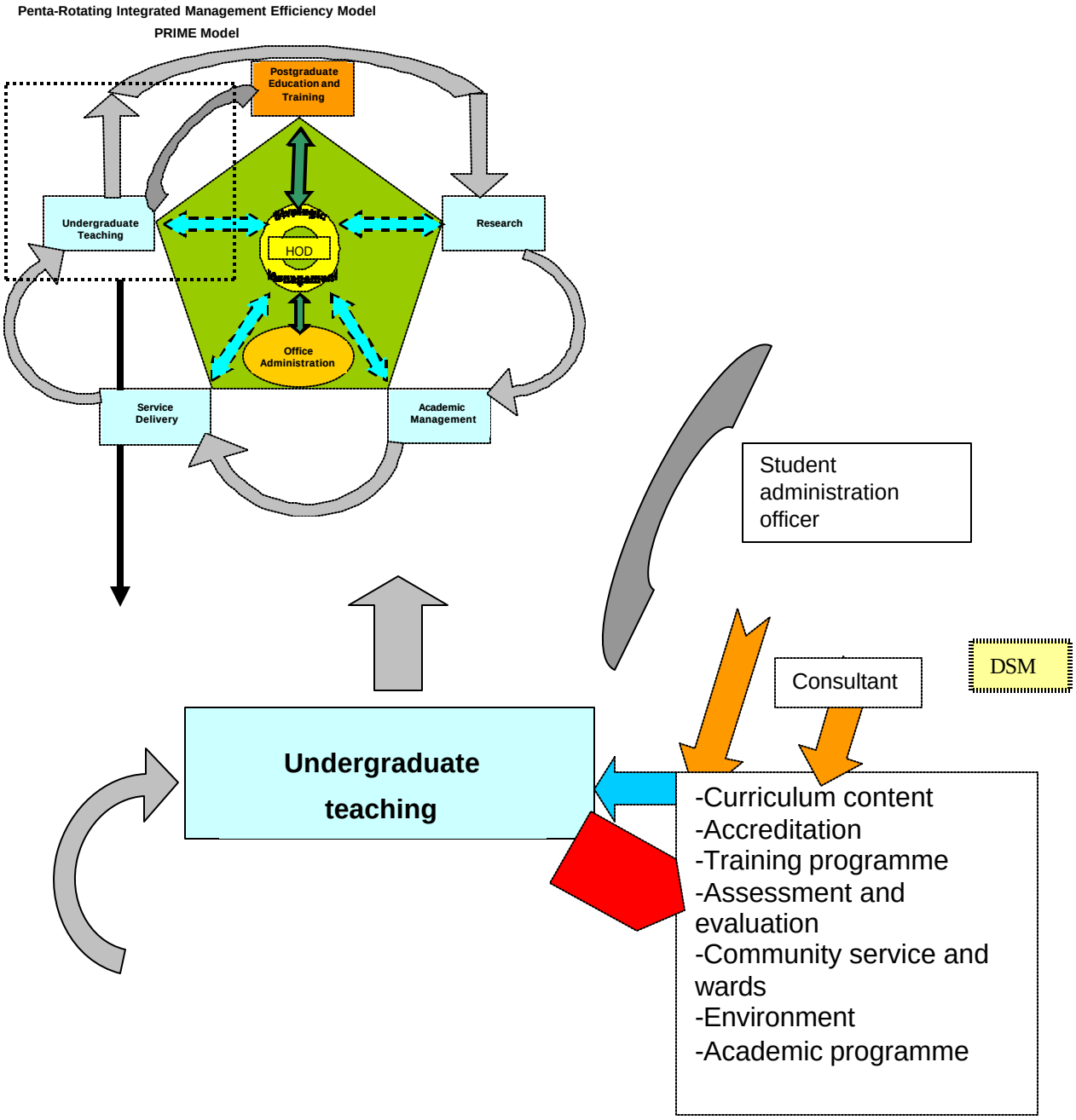


Figure 9.7 indicates the main area of undergraduate teaching as a section of the PRIME model. This area if chosen as the area for the Head of Department will be run by the Head of Department. If the Head of Department opts not to choose this area from among the four areas available, senior managers as consultants can take responsibility for this area in the department.

The red arrow in the figure indicates the actions within undergraduate teaching. The actions will not differ in the model between the options of the Head of Department taking up this aspect or a consultant. The actions for undergraduate teaching include the following:

- Curriculum content.
- Accreditation.
- Training programme.
- Assessment and evaluation of students.
- Community service and ward rounds.
- Academic environment.
- Academic programmes.

As previously indicated, the bridge in the main model will also provide support to the manager of this area (see postgraduate education and training for explanation of curriculum content, training programme and academic programme principles). It will be the student administration officer that will be shared with postgraduate education and training. The second orange arrow also indicates this. The first orange arrow in the figure indicates the primary managerial responsibility which lies either with the Head of Department if the option is taken up with this main section or by a senior consultant in the department. The yellow block in the figure indicates the management tool to be used to manage this main section, which will be academic management.
Figure 9.8 is a diagrammatic presentation of the research section of the PRIME model.

Figure 9.8: Research section of the PRIME Model

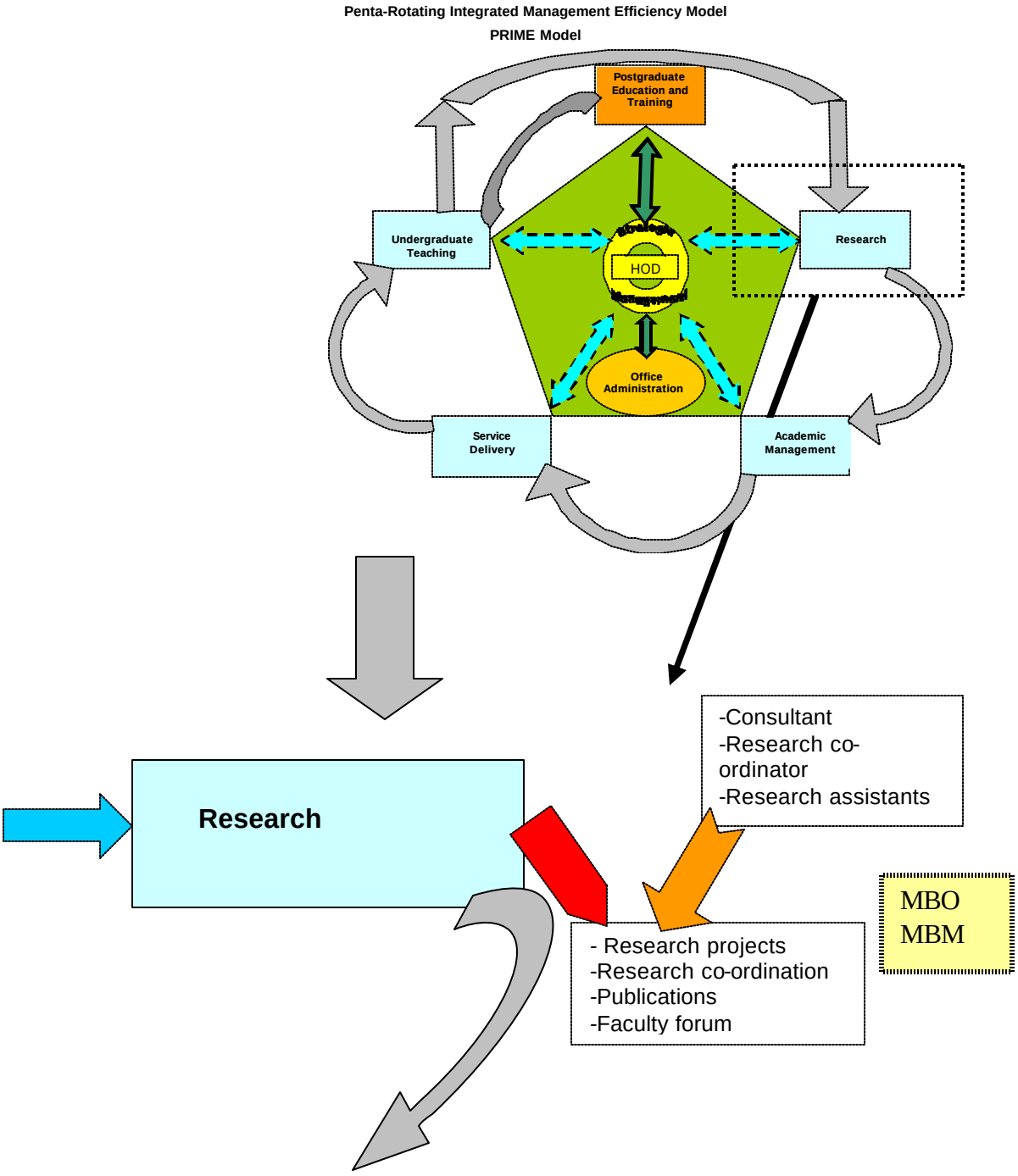


Figure 9.8 indicates the main section of research as part of the PRIME model. Again in this model, the Head of Department may take up the option to have this as the main section that will be managed by the Head of Department among the four options available. If the Head of Department does not decide on this as an option, a senior consultant together with a research co-ordinator at school level will take responsibility for managing the research section. The orange arrow indicates this responsibility. Also as part of this team who will manage research, research assistant/s will be linked from the office of the research co-ordinator at school level.

The red arrow indicates the managerial activities. This will not change between the options of Head of Department or either senior consultant that will manage this section. The actions will include the following:

- Research projects.
- Research co-ordination.
- Publications.
- Faculty forum.
- Contract research.

The challenge will be to incorporate all these issues mentioned in the PRIME model. The PRIME model is so structured that it include all the support aspects as mentioned.

Figure 9.9 is a diagrammatic presentation of the academic management section of the PRIME model.

Figure 9.9: Academic management section of the PRIME Model

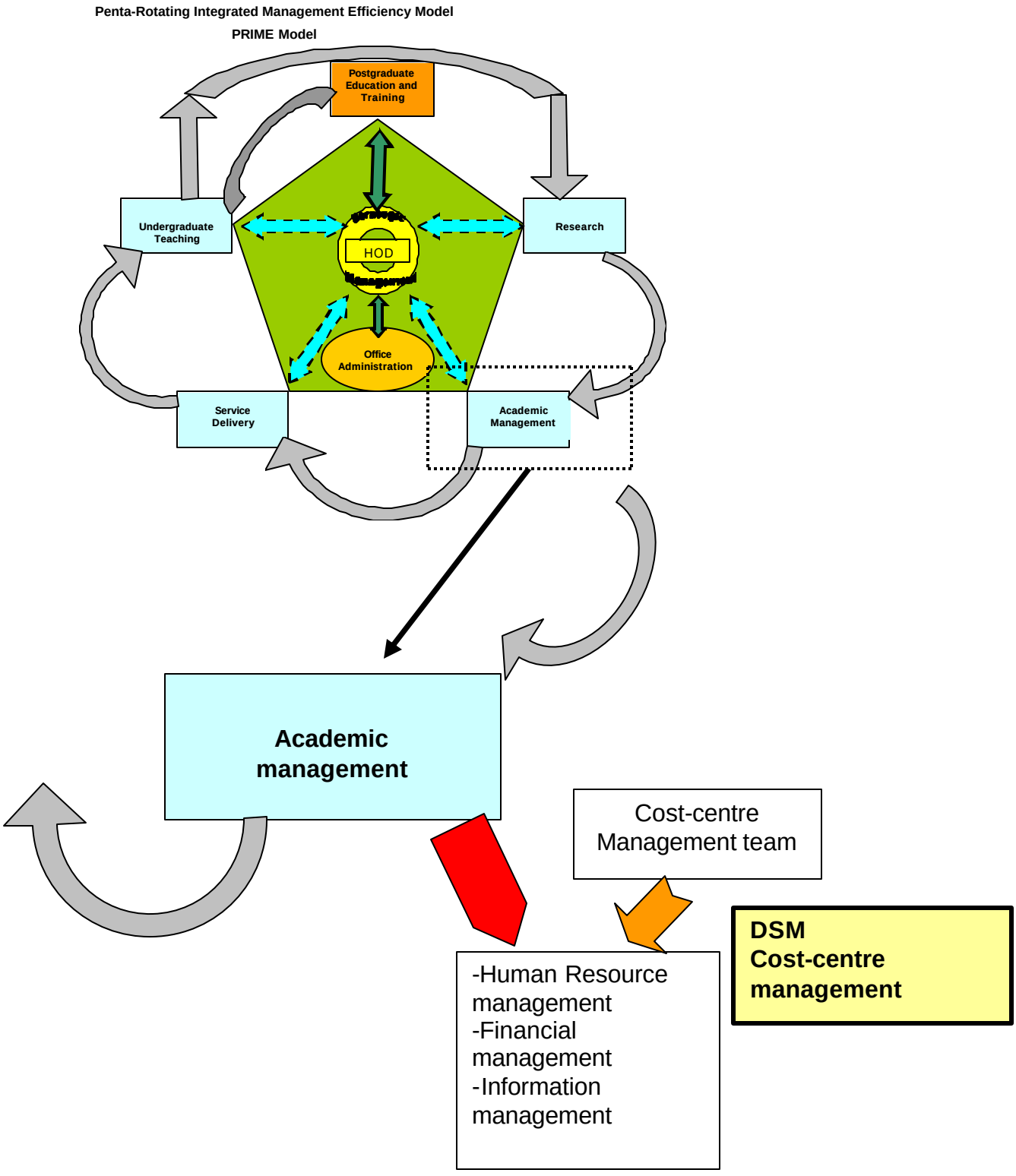


Figure 9.9 indicates academic management as a main section of the PRIME model. This was already discussed as the model of cost-centre management, which is in part already implemented in the School of Medicine. The cost-centre approach works very well in the School of Medicine and will be incorporated as part of the suggested management model. Again, in this case, if the Head of Department so decides, this will be the second area of options between the four areas and the activities will be the same for the senior consultant. In this case, the person who takes responsibility in the department for running this main section, will - together with the nursing personnel and the administrative personnel - establish a cost-centre management team.

The red arrow indicates these responsibilities which will include:

- Human resource management.
- Financial management.
- Information management.

The yellow block indicates the management tools that can be used. The two management tools that need to be included are cost-centre management and decision space map management.

Bossert (2000:14) refers to a Decision Space Map approach as a model for management. This is discussed in Chapter 4.

It is also said that the Decision Space Map model is a model that can be used to increase decentralised processes within the governance structures of an institution.

Figure 9.10 is a diagrammatic presentation of the service delivery section of the PRIME model.

Figure 9.10: Service delivery section of the PRIME Model

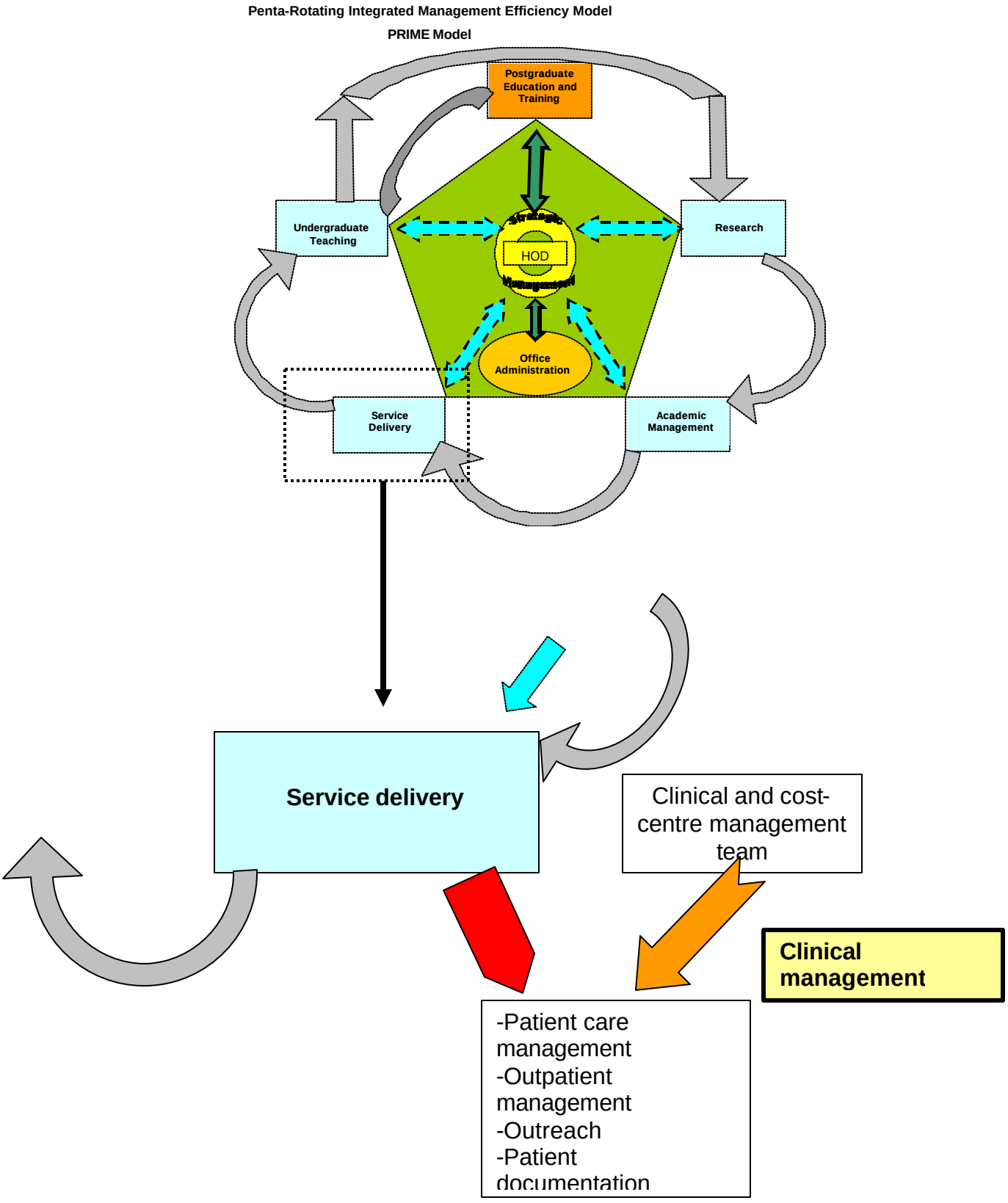


Figure 9.10 indicates the service delivery section as the main section of the PRIME model. Service delivery is one of the major responsibilities of an academic department in the School of Medicine. Service delivery is the reason for the existence of a joint staff establishment. This main area will be applicable also to the pathology department, including departments of the National Health Laboratory Services (NHLS) and the pre-clinical department. In the case of the pre-clinical department, Basic Medical Sciences, the service delivery will be in three areas, namely dissections, skills laboratory, and preparation of specimens for training. In this case if the Head of Department decides to take up this as part of the four options as the main section to be managed, the Head of Department will manage the total service delivery component. It seems that this is a huge burden to take on. Many of the Heads of Department as consultants have a very specific clinical interest and it is suggested that the Head of Department does not take up this huge burden on clinical management.

It is suggested that the senior consultant at the level of either in the small department, a senior specialist or in a bigger department at the level of principal specialist take over the management of this main section. If the Head of Department takes over this section as one of the four options, the management actions will be the same as if a senior consultant to take up this burden. It is preferred that a senior consultant takes up this option. The actions include the following:

- Patient care management.
- Outpatients management.
- Outreach.
- Patient documentation.
- Theatre management.
- Intensive care unit (ICU) management.
- Referrals.

- Patient research.

The red arrow in the figure indicates this. The orange arrow indicates the clinical and cost-centre management team. Service delivery is linked up with cost-centre management and cannot be separated from the cost-centre management team. This team can also play an important role in clinical management.

If a Head of Department does not take up this as an option, which is the suggested way to go, the Head of Department can still be clinically involved. In this case, the Head of Department will be involved only in his area of expertise. For example, in Surgery if the Head of Department has a specific interest in Vascular Surgery and the Head of Department opts not to take over this main section, a principal specialist will be appointed to oversee all the clinical activities. The Head of Department for clinical activities will still be involved in Vascular Surgery, but will not take responsibility for the total clinical services. The delegation will be to the senior with shared responsibility.

In this model, specific other senior managers can take responsibility for clinical services in different hospitals if the academic platform is spread over hospitals. The suggested management tools to be used to manage this main section are indicated in the yellow box, which includes clinical management and the decision space map.

There are still two issues that need to be discussed as part of this model. The first issue is the issue of co-ordination. For this it is suggested that the Head of Department still plays an important role and establishes an executive committee of himself as Head of Department and the members of the specific main areas who champion these main areas. This will mean that, in big departments, it will be at least four additional members who will form the executive management of a department.

In a smaller department it may be easier to run these issues. In the smaller department it is also suggested that senior personnel share more than one main area, as it is manageable in this small context. This model will also change the expectation that Heads of Department need to know everything about what happens in their department and need to take direct responsibility for everything. Some of these issues at management level can then be delegated as part of the Penta-rotating Integrated Management Efficiency model.

The last issue that needs to be addressed about this model is the cost implication thereof. The affordability of such a model is relevant in the implementation of the model. It is therefore suggested that it be implemented in all the major disciplines for example Surgery, Paediatrics and Internal Medicine.

For the smaller departments like Urology and Plastic Surgery, it is suggested that a grouping of surgical disciplines be established and for this surgical grouping, at least an administrative officer for student affairs and an administrative officer for cost-centre management be given. These two generic personnel members can then take responsibility in four of the main areas, namely undergraduate teaching; postgraduate education and training; service delivery and academic management. As part of academic management one can take responsibility for the cost-centre management activities. In the section of postgraduate education and training, one individual can take responsibility for all the small disciplines with the appointment of a student affairs administrative officer.

All Heads of Department, even in the small departments, have secretaries, so this takes care of the fifth main area of office administration. The strategic management main area will have to be taken care of by each and every Head of Department. The only area then left in the model for the smaller

departments is the main area of research. As in the cases of the bigger departments, it is suggested that a research co-ordinator with research assistants at a school level be established to take care of this and to support the departments. Even a specialist or a registrar or a medical officer can take responsibility for research if this is not an option as a main sector being taken by the Head of Department. The levels of the administrative support personnel appointed in this model can also vary with the responsibilities. It can vary from administrative clerk to a chief administrative officer, which will also have an impact on the affordability of the model.

The final PRIME model with all the sections as described is illustrated in Figure 9.11.

Figure 9.11: The Final PRIME model with all the sections

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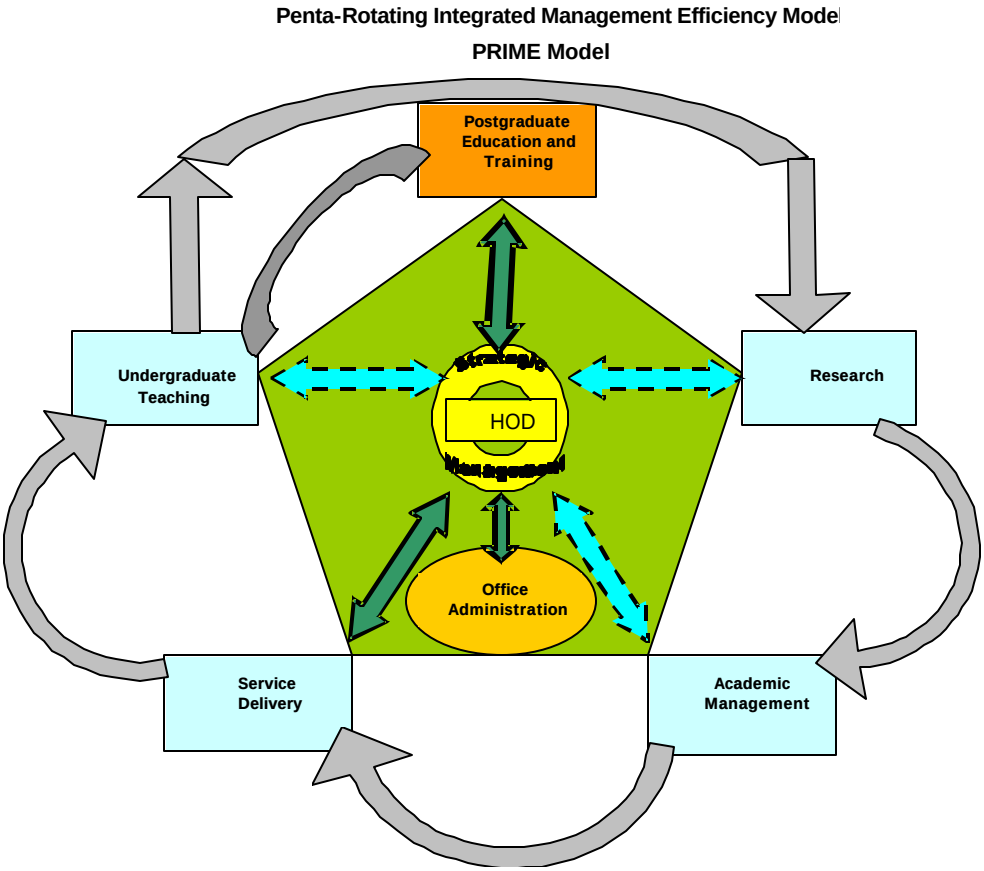
Figure 9.12. indicates the final PRIME model if the option of service delivery is taken by the Head of Department. The third solid green arrow to service delivery in the green area indicates this option.

Figure 9.12: Option 1:PRIME Model with service delivery taken as option

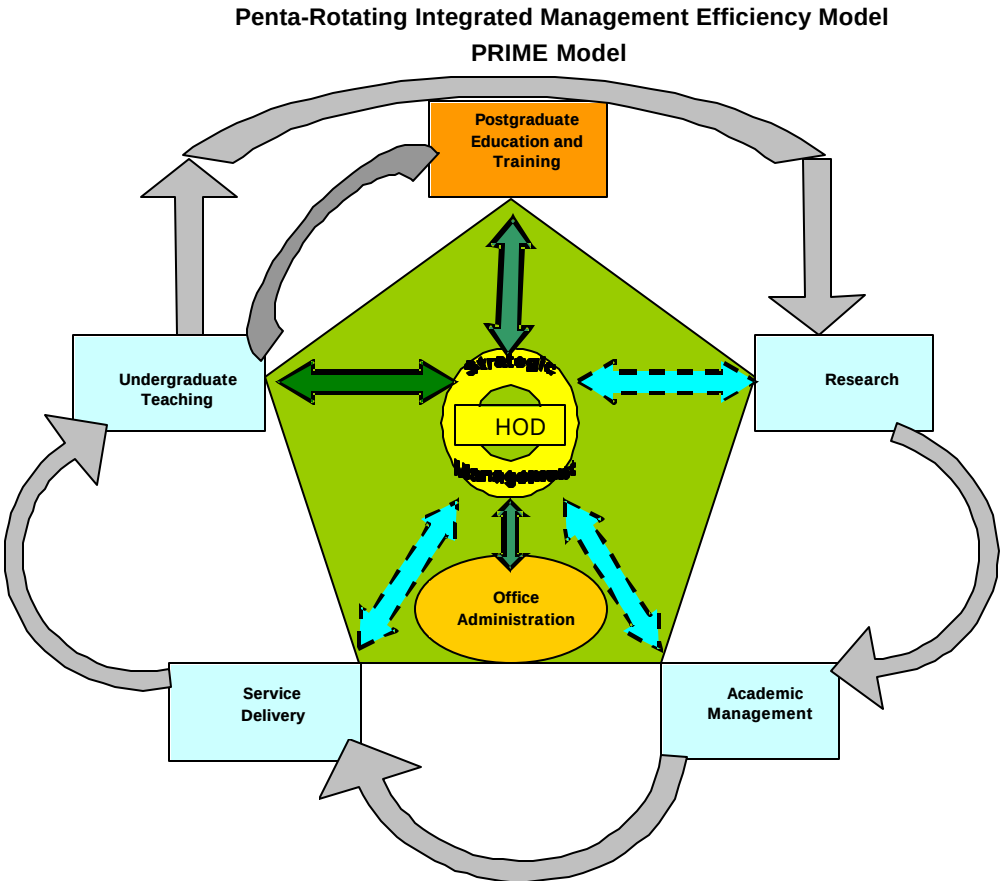


In this option the Head of Department takes direct responsibility for:

- Strategic management.
- Office administration.
- Postgraduate education and training.
- Service delivery.

Figure 9.13 indicates the final PRIME model if the option of undergraduate teaching is taken by the Head of Department.

Figure 9.13: Option 2: PRIME Model with undergraduate teaching taken as option.

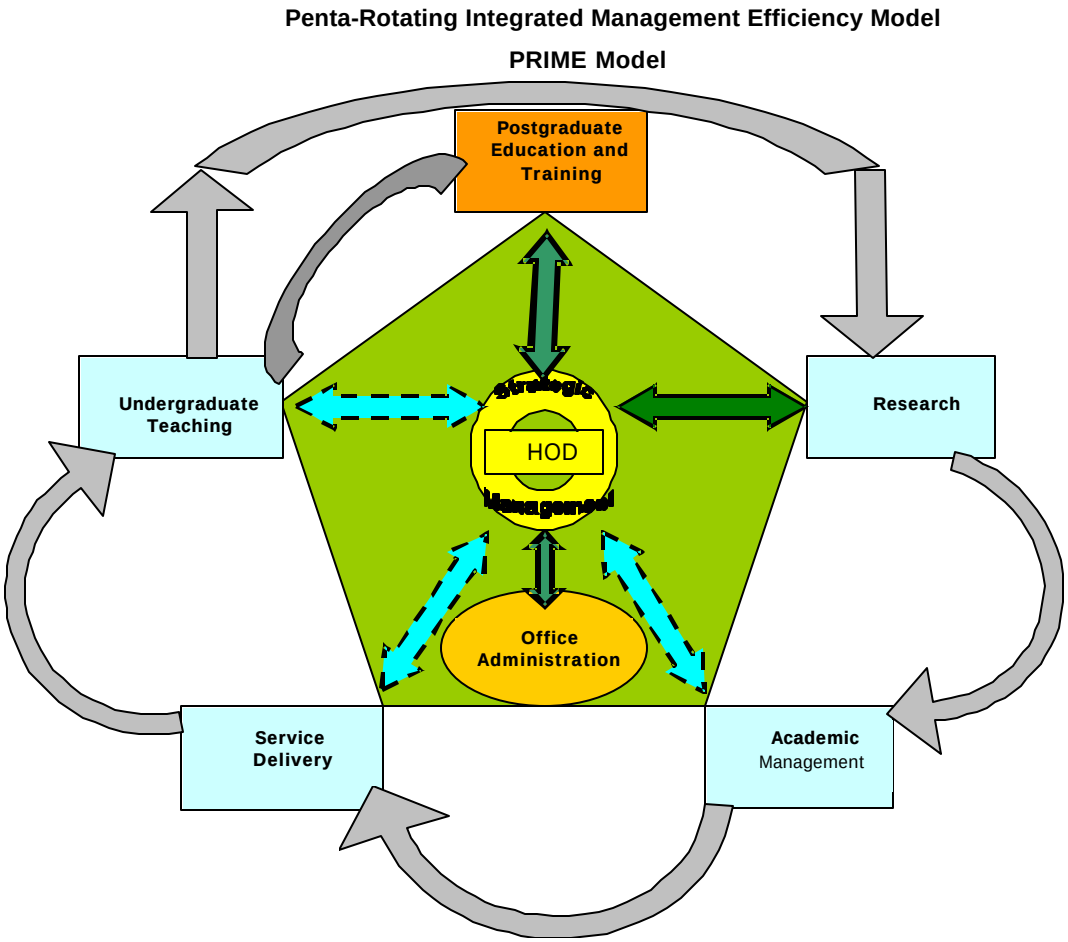


In this option the Head of Department takes direct responsibility for:

- Strategic management.
- Office administration.
- Postgraduate education and training.
- Undergraduate teaching.

Figure 9.14 indicates the final PRIME model if the option of research is taken by the Head of Department. The third solid green arrow to service delivery in the green area indicates this option.

Figure 9.14: Option 3: PRIME Model with research taken as option.

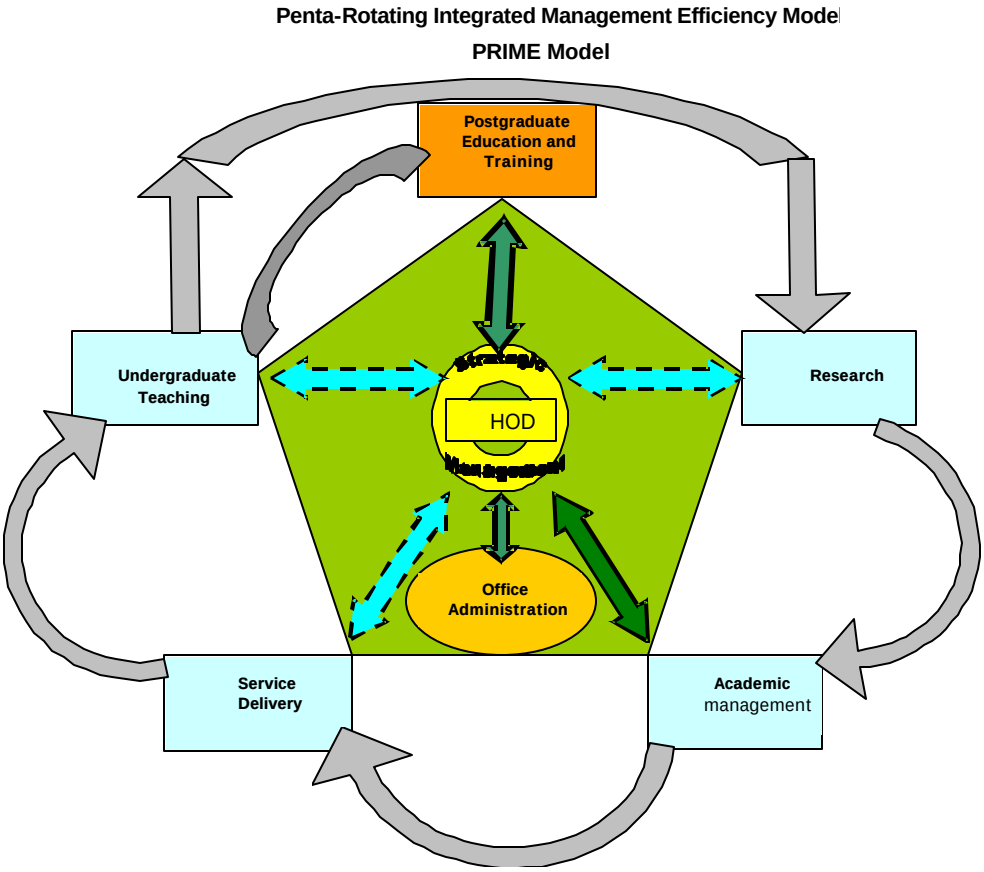


In this option the Head of Department takes direct responsibility for:

- Strategic management.
- Office administration.
- Postgraduate education and training.
- Research.

Figure 9.15 indicates the final PRIME model if the option of academic management is taken by the Head of Department.

Figure 9.15: Option 4: PRIME Model with academic management taken as option.



In this option the Head of Department takes direct responsibility for:

- Strategic management.
- Office administration.
- Postgraduate education and training.
- Academic management.

The last chapter, Chapter 10, will deal with the final views on the model.

***

CHAPTER 10

"If I have been able to see further, it was only because I stood on the shoulder of giants." (Isaac Newton – Source Unknown)

CONCLUSION

10.1 CONCLUSION

The main aim of the study was to develop a management model for Heads of Department in the Medical School, University of the Free Sate. This aim was achieved successfully with the PRIME model. To achieve this aim, the researcher had to look at the needs of Heads of Department; how the environment influences the management processes of Heads; and the management models that are available for medical schools. As already indicated, there are no management models available for medical schools that could be implemented in the School of Medicine, Faculty of Health Sciences, University of the Free State. According to the inputs received with the research from Heads of Department, as well as from Delphi experts, this achievement is significant progress in Departmental management.

It is furthermore important to take note that the environment has an enormous influence on the way an institution of this nature is managed. Specific factors that have an influence on the management are the following:

- Financial factors.
- Technical factors.
- Environmental factors.
- Political factors.
- Social economic factors.

- Legislative and legal factors.
- Educational factors.

These are some of the factors that have an influence on a very dynamic environment, namely the academic environment. The PRIME model provides for all these changes to be managed as part of the model. The aim was to establish a model that will be functional, that can be adaptive to these changes, and that can be flexible in application. Parts of this model have been implemented with success in other areas (for example cost centre management in wards and in Cardiology) and even within the School of Medicine, UFS (for example module leaders for undergraduate teaching). Thus it is important to note that there are parts of this model that have been tested – cost centre management and module leaders. They were found reliable and can therefore be implemented.

As part of this study, it was already indicated that academic institutions face great challenges. The change process and change management were indicated as some of the main areas that need to be managed in future in medical schools (cf. Chapter 4.1; Wilson & McLaughlin, 1984:337). Influences of disease profiles like AIDS and tuberculosis on the management system of health, need to be taken into account. These are major disease profiles that have an influence on how you manage your resources and your services. With the primary health care approach in countries, the focus has shifted from hospital-based care to primary health care and this also has an influence on the way we manage our services and our academic institutions. This management model has not yet been implemented in full in the School of Medicine, UFS. The challenge will be to implement this management model successfully in full.

The research on management in the literature survey will, in addition, be able to serve as an important reference document for education, training and induction of Heads of Department.

The implementation will be done by individuals who have the material and leadership to implement it. Implementation of the PRIME model will be in phases and discussed later. It became quite clear in Chapter 4 that one needs Heads of Department with not only managerial skills, but also with leadership skills.

The PRIME model will create better patient care and service outcomes, more organisational stability, and better financial viability which will all lead to ultimate good academic management. It is all about the implementation of this management model to serve the managers and leaders of the School of Medicine, Faculty of Health Sciences, University of the Free State.

It was also important to take note of the request of flexibility and adaptability from experts as well as Heads of Department. This is all about setting boundaries and the loosening of boundaries. Creating flexibility and adaptability in a management model is important in the implementation thereof. It is evident that good management and the process of good management is all about breaking down complex situations into components that are manageable. Neufeld *et al*. (1995:23) indicate that, in traditional organisations, knowledge is fragmented into disciplines and most individuals are encouraged to focus on their own area of expertise.

All the present principles of interaction unleash the maximum indicated for personnel and to create creativity and energy of individuals within the organisation. All plans and models are set in order to reach certain goals and require some form of change. The biggest area of change is focussed on organisational change in the areas of strategy, structure, technology and

people. One cannot implement change without focussing on all these four areas of change as part of the change management process. To implement the PRIME model will also have focus on change and implementing this change. It may be that change of this nature and effort may run into some form of resistance. This is because change triggers emotional actions and reactions for or against the change process. It is important not to create resistance to the change process. Therefore ownership and commitment to the process are of the highest needs in the change process.

For the implementation of the PRIME model it is important to focus on creating the anticipated change process and therefore in the recommendation certain pilots' implementation of the model will be recommended as a start to counter resistance to change. It is specifically for the need of health institution that it is important to note that there needs to be a well-thought through implementation process for the change process.

10.2 LIMITATIONS OF THE STUDY

An inclusive list of limitations will follow. The limitations were not given any weight, but it needs to be mentioned that some of these limitations were of a small magnitude as impact on the study and could have been left if it were not for the sake of having a complete list.

It needs to be said that the research was not without problems. Some of the limitations were also experienced as temporary problems with solutions and will be discussed as part of the rest of the section. Some of the limitations that can be mentioned are:

- The first limitation that came to mind during the study was that this was a management model that was only created for this specific medical school with specific needs. It must be

said that this was the main aim of the study. With the PRIME model the main aim was successfully achieved.

- Furthermore, this study was focussed on Heads of Department only in one medical school. The compilation of the PRIME model was not foreseen. The very high response rate of Heads of Department countered this limitation. The inclusion of other senior medical personnel in the questionnaire could have been a risk, as it might have created the impression with Heads of Department that the model undermines their position. This would have been counterproductive to the main aim.
- It is well known that an institution has its own culture and that, within a specific culture, a management model can be implementable, but in other cultures of other institutions and organisations, it may be difficult to use the same model. It would have been an ultimate solution if a management model could have been created for Heads of Department in all medical schools in South Africa. With no management model described for Heads of Department in medical schools that could be found, the PRIME model can serve as basis and guidelines of a management framework for all medical schools within which they can develop their own model.

Other limitations of smaller magnitude of this study are:

- The study sample size, as this was only tested on Heads of Department in the School of Medicine. The other side of the coin to this issue was already mentioned.
- An identifiable limitation to the Delphi process is the amount of expertise that was available to participate. A bigger number could have been used to obtain a better indication.

Because of the magnitude of the Delphi process, it was impossible to ask open-ended questions. Follow-up research can be done on this issue again.

- We are living in a global world with globalisation as one of the important issues that were identified as part of the study. This global environment can have a huge influence on future management practices in medical schools. It was, however, already recommended that the PRIME model be tested and revised/adapted on a regular basis to make provision for these global changes.
- All medical schools are struggling to overcome the burden of the management process and balancing this with all the other responsibilities as the strategic areas of function of Heads of Department. A limitation not to the study, but to the model, is the financial impact and resources available for the implementation of this model. Proper planning needs to be done as well to implement this model. A lack of good planning will jeopardise the implementation of this model. This good planning will need a vision from top management to implement a model of this nature. The recommendation of 10.4 must be seen as solutions to this limitation.
- One will also have to take the operational environment of Heads of Department into consideration. A lack of motivation or skill from Heads of Department to implement the model may also be a problem. These are not problems/limitations of the study, but of the implementation of the PRIME model. This issue will be addressed as part of the implementation plan.
- The first questionnaire that was sent out to Heads of Department is the questionnaire that establishes the facts and opinions according to this survey on a specific time. It

may change, as the environment changes on a regular basis. The motivational climate and the needs of Heads of Department may even have changed from November 2003 up until now with the changes in the environment. They may have experienced new needs after the survey for this study has been completed. This issue will be addressed as part of the implementation plan.

- Other limitations to the Delphi process can be specifically referred to, as the experts came mainly from two geographical regions, namely the Western Cape and the Free State. One of the experts came from Gauteng, but is involved in the private sector at the present moment. The panel was selected on the grounds of their expertise in academic management and their approach to management of specific departments in the medical school. The gender, age and cultural differences of the Delphi participants were not taken into account, since other criteria were used to select the experts.
- In the questionnaire to Heads of Department, one of the limitations was the path that focussed on the change management and the problems during the merger in 1997 (cf. Discussion of Table 7.14). Some of these areas were not applicable to some of the Heads of Department, because they were not appointed in the school at that stage of the merger. Some of them continued to answer this, but this may be a false impression, as they could not have experienced it first-handed.
- The Delphi process to the experts, statements No. 15, 85, 145 and 162 had to be discarded as statements that were not applicable and which many of the experts felt could not

be answered. This was seen as a limitation to the questionnaire by the experts.

- What needs to be indicated as a limitation as well, is that the Delphi process did take longer than the estimated time. The problem with the Delphi was originally that one of the Delphi respondents did not respond and left for a three-week overseas visit. This Delphi respondent was important, as the Delphi expert was also an educationist and a specialist and these types of experts are generally not found in South Africa. This specialist could not be ignored and the Delphi process had to be postponed until the expert came back from overseas. After the expert had returned from overseas, it was found that, because of electronic communication, he had sent in the questionnaire to the wrong address already three weeks earlier before he left for his overseas visit. This is perhaps a limitation all researchers need to take note of in the future if they do an electronic Delphi process.

The high response rate of 96% for the questionnaire to Heads of Department and 100% for that of the Delphi process may limit some of the limitations in this study. The high response rate could reflect a general interest among Heads of Department as well as expertise to answer some of these pertinent questions, despite having a lengthy questionnaire to be completed.

On the comment areas, the responses were not as many as estimated. Many of the comments came from individuals on an individual basis with specific reference to the questionnaire for Heads of Department. Of the Delphi experts, the level of comments per statement was higher than was with the Heads of Department.

It is important to note that the overall value of the study with the management model to Heads of Department of this nature could have been enhanced to a greater extent if the proposed model had actually been implemented in total and that there was a monitoring process already in place for appropriateness, usefulness and application. However, this was not within the aim and the scope of the original study and thus further research is definitely needed to explore this aspect of the model.

10.3 FURTHER RESEARCH

This part of the chapter must be seen as a discussion of a specific recommendation on research. Possibility for future research as outcome of this study it would be expedient to do research in other medical schools to see if there are possibilities of utilising this management model as a management model in these schools. Research will also have to be done on the needs as well as the management models in these schools and to make them applicable to this suggested management model. Future research can also be done on the motivational climate and the progress on transformation. The outcome of the data of this research can be utilised for those areas on a continuous basis to measure the progress of the school.

It must be indicated that a large amount of data is available from this research. The data is not only available in the management field but also in transformation, staff development, staffing and change management. All these areas can be utilised for future research. The two major areas of research as a future vision would be to look at this management model for other medical schools and to perhaps even look at the adaptation of this model for future research in other medical schools.

The second area of focus for research would be on the implementation and the success of such a management model. Future research can be done on the implementation of the model and to find out if Heads of Department feel that this management model did improve the management of their Department and what influence it had. Research can also be done regarding which areas were successful and which areas can be adapted to make them stronger. Utilising this research to provide an induction course for new Heads of Department is envisaged and to do research if this induction course is successful.

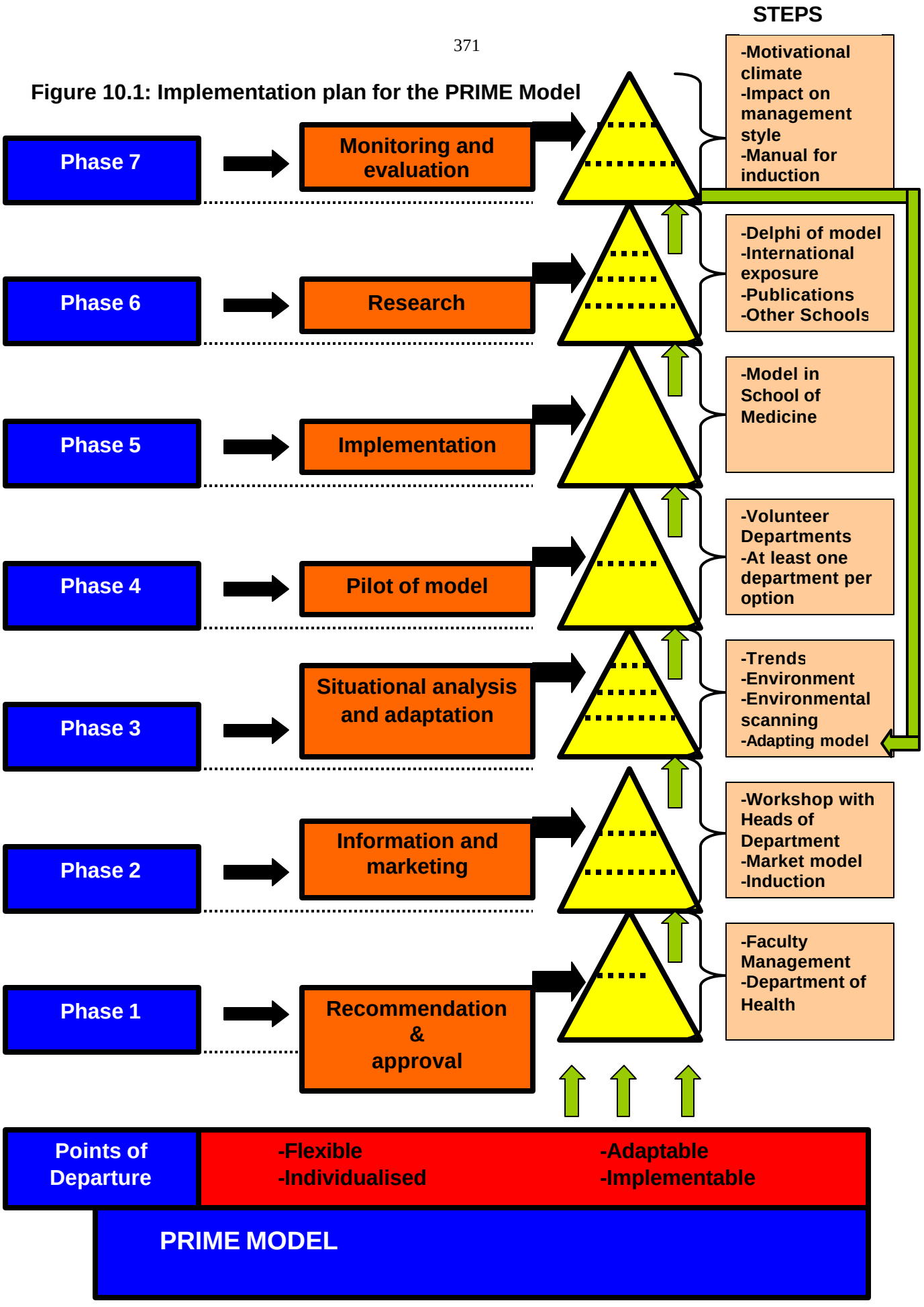
The important aim is to research and monitor the outcomes of the implementation of such research. Even the implementation process of the model can be researched as part of future research. An area of research that can also be considered in the future, is the impact of a management model on the nature of undergraduate and postgraduate training, as well as service delivery. In addition, the impact and management of cost centres and the focus on research, as well as if research efforts improved with this management model, can be researched.

These research opportunities will in the majority of cases be possible only on master's level and can be seen as an extension of this main research that will be done on this management model.

10.4 RECOMMENDATIONS

The implementation plan was already referred to as the core to the success of the implementation of the PRIME model. The first and most important recommendation for this study is the implementation plan of the PRIME model. The implementation plan is schematically illustrated in Figure 10.1.

Figure 10.1: Implementation plan for the PRIME Model



The implementation plan will be in seven phases, which include:

- Phase 1: Approval phase.
- Phase 2: Information and marketing phase.
- Phase 3: Situational analysis and adaptation of the PRIME model.
- Phase 4: Pilot of model
- Phase 5: Implementation of the PRIME Model.
- Phase 6: Research on the PRIME model
- Phase 7: Monitoring and evaluation of implementation of the PRIME model.

Table 10.1 will give a detailed account of the operational side of the implementation of the PRIME model in the specific phases.

Table 10.1: Operational diagram for the implementation plan

No.	Phase	Actions	Responsibility	Target Date
1.	**Phase 1**	Table PRIME model to Faculty Management for approval after approval of examiners received and degree awarded.	Researcher.	End September 2004
2.		Recommendation of implementation of PRIME model.	Faculty Management.	End September 2004
3.		Market PRIME model to Department of Health: Free State.	Faculty Management.	Mid October 2004
4.	**Phase 2**	Workshop model with Heads of Department, School of Medicine, UFS.	Researcher.	Mid October 2004
5.		Market model in Faculty.	Researcher.	End September 2004
6.		Induction manual developed for Heads of Department.	Staff development.	First semester 2005
7.	**Phase 3**	Do research on trends in academic management.	Research group.	First semester 2005
8.		Analysis of environment position.	Research group.	First semester 2005

Table 10.1: Continued

9.		Environmental scanning.	Researcher.	First semester 2005
10.		Adaptation of model, if needed, according to actions mentioned.	Researcher.	First semester 2005
11.	**Phase 4**	Get volunteers to pilot model and pilot the PRIME model.	Researcher and volunteer Departments	First semester 2005
12.	**Phase 5**	Implementation of the PRIME model.	Faculty Management.	Second semester 2005
13.	**Phase 6**	International exposure of the PRIME model through publications.	Researcher and promoter.	First semester 2005
14.		Delphi of PRIME model with experts.	Master candidate.	Second semester 2005
15.		Publications on results of research.	Researcher.	First semester 2005
16.		Pilot basis of the PRIME model in other schools of Medicine.	Other management teams of medical schools.	Second semester 2005

Table 10.1: Continued

17.	**Phase 7**	Research and monitor motivational climate of Heads of Department.	Researcher	First semester 2005
18.		Monitoring of the impact of the PRIME model on the management style of Heads of Department.	Research group.	Second semester 2005
19.		Adaptation of induction manual according to changes.	Researcher.	Second semester 2005

Some of the recommendations that need to be emphasised are:

- The management model is tabled to the Faculty Management for recommendation and implementation.

- The management model is to be explained to the DoH and shared with the DoH.

- The model discussed in a workshop with Heads of Department for feasibility.

- The management model piloted in specific Departments on a volunteer basis.

- Further research is to explore the interest of other Schools of Medicine, Faculties of Health Sciences in South Africa, in the model. With approval from these Schools, the model can be piloted. Even a part thereof as a framework, can be used in other Schools if there is an interest in the PRIME model.

- The research project is established for the implementation process to monitor implementation. This is a project as part of the implementation process.

- Areas of this management model are researched for future updating of the management model according to trends as well as environment.

- Environmental scanning is done on a regular basis to ensure that the model is still applicable to normal management processes.

- Research is placed in a formal format for publications after examination process has been successful. Follow-up research can also be done with publications after this process.

- International exposure is given to the management model by publication and international congress presentations on the model.

- The PRIME model can be researched through a Delphi process with experts in management.

- Follow-up research done on the motivational climate of the school.

- Impact of the PRIME model on the management style of Heads of Department, UFS, is researched.

- This PRIME model can also be used to create a manual for induction and training purposes. It is foreseen that, as part of this model, an induction programme for Heads of Department at the UFS will emanate.

10.5 FINAL REMARKS

What is new in management?

Management has been with us for many years. As early as in the 1940's there was already a lot written about health management in organisations with specific reference to hospital organisation and management in these organisations.

It must be said that the PRIME model can be seen as a successful and ultimate solution to the management dilemma that exists for Heads of Department.

Stone (1939:119) indicates that institutions are institutions that create work and this work depends on two factors, namely:

- Skill and care of the staff.
- Business management.

The author continues to indicate that one needs competent and skilled surgeons and men and women who know how to make the best use of the facilities available. It is also indicated that the business side is not less important. Business concerns need to be cared for and therefore, to run these organisations, management must be in line to be efficient and economical in the business world. Sound business administration needs to be secured for economical expenditure and efficient maintenance of the institution.

Stone (1939:120) continues to indicate that there are five important factors which are characteristic of efficient hospital management and those are:

- Organisation.
- Co-ordination.

- Co-operation.
- Service.
- Economy.

Business management as part of administration needs proper care. Mention is made of the “rule of thumb” method that is employed in hospitals to manage and guess and intuition that are used more than fact. There is reference that there needs to be sound organisation, systematic supervision and expert management. It is said that the administrative efficiency can only be determined from the quality of the service rendered and the end result obtained in the performance of the broadest functions of the hospital and the specific Department, keeping in mind that the patient in terms of the restored physical health must be always the primary objectives.

Stone (1939:254) indicates that administration represents supreme authority in any business and has dual functions, namely:

- Determining policy
- Controlling or executing policy.

With reference to health management, it is clear that this compromises in the main the work of carrying out the policy determined by the administration and, can in a way, therefore be defined as functions concerned with the execution and policy and the use of organisations for the attainment of the particular objectives set. Stone (1939:255) defines health management as ultimately a process of carrying out policy that is set by the process of administration. Summarised it is said that administration says what is to be done, management does it and organisations provide the machinery for doing it. Success is measured by the ability to get things finalised and done and it could be the right things and the right time.

Stone (1939:256) continues to say that organisations possess a single and direct leadership. It is said that staff should look up to Heads of Department for their instructions and to no one else. Giving the instructions to subordinates without first passing through the Departmental Heads is a sign of poor capabilities of the organisation.

From the literature study in previous chapters it is important to identify the impact of change on health and the increasing role of change as the key elements in the economic, political and social development of health. These changes are relevant on all levels of service. The question that needs to be asked is not if health service and systems must be changed and reformed, but the way and the direction the institutions need to take. This process of change can be demanding on individuals as well as on resources.

For one to be in line with the changes and to enable an organisation to be in line with changes, one needs to identify these changes and be updated with the changes that are relevant in the sector like the health sector. For this leadership is needed. Leadership is needed to manage change and to initiate new initiatives to counter these changes. This leadership that is needed is at all levels from global level to organisational level.

It is expected from Heads of Department not just to be leaders, but also to be managers. This role needs to be acknowledged as the primary role to the PRIME model. The PRIME model addresses a management model for Heads of Department. Leadership must not be recognised as separate to the responsibilities of Heads of Department. Leadership must focus on specific issues like:

- Shifting your way of thinking.
- Decision-making.
- Value of your workforce.

- Transformation and diversity.
- Participative leadership.

It is also seen that this PRIME model will enable Heads of Department to develop their own leadership potential based on their personal goals that they set for themselves, values and within the environment already described. Neufeld *et al*. (1995:18) indicate that leaders need to have certain specific attributes to manage change. Those are:

- A focus on action.
- Changing images of leader.
- Increase in power-sharing.
- More collaborative structures.
- A desire to value differences.
- A perspective on renewal.

The same authors indicate that there is a shift in thinking and that most studies indicate that leadership is all about non-negotiable tasks of a leader, which include the following:

- Envisioning goals.
- Affirming and re-generation of values.
- Motivating behaviour.
- Managing.
- Achieving unity and trust.
- Resolving conflict.
- Explaining.
- Serving as a symbol.
- Representing the goal.
- Leading by pre-set example.
- Renewing the organisation.

The world is continuously being re-created and changes with interaction of staff and individuals and the environment with one another and across. These changes need to be managed. Neufeld *et al.* (1995:46) indicate some of the pressing issues and concerns from the environment that have already been in existence since 1994.

These include the following:

- Continuing equities.
- Cost and efficiency.
- Health and developmental costs.
- Roles and responsibilities in partnerships.

Neufeld *et al.* (1995:57) continue to indicate that there are common reasons for difficulty in implementing reforms and change. These include:

- A scarcity of resources.
- A lack of appropriate management skills to operationalise change.
- Confusion over changing roles and responsibilities.
- Little precedent for the kinds of partnerships required.
- Resisting reforms.

Neufeld *et al.* mention that there is a variety of policy measures to improve the balance which is suggested. They include the following:

- Refining the roles of health care providers.
- Reducing the production of positions.
- Curtailing specialist training.
- Adopting incentives to attract health care workers to underserved areas.

- Increasing training opportunities and incentives in public health policy and management.

All these need to be taken into account by the Heads of Department. The leadership and the management are linked to the post of Heads of Department. The aim will be that the PRIME model will lessen the burden of Heads of Department on the management side to create more room for them to be leaders in their Departments.

The PRIME model is based on the needs of Heads of Department, that serves the purposes of academic health and was taken from the extensive literature review on management models. The PRIME model improves the overall management of health; optimises the utilisation of resources; and improve health services at large. It is in line with the present tendency to improve quality within health services. It is envisaged that there needs to be a paradigm shift regarding the expectations on management issues for Heads of Department. We all need to acknowledge that Heads of Department have a major managerial responsibility. The aim of the PRIME model is to create an environment for Heads of Department to function properly. Together with this environment that is created, one also needs to create an environment that is susceptible to the changes in the responsibilities of Heads of Department. Heads of Department can no longer take total responsibility for all the managerial functions in their Departments. This was the result as indicated in the questionnaires that had been sent out to the Heads of Department and the experts.

Everybody that was involved in the research was in the majority of cases of the opinion that the management model would do the following:

- Improve the tasks of Heads of Department.
- Make it easier to function and manage their Departments.

- Have flexibility in the managerial approach.
- Individualise the process.

In conclusion, it is the aim of the PRIME model to create all these aspects for Heads of Department as part of the model. The challenge will be to market this model to everybody in the School to be implemented as the management model for the future. The PRIME model has enough scope and space to allow Heads of Department to adapt the model according to their needs. The model is also focussed on the important role of the Head of Department and the Head of Department will still act as leader and manager. A strategic role of the model in the future achievements of Heads of Department lies in the successful implementation of the model.

The model is also set up to allow for change management and for the impact of factors of the external environment. The PRIME model comes as the solution to Heads of Department for their managerial problems and to ensure that we have a proper management model for the future to take us into the future for at least the next few years.

The thesis also provides an extensive and comprehensive reference source for Heads of Department on leadership, management, needs, management models available and factors that have an impact on the academic environment.

The management model aims to create a win-win situation for the Heads of Department, their Department and management and authorities. **With this PRIME model we can reach for the stars.**

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SUMMARY

KEY TERMS

- Management.
- Leadership.
- Management model.
- Heads of Department.
- School of Medicine.
- Environmental factors.
- Motivational climate.
- Strategic management.
- Needs of Heads of Department.

The research study was undertaken to determine the needs of Heads of Department in the School of Medicine, UFS; management models available to them; and the factors impacting on their academic environment. The rationale for the study can be found in the need expressed by Heads of Department to manage their departments in the new academic setting. The aim of the study was to create and establish a management model for experienced as well as new Heads of Department in the School of Medicine, measured against the background of good management practices. This aim was achieved by performing a literature study regarding the needs of Heads of Department; factors influencing their academic environment, and the composition of available management and leadership models that could apply to Heads of Department in the School of Medicine.

Heads of Department are appointed in the academic environment with the primary focus on their educational achievements. Throughout the process it was demonstrated that this is still relevant and needs to be part of the

appointment process of Heads of Department in the School of Medicine. It was also indicated throughout this study that there is an increasing expectation from Heads of Department to take on sole responsibility for the management of their departments. In the light of these developments, it was important to consider solving this problem for them, and also to establish a management model for Heads of Department, thus empowering them to manage their departments in the future.

The research took the form of a descriptive, explanatory survey comprising a literature review, a questionnaire survey and a Delphi process. The literature study covered a few aspects, including assessing the possible needs of Heads of Department, exploring factors impacting on their environment, as well as the difference between management and leadership, and the difference between various management models that may be applicable to management in an academic setting such as a Medical School.

The second part of the empirical study was a Delphi process, which involved six experts from the areas of management, health management, and education. The overall goal and objective was to make a significant contribution to the managerial needs of Heads of Department, and to establish a management model, thus empowering Heads of Department to manage their departments in the future.

A quantitative approach with open-ended questions was followed. The Delphi technique also focussed on these areas through statements in order to measure the experts' feelings about these areas. As part of the Delphi process, the experts had to participate in two rounds. The main findings from the questionnaire to Heads of Department, the Delphi technique, and information obtained via the literature study enabled the researcher to make a recommendation on a management model for Heads of Department, UFS.

The management model had to be flexible, individualized, relevant, and adaptable. It had to include the seven main areas of management, namely strategic management; office administration, postgraduate education and training; undergraduate teaching research, academic administration, and service delivery.

The recommendations on the clinical management model were extensively detailed, as these will also form the basis of an implementation plan for implementing the management model in the School of Medicine, UFS.

In summary, the researcher is of the opinion that the overall goal and objectives of the study were addressed and realised, and that meaningful recommendations were made. The PRIME model was established as a management model for Heads of Department, School of Medicine, UFS, offering an ultimate solution to the managerial problems of Heads of Department. The management model is in line with the needs of the Heads of Department, legislation, and the policy documents referred to in earlier chapters. In addition, recommendations were also made on future research; the possible implementation in other Medical Schools; and the use of the PRIME model.

The researcher realises the limitations of the study, which are discussed in detail. Although a number of limitations were listed, the majority of these could be seen as minor limitations and they do not have an impact on the final outcome of the study. It is recommended that the study be followed by a research process and the possibility of utilising certain principles of the PRIME model in other Medical Schools in South Africa in order to assist them with the managerial problems they might be experiencing.

The aim of the model is not to address all the issues in detail, but to provide a model for academic management of departments based on the needs

indicated, and the academic management models available for such management. It is the researcher's opinion that the PRIME model for the management of academic departments will contribute significantly to the overall management of academic health, the best possible utilisation of resources, and the improvement of health services at large.

Furthermore, the researcher believes that this study has achieved all these aspects. It is in line with the current trend to improve quality within health services, and it is ultimately about improving the lives of Heads of Department in the academic sphere. The thesis also provides an extensive and comprehensive reference source for Heads of Department on leadership, management, needs, management models available; and factors that have an impact on the academic environment. As a management model, the PRIME model aims to create a win-win situation for the Heads of Department, their departments, and management and authorities. With this PRIME model, we can reach for the stars!

***

OPSOMMING

SLEUTELTERME

- Bestuur.
- Leierskap.
- Bestuursmodel.
- Departementshoofde.
- Skool vir Geneeskunde.
- Omgewingsfaktore.
- Motiveringsklimaat.
- Strategiese bestuur.
- Behoeftes van Departementshoofde.

Die navorsingstudie is onderneem om die bestuurbehoeftes van Departementshoofde in die Skool vir Geneeskunde, UV; bestuursmodelle wat beskikbaar is vir Departementshoofde; en die faktore wat ‘n impak het op die akademiese omgewing, te bepaal. Die rasionaal van die studie was om spesifiek die behoeftes wat deur Departementshoofde uitgespreek is, te bepaal en die behoeftes spesifiek te bepaal na aanleiding van bestuursbehoeftes, in die nuwe akademiese omgewing. Die doel is behaal deur ‘n bestuursmodel vir Departementshoofde in die Skool vir Geneeskunde te ontwikkel, gemeet teen die agtergrond van goeie bestuurspraktyke sowel as om ‘n bestuursmodel te vestig vir nuut aangestelde Departementshoofde. Dit is bereik deur die voltooiing van ‘n literatuurstudie na behoeftes van Departementshoofde; faktore wat ‘n invloed het op die akademiese omgewing; en ‘n samestelling van aspekte van bestuur en leierskap; asook bestuursmodelle wat beskikbaar is wat ‘n bydrae kon lewer en wat van toepassing was vir Departementshoofde in ‘n Skool vir Geneeskunde.

Departementshoofde word aangestel na aanleiding van hulle akademiese en onderwyskundige prestasies in die akademiese omgewing. Die verwagting

was dat hierdie proses nog steeds relevant is en dat dit nog steeds deel moet wees van die aanstellingsproses van Departementshoofde in die Skool vir Geneeskunde. Dit is aangedui gedurende hierdie studie dat daar verhoogde toename van verwagtings is van Departementshoofde om meer en meer bestuursverantwoordelikhede aan te neem vir die bestuur van hulle departemente. In die lig van hierdie verwikkelinge was dit belangrik om te kyk na oplossings vir die probleem van Departementshoofde en ook om ‘n model daar te stel vir Departementshoofde om hulle departemente in die toekoms te bestuur.

Die navorsing het die vorm aangeneem van ‘n beskrywende, verduidelikende opname wat bestaan het uit ‘n literatuurstudie, ‘n vraelys en ‘n Delphi-proses. Die literatuurstudie het aspekte ingesluit soos byvoorbeeld die bevestiging van die behoeftes van Departementshoofde; die naspoor van faktore wat ‘n impak het op die omgewing van Departementshoofde; en die ondersoek na die verskille tussen bestuur en leierskap. Bestuursmodelle wat ook ‘n impak kan hê in ‘n Skool vir Geneeskunde vir die bestuur in die akademiese omgewing is verder ook ondersoek.

Die tweede gedeelte van die navorsing het ‘n Delphi-proses behels, met die betrokkenheid van ses kundiges van areas van bestuur en gesondheidsbestuur wat ook onderwys ingesluit het. Die oorkoepelende doel en doelwit was om ‘n betekenisvolle bydrae te lewer tot die bestuursbehoeftes van Departementshoofde en ook om ‘n bestuursmodel te vestig vir Departementshoofde om hulle departemente in die toekoms te bestuur.

‘n Kwantitatiewe benadering is gebruik met bykomende oop vrae wat gestel is. Die Delphi-proses het gefokus op die spesifieke areas wat ook gebruik was in die vraelys aan Departementshoofde en dit is omskep in stellings om die menings van die kundiges in die spesifieke area te meet. As deel van die Delphi-proses, is kundiges versoek om deel te neem aan twee rondtes. Die

hoofbevindinge van die vraelys aan Departementshoofde sowel as die Delphi-proses en inligting wat verkry is uit die literatuurstudie, het dit moontlik gemaak vir die navorser om sekere aanbevelings te maak oor die bestuursmodel vir Departementshoofde, aan die UV.

Die bestuursmodel moes buigsaam, individualisties, toepaslik, en aanpasbaar wees. Dit moes areas insluit van strategiese bestuur, kantooradministrasie, nagraadse onderwys en opleiding, voorgraadse opleiding, navorsing, akademiese administrasie, en dienslewering.

Die aanbevelings vir ‘n kliniese bestuursmodel is breedvoerig en in besonderhede in die aanbevelings bespreek. Dit het ook as basis gedien vir die implementeringsplan om die bestuursmodel te implementeer in die Skool vir Geneeskunde, UV.

Opsommenderwys, is die navorser van mening dat die oorkoepelende doel en doelwitte soos gestel vir die studie, wel bereik is en gerealiseer het en dat daar betekenisvolle aanbevelings gemaak is. Die PRIME-model is aanbeveel as ‘n bestuursmodel vir Departementshoofde, Skool vir Geneeskunde, UV om ‘n optimale oplossing vir die bestuursproses van Departementshoofde daar te stel. Die bestuursmodel is in lyn met die behoeftes van Departementshoofde; wetgewing; en beleidsdokumente waarna verwys is in die hoofstukke. Bykomend is daar ook aanbevelings gemaak oor toekomstige navorsing en die moontlike implementering van die PRIME-model in ander mediese skole in Suid-Afrika.

Sekere tekortkominge is wel uitgewys deur die navorser, maar die meerderheid van hierdie tekortkominge wat gelys was, was tekortkominge van kleiner aard en het nie ‘n impak gehad op die uitkoms van die studie nie. Dit word aanbeveel dat die studie opgevolg word met ‘n navorsingsproses oor die

moontlikheid van die gebruik van die PRIME-model in die bestuur van ander Skole vir Geneeskunde in Suid-Afrika.

Die model is nie gestel om al die aspekte in besonderhede aan te spreek nie, maar om in die akademiese omgewing vir departemente ‘n basis daar te stel om behoeftes aan te spreek en ook om ‘n akademiese bestuursmodel beskikbaar te stel vir die bestuur van so ‘n departement. Dit is die navorser se opinie dat die PRIME-model as ‘n model vir die bestuur van akademiese departemente ‘n noemenswaardige bydrae kan lewer tot die bestuur van akademiese gesondheid.

Die voordeel van die model is dat dit bestuur oorkoepelend verbeter en ook verbetering teweeg bring in gesondheid met die optimale gebruik van hulpbronne en ook om gesondheidsdienslewering oor ‘n breë front te verbeter. Dit is die opinie van die navorser dat al bogenoemde aspekte met die studie bereik is. Dit is dan ook in lyn met die huidige tendens om gesondheidsorg te verbeter en kwaliteitsgesondheidsorg te lewer. Alles gaan om die verbetering van die akademiese lewens van Departementshoofde. Die tesis verskaf ook ‘n ekstensiewe en omvattende verwysingsbron vir Departementshoofde oor leierskap, bestuur, bestuursbehoeftes, bestuursmodelle wat beskikbaar is,en faktore wat ‘n impak het op die akademiese omgewing. Die PRIME-model as ‘n bestuursmodel het dit ten doel om ‘n wen-wen situasie vir Departementshoofde te skep, asook vir hulle departemente en bestuur en owerhede. Met die PRIME-model kan ons reik na die sterre.

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APPENDIX A

Management Models

APPENDIX A

MANAGEMENT MODELS

1. POLARITY MANAGEMENT

Each pole has an individual or a team pole, as well as an upside or a positive pole and a negative or downside pole. Johnson (1996:7) indicates that there may be a push for a shift from one pole of a polarity to another and this pushing can be caused by the following:

- Experience or anticipating the downsize of the present pole, which they identify as a “problem”.
- They are attracted to the upsides of the other pole, which they identify as a “solution”.

The normal movement through the four quadrants can be pictured as an infinity loop. Johnson (1996) calls this the polarity two-step.
Polarity perspective and skills can make you more effective by increasing your ability to:

- identify and anticipate and work with resistance; and
- focus your team on the best outcome, which is the best of both worlds.

It is important that people strive to gain the benefits of other quadrants and this means that they need to strive to move towards specific poles to gain these benefits. Flexibility is indicated not to be a solution to a problem. Clarity is more important than flexibility. It is important to have clarity in discussing instructions, visions and the way forward. It is therefore important to differentiate between a problem to solve and a polarity to manage.

Distinguishing between a polarity and a problem, one needs to ask the following questions (Johnson, 1996:81):

- Is the difficulty ongoing?
- Are there two interdependent poles?

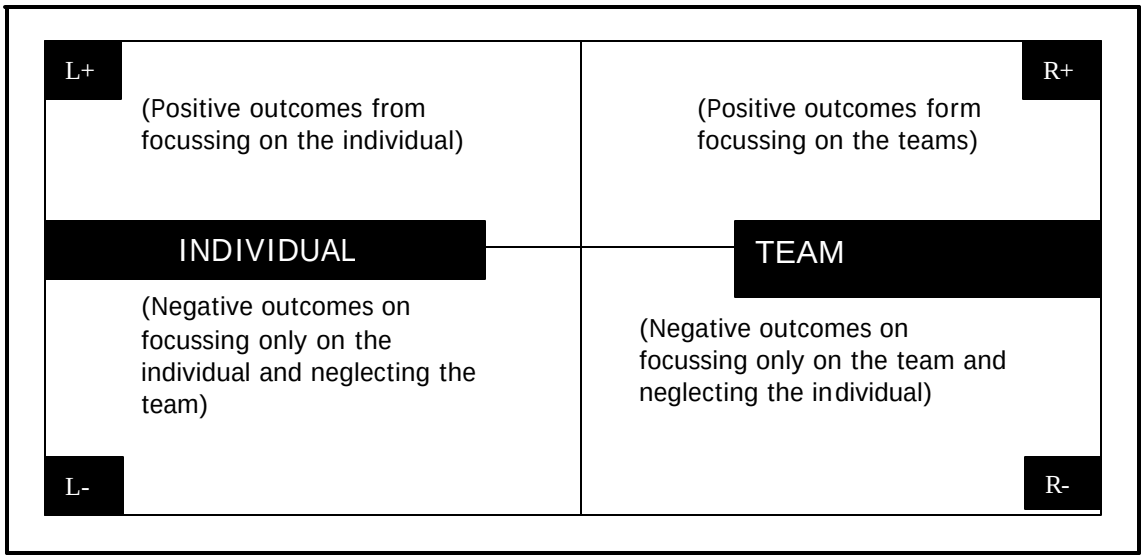
Problems have a solution, which can be considered and an end-point in a process. Polarities, on the other hand, are not solved; they need to be managed. The solution to a problem can stand alone, whereas polarity management on the other hand requires a shift in emphasis between opposites so that neither can stand alone. Both present with their own difficulties. The two sides are interdependent.

As there are poles in polarity management, there are also organisational responsibility poles.

There is an upside of organisational responsibilities which includes:

- Organisations receive valuable feedback.
- Organisations can respond and improve.
- More individual support.

Figure A1: Building the individual/team polarity map.



SOURCE: JOHNSON (1996:4).

The action steps for polarity management are the following:

- Identify the polarity.
- Describe the whole polarity.
- Diagnose the critical elements.
- Predict the problem anticipation.
- Prescribe guidelines for action.
    - Actions for those crusading.
    - Actions for those tradition-bearing.
    - System policies and practices.

The downside of organisational responsibility is:

- Waiting for the organisation to improve.
- Do not tap own initiatives and creativity.
- More organisational resistance (Johnson, 1996:104).

Many of the current trends in business and industry are polarities to manage, not problems to solve. These trends are often described as movement from one way of thinking or acting to another.

This also applies to this process of change; many of the current and future problems of the new company are inherently unsolvable and should be viewed as problems to manage.

By using polarity management as a basis, the company can manage current dilemmas. The polarity map provides a structure for addressing the whole picture.

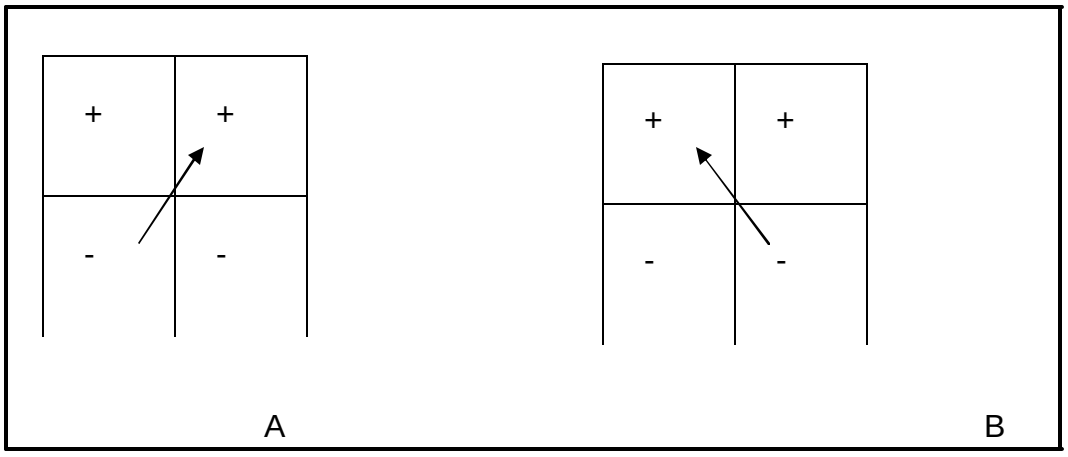
- The structure is a square divided into four parts. The right and left halves are called poles. The upper part of the pole contains the positive or its upside(s). The lower part of each pole contains the negative aspects or its downside(s). Creating and discovering the content of all four quadrants are essential for maximum effectiveness in managing a dilemma.

- Once you have a working picture map, you can begin to anticipate outcomes because there is a predictable, normal movement through the map. This “normal movement” is part of the DYNAMICS of polarity management. The push for movement in a polarity is for a shift to the other pole. This push comes from those who are: A) anticipating or experiencing the downsides of a pole from which they want to move away; and B) attracted to the upsides of the opposite pole which they want to move toward. The downside pole they want to leave often becomes identified

as the “problem”. The upside of the opposite pole becomes identified as the “solution” (Johnson, 1996:14).

- This push creates the movement from the downside of one pole to the upside of the other pole, either “A” or “B” below, which is Step 1 in the polarity two-step, ACROSS AND UP:

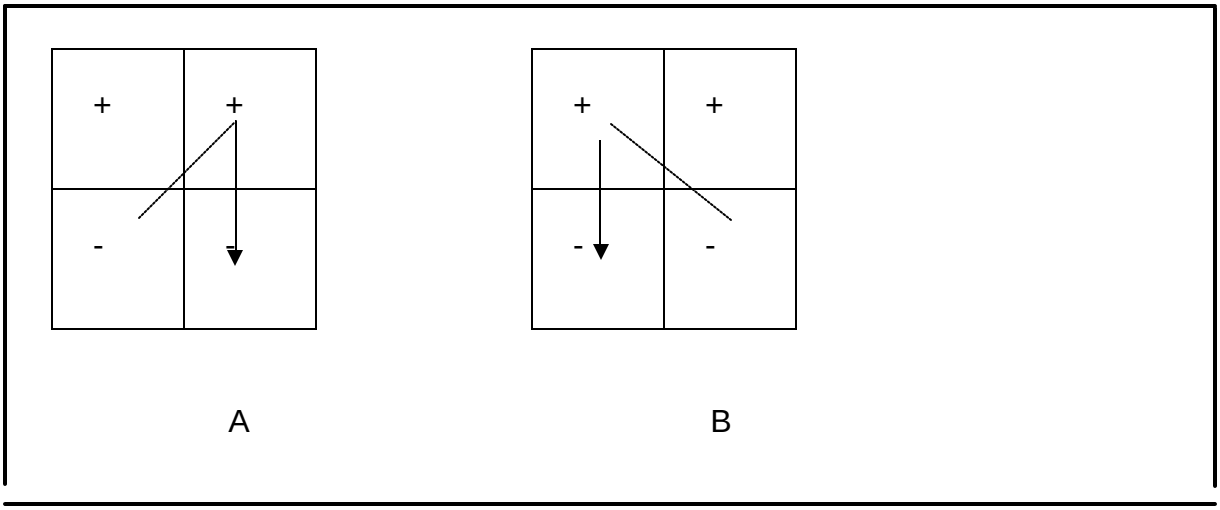
Figure A2: Building the individual/team polarity map: Movement.



Source: Johnson (1996:12).

- With time, one focus on the upper quadrant as a “solution,” and the relative lack of attention to the original pole, the movement continues to the downside of that pole, either “A” or “B” below, which is Step 2, DOWN:

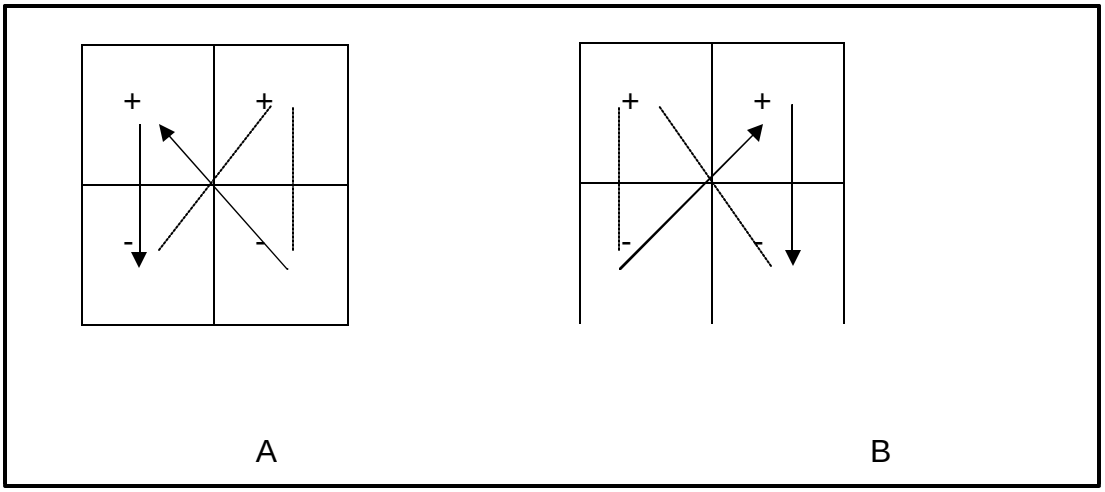
Figure A3: Building the individual/team polarity map.



Source: Johnson (1996:12).

THEN REPEAT = Step 1 and 2 are repeated as the system moves through all four quadrants, making the pattern of an infinity loop:

Figure A4: Building the individual/team polarity map.



Source: Johnson (1996:12).

2. BALANCED SCORECARD

Human (2001:14) continues to say that there is support and consensus among senior management that the balanced scorecard can be used for future management. It is indicated that one needs to communicate it vigorously and there are four reasons to use a balanced scorecard, namely:

- To obtain clarity and consensus on strategy.
- To achieve focus.
- Decentralisation and leadership development.
- Strategic interventions.

The process of implementation of the balanced scorecard is identified by Human (2001:15) in four steps:

- Define the measurement architecture, which includes:
  - Task One – Select the appropriate organisational unit.
  - Task Two – Identify the service business unit/corporate linkage.

- Build consensus around strategic objectives, which include tasks three to five:
  - Task Three – Conduct first-round interviews.
  - Task Four – Synthesis session.
  - Task Five – Executive workshop.

- Select design measures:
  - Task Six – Subgroup meetings.
  - Task Seven – Executive workshop.

- Bold implementation plan:
  - Task Eight – Develop the implementation plan.
  - Task Nine – Executive workshop.
  - Task Ten – Finalise implementation plan.

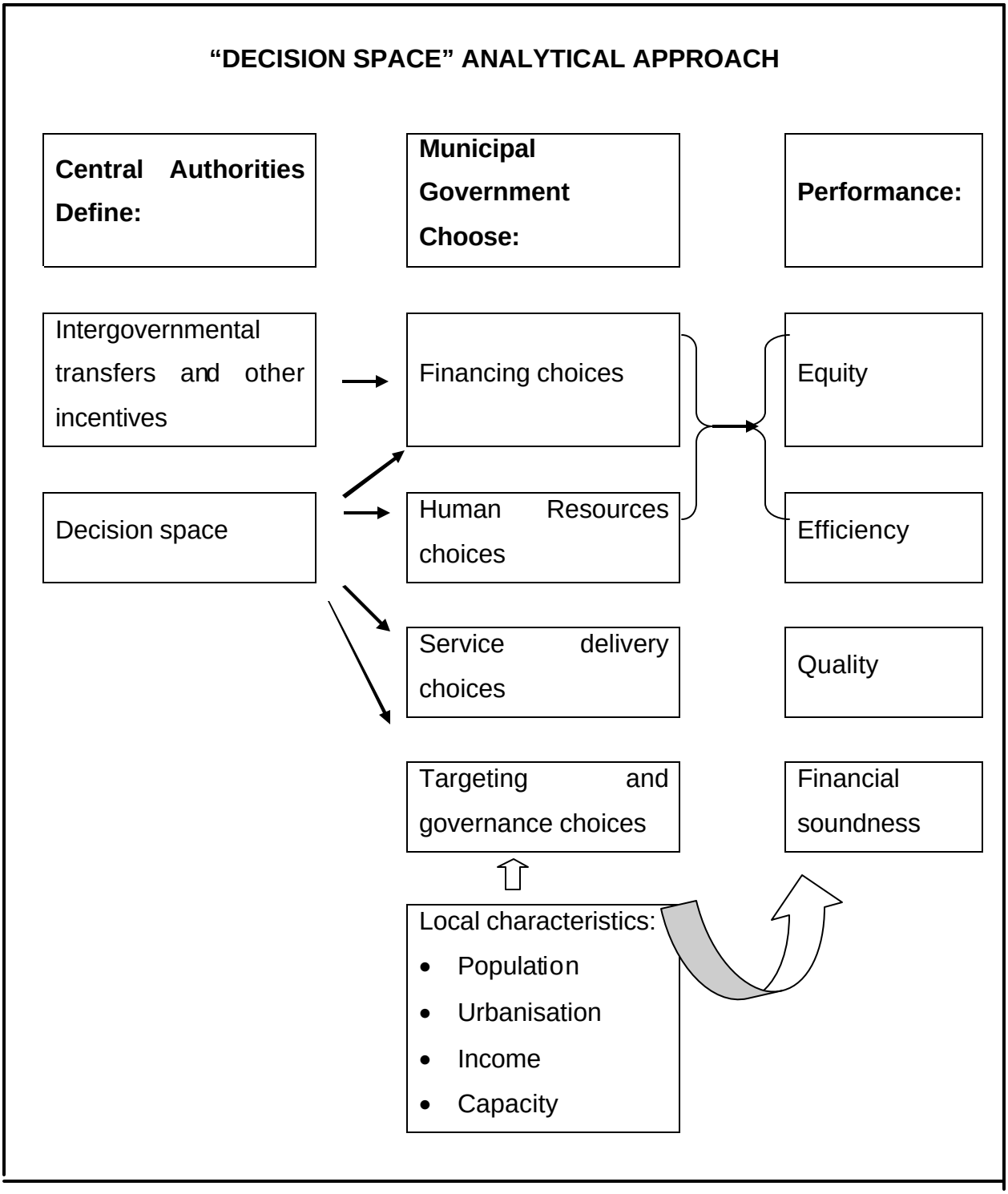
The balanced scorecard is rarely introduced as such a management tool from the beginning. It will become a kingpin for strategic and performance management systems, but it will run parallel with some present systems in an organisation if implemented.

It is important to identify and communicate the advantages of the balanced scorecard and to ensure that these advantages are achieved. Mooraj *et al.* (1999) continue to identify six dimensions of analysis of means of organisational control (1999:495).

DECISION SPACE MAP MODEL

It is also said that the Decision Space Map model is a model that can be used to increase decentralised processes within the governance structures of an institution. The governance structures can use the Decision Space Map on different levels and for each and every level, a Decision Space Map needs to be completed. As an example Bossert (2000) indicates that for local authority and central authority governance, a Decision Space Map is indicated.

Figure A5: Decision Space Map Approach.



Source: Bossert (2000:16).

It is said that the performance with the decentralised model will result in equity, efficiency, quality and financial soundness. With this model one addresses the decentralisation of an institution and addresses one of major macro-organisational changes that health reform management can make. There are advantages and disadvantages to decentralisation as one of the aspects of health reform.

It is important with decentralisation to draw fom the lessons experienced by other countries. The main objectives of the decentralisation of the Decision Space Map is to address the objectives of:

- Efficacy.
- Equity.
- Efficiency.
- Quality.
- Financial soundness.
- Local choice.
- Priorities.

There are numerous pros and cons to the objectives of decentralisation. It is important to see the Decision Space Map as a model to address decentralisation. Bossert (2000:10) indicates that public administration approaches were previously introduced for evaluating a broad process of decentralisation in developing countries. He indicates that the approach has developed a well-known four-fold typology of different forms of decentralisation, namely:

- Deconcentration.
- Delegation.
- Devolution.
- Privatisation.

The approach of the map of Decision Space leaves the choice at the lowest level possible with decentralisation and this is why it is important to look at the usage of such a model in implementing the management model within the School of Medicine. This process or model can be seen as a more democratic and participatory process, but the participation might allow parties to the model to oppose or block or strongly weaken effective measures of decentralisation. Alternative strategies for both adoption and implementation might be sought as the process to the model.

The model was already successfully implemented at a financial level, but can be expanded to other levels. It is important before the model is used, to identify the areas of choice and functionality that will be included in the map. This also needs service organisation choices within required programmes and norms and standards.

Bossert (2000:54) indicates that there are new approaches to institutional design and management that mainly focusses on five elements of institutional analysis, which includes the following:

- Public Management.
- Public value.
- Leadership.
- Organisational culture.
- Organisational capacity.

Bossert (2000:54) concludes by saying that decentralisation is an issue that is with us. The main forces that have an influence are national political systems that are forcing health sectors to decentralise with specific objectives to improve the health services at large. By adjusting the formal rules of choice

allowed at the lowest level, which can be called Decision Space combined with incentives from central level can improve the process of decentralisation.

It is indicated that the most important lesson is that decentralised systems require good information systems for monitoring evaluation. The problem is to identify problems and to make adjustments in the rules of the Decision Space Map and incentives at the central level to attempt to solve the problems. This will increase the efficiency of decentralisation.

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APPENDIX B

Evaluation questionnaire to Heads of Department: English

APPENDIX B

EVALUATION QUESTIONNAIRE TO HEADS OF DEPARTMENT: ENGLISH

HEAD: SCHOOL OF MEDICINE
FACULTY OF HEALTH SCIENCES

24 NOVEMBER 2003

Dear Colleagues

As part of my Ph.D. studies I set myself a goal to measure management, the change process since the creation of the new Faculty, management needs and motivational climate of Heads of Department in the School of Medicine, University of the Free State. The main goal of the study is to establish a management model for Heads of Department in the School of Medicine; to use the model for a framework for management; and to set a vision to use this framework for future induction programmes for new Heads of Department. As all heads of Department will be involved in this first stage of my study, I humbly request that you help me to complete the questionnaire.

The questionnaire will be anonymous and I will not be able to identify any respondent. I also undertake not to try and identify an individual or make an effort to identify an individual comment to use outside the scope of my study. I will collect the questionnaire from you in two weeks' time or any time within the two weeks if you phone my office to collect the questionnaire. You will be required to place your questionnaire in a sealed container to protect your identity in the questionnaire.

By completing this questionnaire, you are giving informed consent that the information may be used for my research. Please remove this page with you name from the questionnaire, if you hand in the questionnaire. It will take you a maximum of 45 minutes to complete the questionnaire.

Thank you in advance for your assistance.
Yours sincerely

Gert van Zyl
8059985

DEFINITIONS

Academic development:	It is development in an academic environment. It is all about improving the performance of the individual on academic level (Smit and De J Cronje, 2002:476).
Leadership:	It is the process of directing the behaviour of others towards the accomplishment of the organisation's goals. It is a complex management function (Smit and De J Cronje, 2002:279).
Management:	The process of planning, organising, leading and controlling the resources of the organisation to achieve stated organisational goals as productively as possible (Smit and De J Cronje, 2002:9).
Merger:	The combining of two or more independent functional organisations or commercial companies into one organisation or company. (Sykes, 1982:634).
Motivational climate:	It is a climate in which a manager creates a work climate or environment in which he or she can incorporate elements which encourage people to be more efficient and more effective (Coetsee, 1996:23).
Personnel development:	Staff development involves all the activities, actions, processes, policies, programmes and procedures employed to facilitate and support staff so that their performance and potential may be enhanced and that they may serve their own and their institution's needs (Webb, 1996).

FACULTY OF HEALTH SCIENCES

EVALUATION FOR PH.D. ON: A MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

1 1

The questionnaire will be anonymous.
There will be 5 sections to be completed. Instructions will be supplied with each group of questions. 2-3

Section A:
Demographics:

Encircle the appropriate box please – example:

1. Gender

a. Male
b. Female

2

1. Gender

a. Male		**1**
b. Female		**2**

4

2. Your age group?	21 – 30 years	**1**
	31 – 40 years	**2**
	41 – 50 years	**3**
	51 – 60 years	**4**
	61 – 70 years	**5**

5

3. How long have you been Head of Department in the Faculty of Health Sciences, University of the Free State?

0-2 years	**1**
3-5 years	**2**
6-10 years	**3**
11-15 years	**4**
16-20 years	**5**
More than 20 years	**6**

6

4. Qualifications? (Mark all appropriate options)

MB.Ch.B.	**1**	7
M. Fam.Med.	**2**	8
M.Med.	**3**	9
Other M.-degree	**4**	10
Ph.D. or MD.	**5**	11

5. How long have you been in this Faculty?

(It can include non-concurrent periods)		
0-2 years	**1**	
3-5 years	**2**	
6-10 years	**3**	**12**
11-15 years	**4**	
16-20 years	**5**	
More than 20 years	**6**	

6. Home language?

Afrikaans	**1**	
English	**2**	
Sotho	**3**	**13**
Other	**4**	

7. Have you worked previously in another Faculty of Health Sciences?

Yes	**1**	
No	**2**	**14**

If "Yes" : Continue with Questions 8 & 9
If "No": Continue with Question 10.

8. Were you a Head of Department in that Faculty?

Yes	**1**	
No	**2**	**15**

9. How long were you in that Faculty?

0-2 years	**1**	
3-5 years	**2**	
6-10 years	**3**	
11-15 years	**4**	**16**
16-20 years	**5**	
More than 20 years	**6**	

10. What is the average percentage of time (out of a total of 100%) out of the total working hours per week that you spend on :

Service Delivery		**%**		**17-18**
Student Training		**%**		**19-20**
Research		**%**		**21-22**
Management (Including Administration and Planning)		**%**		**23-24**
Community Service		**%**		**25-26**

Section B:
Strategic Management and Planning in your department
This section deals with important issues related to strategic management and planning of a department

A. LEADERSHIP PRACTICES

Please indicate how important each of the following leadership aspects is to you as Head of Department according to the following scale:

1= Not at all important 2= Rather unimportant
3=Neutral on importance 4= Important 5= Extremely important

1. Inclusive planning procedures.	1	2	3	4	5		27
2. Celebrate accomplishments when specific achievements are reached.	1	2	3	4	5		28
3. Clarity about philosophy of leadership.	1	2	3	4	5		29
4. Motivating people to share dreams of the future.	1	2	3	4	5		30
5. Respectful treatment of people.	1	2	3	4	5		31
6. Communicate a positive and hopeful outlook.	1	2	3	4	5		32
7. Ensuring that people adhere to agreed values of the department.	1	2	3	4	5		33
8. Ensuring that people in your department break down a specific task in manageable portions.	1	2	3	4	5		34
9. The development of co-operative relationships with people.	1	2	3	4	5		35
10. The consistency in practice of the values of the department.	1	2	3	4	5		36
11. The encouragement of ownership.	1	2	3	4	5		37
12. The setting of clear goals.	1	2	3	4	5		38
13. The construction of plans.	1	2	3	4	5		39
14. The establishment of certain indicators for work.	1	2	3	4	5		40

B. TRANSFORMATION

Encircle the appropriate box according to the following scale please:
1= YES 2= NO 3= UNCERTAIN

20.	Do staff in your department have clear and specific expectation of receiving a specific number of hours of training and education annually?	1	2	3		41
21.	Do staff regard mistakes as learning opportunities?	1	2	3		42
22.	Do staff accept responsibility for their actions?	1	2	3		43
23.	Staff are not afraid of being blamed or punished.	1	2	3		44
24.	Which of the following transformation objectives do staff accept?					
	5.1. Addressing representation in the work force.	1	2	3		45
	5.2. Fast track mechanisms to promote previous disadvantaged staff.	1	2	3		46
	5.3. Workforce targets that are set for demographic corrections of the workforce.	1	2	3		47
	5.4. Mentoring.	1	2	3		48
	5.5. Training support for previous disadvantaged staff.	1	2	3		49
6.	Should performance targets be set for each transformation objective?	1	2	3		50
7.	Any further comments on transformation?					
						51-52
						53-54
						55-56
						57-58

c. Questions related to change

Complete this part of the questionnaire by indicating to what extent each of the following statements are in line with your own view about the *School of Medicine*. All these questions are relevant after the merger of the three schools in one Faculty in 1998.

Establishing and communicating direction and purpose through a realistic new vision and strategy

Please indicate according to the following scale to what extent the following aspects regarding change existed in your department in the time of the merger:
1 = Not at all 2 = To lesser extent 3 = Neutral
4 = To some extent 5 = To great extent

1.	Level of communication in the School on the merger?	**1**	**2**	**3**	**4**	**5**		**59**
2.	Freedom and empowerment to make decisions on your own without fear of failure?	**1**	**2**	**3**	**4**	**5**		**60**
3.	Level of support experienced?	**1**	**2**	**3**	**4**	**5**		**61**
4.	Were you allowed to be creative?	**1**	**2**	**3**	**4**	**5**		**62**
5.	Were you allowed to show initiative?	**1**	**2**	**3**	**4**	**5**		**63**
6.	In your view were the merger and/or the change process successful?	**1**	**2**	**3**	**4**	**5**		**64**
7.	Was the strategy on the merger communicated to you?	**1**	**2**	**3**	**4**	**5**		**65**
8.	Were measurable goals set for the new Faculty?	**1**	**2**	**3**	**4**	**5**		**66**
9.	Were all levels of the merger process communicated?	**1**	**2**	**3**	**4**	**5**		**67**
10.	Was the vision on the merger communicated to you?	**1**	**2**	**3**	**4**	**5**		**68**

d. Creating aligned commitment among organisational members, to the organisation, vision , goals and value system
(Coetsee, 1996: 45)

Please indicate according to the following scale to what extent do the following aspects regarding change exist in your department :

1 = Not at all 2 = To lesser extent 3 =Neutral
4 = To some extent 5 = To great extent

1. I received appropriate information to visualise the new direction in the School after 1998.	**1**	**2**	**3**	**4**	**5**		**69**
2.The value system (behavioural guidelines such as honesty, quality, profit, etc.) of the new Faculty after 1998 was present.	**1**	**2**	**3**	**4**	**5**		**70**
3. The emphasis on the importance of values in the new Faculty by senior staff (such as mentioned above).	**1**	**2**	**3**	**4**	**5**		**71**
4. Recognition and or rewards (praise, increased pay, etc.) after 1998.	**1**	**2**	**3**	**4**	**5**		**72**
5. The possession of knowledge and experience in work performance management.	**1**	**2**	**3**	**4**	**5**		**73**
6. Sufficient training.	**1**	**2**	**3**	**4**	**5**		**74**
7. Clearly defined work objectives.	**1**	**2**	**3**	**4**	**5**		**75**
8. Clear tasks are set by supervisor/manager.	**1**	**2**	**3**	**4**	**5**		**76**
9. My salary is fair considering what other staff in the Faculty are receiving.	**1**	**2**	**3**	**4**	**5**		**77**
10. This Faculty's reward system (salaries, promotion and benefits) is based on the value, ability and performance of employees rather than on luck, which you know can be manipulated.	**1**	**2**	**3**	**4**	**5**		**78**
11. Resistance to change during the merger was experienced.	**1**	**2**	**3**	**4**	**5**		**79**
12. Adequate management of resistance to change.	**1**	**2**	**3**	**4**	**5**		**80**
13. Commitment of management to the change process (merger).	**1**	**2**	**3**	**4**	**5**		**81**

e. Creating a motivating and inspirational climate or environment conducive to change (Coetsee, 1996: 28)

Please indicate according to the following scale to what extent do the following aspects regarding change create a motivating and inspirational climate in your department :

1 = Not at all 2 = To lesser extent 3 =Neutral
4 = To some extent 5 = To great extent

1. I was empowered for the merger.	**1**	**2**	**3**	**4**	**5**		**82**
2. I was prepared for the merger.	**1**	**2**	**3**	**4**	**5**		**83**
3. Management support through the change process.	**1**	**2**	**3**	**4**	**5**		**84**
4. The involvement of staff in formulating the goals of the department.	**1**	**2**	**3**	**4**	**5**		**85**
5. Ownership for achieving the set goals.	**1**	**2**	**3**	**4**	**5**		**86**
6. Emphasis of group team goals.	**1**	**2**	**3**	**4**	**5**		**87**
7. Clarity regarding the Faculty's vision and goals.	**1**	**2**	**3**	**4**	**5**		**88**
8. Maintain high performance standards.	**1**	**2**	**3**	**4**	**5**		**89**
9. Work regarded as a method of contribution.	**1**	**2**	**3**	**4**	**5**		**90**
10. Emphasis on productivity.	**1**	**2**	**3**	**4**	**5**		**91**
11.Work pride.	**1**	**2**	**3**	**4**	**5**		**92**
12. Emphasis on good clinical practice.	**1**	**2**	**3**	**4**	**5**		**93**

Section C:
Staff Appraisal and Development

This section deals with issues that are of importance for staff appraisals, development, appointment procedures and levels of management.

Encircle the appropriate box according to the following scale please:
1= YES 2= NO 3= UNCERTAIN

a. Issues of importance

1. I regard staff development as one of the major objectives of the department.	1	2	3		94
2. I am committed to staff development.	1	2	3		95
3. I am trained in staff development.	1	2	3		96
4. I ensure the training of staff in my department:					
Once a year	1	2	3		97
Once a semester	1	2	3		98
Once a month	1	2	3		99
Once a week	1	2	3		100
Daily	1	2	3		101
Other timeframe.					102
5. I assess staff development in my department.	1	2	3		103
6. Career plans exist for the staff in my department.	1	2	3		104
7. Staff are developed to take over in higher positions.	1	2	3		105
8. I communicate the vision of the department to all staff.	1	2	3		106
9. The Department knows the kind of personnel it will require in the future.	1	2	3		107
10. I reward staff for good performance.	1	2	3		108

B. STAFFING – HOW DO YOU APPROACH THE FILLING OF VACANT POSTS IN YOUR DEPARTMENT?

Encircle the appropriate box according to the following scale please:
1= YES 2= NO 3= UNCERTAIN

11. Internal recruitment is used more than external recruitment.	1	2	3		109

12. Additional qualifications are considered in the evaluation of staff during the appointment process.	1	2	3		110
13. Selection panels that are credible, are used.	1	2	3		111
14. Affirmative action and employment equity are implemented.	1	2	3		112
15. Promotions take into account the skills and ability to perform a job.	1	2	3		113
c. Staff development					
Encircle the appropriate box according to the following scale please: **1= YES 2= NO 3= UNCERTAIN**					
16. Development of staff as part of the organisational culture takes place.	1	2	3		114
17. This department develops people.	1	2	3		115
18. You know what is required of you in your job.	1	2	3		116
19. You know the standards according to which you have to perform.	1	2	3		117
20. When your work is not up to standard, you are helped to put things right and to do things better.	1	2	3		118
21. You are given constructive feedback about your work from your supervisors.	1	2	3		119
22. You are sent on training programmes that are relevant to your department.	1	2	3		120
23. You are stretched in your job.	1	2	3		121
24. Your abilities and skills are underutilised.	1	2	3		122
25. You can communicate openly and honestly with those in more senior positions.	1	2	3		123
26. Enough pressure is put on people in senior positions to develop new, inexperienced or lower levels of staff.	1	2	3		124

d. Other areas impacting on the process of staff development and appraisal					
Encircle the appropriate box according to the following scale please: **1= YES 2= NO 3= UNCERTAIN**					
27. I am satisfied with the general working atmosphere.	**1**	**2**	**3**		**125**
28. I am well informed with regard to disciplinary grievance procedures.	**1**	**2**	**3**		**126**
29. Gender issues are resolved in the department.	**1**	**2**	**3**		**127**
30. Cultural issues are not a problem in my department.	**1**	**2**	**3**		**128**
31. List two internal issues that have an impact on staff development					
					129-130
					131-132
32. List two external issues that have an impact on staff development					
					133-134
					135-136

For office use only

2

1

Section D:
Managerial Skills and Needs
This section deals with skills that are of importance for Heads of Department to manage.

Encircle the appropriate box according to the following Likert scale please:										
	1=To no extent at all 2=To a lesser extent 3=To an extent 4=To a large extent					**1=Not at all important 2=Rather unimportant 3= Important 4=Very Important**				
	Please indicate the extent to which you have experienced the need of the following skills:					**Indicate also how important you regard the following skills:**				
	Extent					**Importance**				
1. Management abilities and skills, including planning, organisation, control and decision-making.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**2-3**
2. Financial planning and resource utilisation.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**4-5**
3. Personnel development and motivation.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**6-7**
4. Interpersonal skills, including adaptability, consistency and self assertion.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**8-9**
5. Skills of insight, including expertise, dealing with problems and improvisation.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**10-11**
6. Work performance skills, including production, usefulness and drive.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**12-13**

Encircle the appropriate box according to the following Likert scale please:										
	1=To no extent at all 2=To a lesser extent 3=To an extent 4=To a large extent					**1=Not at all important 2=Rather unimportant 3= Important 4=Very Important**				
7. Foundation skills including reading, writing, arithmetic and listening skills.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**14-15**
8. Creative thinking – generates new ideas.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**16-17**
9. Decision-making - specific goals and constraints, generates alternatives, considers risks and evaluates and chooses best alternatives.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**18-19**
10. Problem-solving - Recognises problems and devises and implements plan of action.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**20-21**
11. Knowing how to learn – uses efficient learning techniques to acquire and apply new knowledge and skills.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**22-23**
12. Reasoning.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**24-25**
13. Responsibility – exerts a high level of effort and perseveres toward goal attainment.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**26-27**
14. Self-esteem – believes in own self-worth and maintains a positive view of staff.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**28-29**
15. Self-management - assess self accurately, set personal goals, monitors progress and exhibits self-control.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**30-31**
16. Integrity - the practice thereof.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**32-33**
17. Interpreting and Communicating information.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**34-35**

Encircle the appropriate box according to the following Likert scale please:										
	1=To no extent at all 2=To a lesser extent 3=To an extent 4=To a large extent					**1=Not at all important 2=Rather unimportant 3= Important 4=Very Important**				
18. Using computers to process information.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**36-37**
19. Understanding of IT systems.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**38-39**
20. Monitoring and correcting performance.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**40-41**
21. Improving and designing technology systems.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**42-43**
22. Selects technology – judges which set of procedures, tools, instruments or machines, including computers and their programmes, will produce the desired results.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**44-45**
23. Applying technology to task.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**46-47**
24. Maintaining and troubleshooting technology.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**48-49**
25. Competencies of time allocation.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**50-51**
26. Competencies of allocating money.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**52-53**
27. Allocating of resources, including physical and human resources.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**54-55**
28. Participating as a member of a team.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**56-57**

Encircle the appropriate box according to the following Likert scale please:										
	1=To no extent at all 2=To a lesser extent 3=To an extent 4=To a large extent					1=Not at all important 2=Rather unimportant 3= Important 4=Very Important				
29. Teaching others.	1	2	3	4		1	2	3	4	58-59
30. Serving patients, clients/customers.	1	2	3	4		1	2	3	4	60-61
31. Exercising leadership.	1	2	3	4		1	2	3	4	62-63
32. Practising of negotiating skills.	1	2	3	4		1	2	3	4	64-65
33. Working with cultural diversity.	1	2	3	4		1	2	3	4	66-67
34. Acquire, organise and maintain information.	1	2	3	4		1	2	3	4	68-69

35. Any other skills needed you want to list?	
	70-71
	72-73
	74-75

Management needs:				
Please indicate according to the following scale: 1= YES 2= NO 3= UNCERTAIN				
1. Is there a management model implemented in the department?	1	2	3	76
2. Do you think a management model is needed in your department?	1	2	3	77
3. Do you think a management model will help to improve the management of your department?	1	2	3	78

4.	Should the management model be in a uniform format?	1	2	3		79
5.	Should the model allow flexibility?	1	2	3		80
6.	Will a model contribute to the quality service delivery of heads of department?	1	2	3		81
7.	Can a new management model complicate the tasks of heads of department?	1	2	3		82
8.	Will you accept a framework for a model to be implemented?	1	2	3		83
9.	Will you accept an individualised model for your department worked out with the help of management?	1	2	3		84
10.	Any comments regarding aspects of a management model?					
						85-86
						87-88
						89-90
						91-92

Encircle the numbers of those areas you think a management framework(model) must address				
♦ Academic Management	1			93
♦ Clinical Service Delivery	2			94
♦ Information Management	3			95
♦ Leadership	4			96
♦ Personal Management	5			97
♦ Personnel management	6			98
♦ Post-graduate Training	7			99
♦ Research	8			100
♦ Strategic Management	9			101
♦ Undergraduate Training	10			102
♦ Other (specify)				
				103-104
				105-106
				107-108

Section E:
Motivational Climate

This section determines the level of the motivational climate in the School of Medicine.

Adapted from Coetsee (1996:28)
Complete this part of the questionnaire by indicating to what extent each of the following statements is true in your opinion as Head of department regarding your own view about the *School of Medicine, Faculty of Health Sciences, University of the Free State*.

Please encircle the appropriate number according to the following scale:
1 = Not at all 2 = To lesser extent 3 = Neutral
4 = To some extent 5 = To great extent

1. People are involved in formulating the goals they have to achieve.	1	2	3	4	5		109
2. I accept responsibility for achieving the set goals.	1	2	3	4	5		110
3. The day management encourages heads of department to achieve the goals set.	1	2	3	4	5		111
4. The day management emphasises team goals.	1	2	3	4	5		112
5. Staff understand the Faculty's vision and goals.	1	2	3	4	5		113
6. I am involved in setting specific goals.	1	2	3	4	5		114
7. My department has a specific value system (behavioural guidelines such as quality, honesty, profit, and respect for one another) which we all know and live up to.	1	2	3	4	5		115
8. The members of the day management maintain high performance standards.	1	2	3	4	5		116
9. My colleagues assist me to improve.	1	2	3	4	5		117
10. My immediate superior insists that set work goals be achieved.	1	2	3	4	5		118
11. Staff here are satisfied with their jobs.	1	2	3	4	5		119
12. Staff members in my department are seeking other jobs.	1	2	3	4	5		120
13. Salaries are reasonable.	1	2	3	4	5		121
14. In the management group of the School (heads of department) people regard their work as a method to make a contribution.	1	2	3	4	5		122
15. The management group of the School (heads of department) is proud of the quality of work produced.	1	2	3	4	5		123

16. In the School of Medicine productivity is emphasised.	1	2	3	4	5		124
17. In the School of Medicine good clinical practice is emphasised.	1	2	3	4	5		125

PLEASE ENCIRCLE THE APPROPRIATE BOX.

18. Did you experience job satisfaction in the previous year?	YES	NO		126
19. Are you experiencing job satisfaction at this present moment?	YES	NO		127
20. Do you think the management of the School (heads of department) functions as a team?	YES	NO		128
21. The following aspects create dissatisfaction:				
Administrative work	YES	NO		129
Bureaucracy	YES	NO		130
Clinical Training load	YES	NO		131
Management issues	YES	NO		132
Not enough time for research	YES	NO		133
Not enough time for training	YES	NO		134
Remuneration	YES	NO		135
Teaching load	YES	NO		136
Workload	YES	NO		137

22. List two other issues of importance to (if any) you that create dissatisfaction in your work.

		138-139
		140-141

This section deals with the level of satisfaction of members of the School.						
Please indicate according to the following scale: 1 = Not satisfied at all 2 = Dissatisfied 3 = Neutral 4 = Satisfied 5 = Very satisfied						
23. The level of satisfaction of members of the School of Medicine as identified by their discussions with persons outside the School.	**1**	**2**	**3**	**4**	**5**	**142**
24. Level of satisfaction as measured by the ownership of colleagues for the problems of the School.	**1**	**2**	**3**	**4**	**5**	**143**
PLEASE ENCIRCLE THE APPROPRIATE BOX.						
25. One of the main reasons for staying on in the School of Medicine is loyalty.	**Yes**		**NO**			**144**
26. It is my wish to stay on at the Faculty.	**Yes**		**NO**			**145**
27. Previously it was better for people to stay on in one company.	**Yes**		**NO**			**146**
QUESTIONS RELATED TO JOB SATISFACTION						
Please indicate according to the following scale: 1 = Not satisfied at all 2 = Dissatisfied 3 = Neutral 4 = Satisfied 5= Very satisfied						
To what extent are you satisfied with the following aspects of your job according to the given scale?						
1. The number of work hours per week worked?	**1**	**2**	**3**	**4**	**5**	**147**
2. The time spent on service delivery (patient care)?	**1**	**2**	**3**	**4**	**5**	**148**
3. The time spent on student training and education responsibilities?	**1**	**2**	**3**	**4**	**5**	**149**
4. Time spent on research?	**1**	**2**	**3**	**4**	**5**	**150**
5. The relationship with your immediate supervisor?	**1**	**2**	**3**	**4**	**5**	**151**
6. The freedom/opportunities you have to take initiative in your work environment?	**1**	**2**	**3**	**4**	**5**	**152**

7. The opportunities available for training in your specialist discipline area - attendance of conferences, congresses, etc.?	1	2	3	4	5	153
8. The opportunities available for training and development of general lecturing skills?	1	2	3	4	5	154
9. The opportunities available for training and development for management?	1	2	3	4	5	155
10. The opportunities available for research?	1	2	3	4	5	156
11. The opportunities available for participating in decisions in the Faculty that involve you for example leave policy?	1	2	3	4	5	157
12. The opportunities available for your department participating in decisions in the Faculty that involve the department?	1	2	3	4	5	158
13. The physical circumstances where you work in the Faculty - offices, noise level, etc.?	1	2	3	4	5	159
14. Your satisfaction with your life in general?	1	2	3	4	5	160
15. Your satisfaction with your family?	1	2	3	4	5	161
16. Your satisfaction with your participation in the community?	1	2	3	4	5	162
17. Your satisfaction with your relaxation?	1	2	3	4	5	163
18. Your satisfaction with your work?	1	2	3	4	5	164
19. Your satisfaction with your training in your present position?	1	2	3	4	5	165
20. Your satisfaction with your job benefits?	1	2	3	4	5	166
21. I will be satisfied to stay in the Faculty for the rest of my career.	1	2	3	4	5	167

Dear Colleagues,
Thank you very much for supporting me in this very important exercise by completing the questionnaire!

References

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APPENDIX C

Evaluation questionnaire to Heads of Department: Afrikaans

APPENDIX C

EVALUATION QUESTIONNAIRE TO HEADS OF DEPARTMENT: AFRIKAANS

HOOF: SKOOL VIR GENEESKUNDE

FAKULTEIT GESONDHEIDSWETENSKAPPE

24 NOVEMBER 2003

Aan alle Departementshoofde
Skool vir Geneeskunde
Fakulteit Gesondheidswetenskappe
UV

Geagte Kollegas,

As deel van my PhD-studies het ek myself die doelwitte gestel om die veranderingsproses in die Fakulteit te meet sedert die samesmelting van die drie skole in 'n nuwe Fakulteit en verder bestuursbehoeftes en 'n motiveringsklimaat van Departementshoofde in die Skool vir Geneeskunde, Universiteit van die Vrystaat te meet. Die hoofdoel van die studie is om 'n bestuursmodel daar te stel vir Departementshoofde in die Skool vir Geneeskunde wat deur uself as model en raamwerk gebruik kan word vir bestuur van u departement en om 'n visie daar te stel vir 'n raamwerk vir toekomstige induksie programme vir nuwe Departementshoofde.

U as Departementshoofde sal almal betrokke wees by die eerste stadium van my studie en ek vra nederig dat u my sal help om die vraelys te voltooi. Die vraelys sal anoniem wees en ek sal u nie kan identifiseer as deel van die proses nie. Ek onderneem ook dat ek nie sal probeer om enige van u te identifiseer as individu nie en dat ek nie u kommentaar as individu buite die raamwerk van hierdie studie sal gebruik nie. Ek sal graag die vraelyste van u wil terug neem na 2 weke of enige tyd tydens die twee weke as u net my kantoor sal skakel en aandui dat die vraelys voltooi is. Ek sal dit kom haal by u kantoor. U sal versoek word om u vraelys te plaas in 'n geseëlde houer om u identiteit te beskerm as deel van die proses. Deur die vraelys te voltooi, verleen u ook daarmee ingeligte toestemming dat ek die inligting mag gebruik. Dit sal ongeveer 45 minute maksimaal neem om die vraelys te voltooi.

Graag word u ook versoek om hierdie boonste skrywe af te haal van die vraelys sodat u ook nie met hierdie eerste skrywe u identiteit kan openbaar nie. Dankie vir u hulp in hierdie verband.

Die uwe,

GERT VAN ZYL
8059985

Definisies

Akademiese ontwikkeling:	Dit is die ontwikkeling in die akademiese omgewing. Dit gaan alles oor die verbetering van die prestasie van die individu op akademiese gebied (Smit en De J Cronje, 2002:476).
Leierskap:	Dit is die proses van rigtingwysing van optrede van ander tot die bereiking van die organisasie se doelwitte. Dit is ‘n baie komplekse bestuursfunksie(Smit en De J Cronje, 2002:279).
Bestuur:	Die proses van beplanning, organisering, leiding en beheer van hulpbronne van die organisasie om die doelwitte van die organisasie te behaal so produktief as moontlik (Smit en De J Cronje, 2002:9).
Samesmelting:	Die kombinasie van twee of meer onafhanklike organisasies of maatskappye in een organisasie of maatskappy (Sykes, 1982:634).
Motiveringsklimaat:	Dit is die klimaat waarin die bestuurder ‘n werksklimaat of omgewing skep waarin hy of sy elemente kan insluit, wat persone sal aanmoedig om meer doeltreffend en meer effektief te wees (Coetsee, 1996:23).
Personeelontwikkeling :	Dit sluit in all die aktiwiteite, aksies, prosesse, beleid, programme en prosedures wat gebruik word om personeel te fasiliteer en te ondersteun hulle prestasie en potensiaal te verbeter sodat hulle, hulle eie en die inrigting se behoeftes kan dien (Webb, 1996).

FAKULTEIT GESONDHEIDSWETENSKAPPE

EVALUATION FOR PH.D. ON: A MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

1 1

Die vraelys sal anoniem wees.
Daar sal 5 afdelings wees wat voltooi moet word. Instruksies sal voorsien word met elke groep van vrae. 2-3

Afdeling A:
Demografie:

Omkring die toepaslike nommer asseblief – voorbeeld:

1. Geslag	
a. Manlik	
b. Vroulik	2

1. Geslag		
a. Manlik		**1**
b. Vroulik		**2**
2. U ouderdomsgroep?	21 – 30 jaar	**1**
	31 – 40 jaar	**2**
	41 – 50 jaar	**3**
	51 – 60 jaar	**4**
	61 – 70 jaar	**5**

4

5

5. Hoe lank is u reeds Departementshoof van u Departement in die Fakulteit Gesondheidswetenskappe, Universiteit van die Vrystaat?	
0-2 jaar	**1**
3-5 jaar	**2**
6-10 jaar	**3**
11-15 jaar	**4**
16-20 jaar	**5**
Meer as 20 jaar	**6**

6

4. Kwalifikasies? (Merk al die toepaslike opsies)	
MB.Ch.B.	**1**
M. Fam.Med.	**2**
M.Med.	**3**
Ander M.-grade	**4**
Ph.D. of MD.	**5**

7
8
9
10
11

5. Hoe lank is u verbonde aan hierdie Fakulteit? (Dit kan nie –aaneenlopend periode wees)		
0-2 jaar	**1**	
3-5 jaar	**2**	
6-10 jaar	**3**	☐ **12**
11-15 jaar	**4**	
16-20 jaar	**5**	
Meer dan 20 jaar	**6**	

6. Huistaal?		
Afrikaans	**1**	
Engels	**2**	
Sotho	**3**	☐ **13**
Ander	**4**	

7. Het u voorheen by 'n ander Fakulteit van Gesondheidswetenskappe gewerk?		
Ja	**1**	
Nee	**2**	☐ **14**

Indien "Ja" : Gaan aan met vrae 8 & 9
Indien "Nee" : Gaan aan met vraag 10.

8. Was u 'n departementshoof in daardie Fakulteit?		
Ja	**1**	
Nee	**2**	☐ **15**

9. Hoe lank was u aan daardie Fakulteit verbonde?		
0-2 jaar	**1**	
3-5 jaar	**2**	
6-10 jaar	**3**	
11-15 jaar	**4**	☐ **16**
16-20 jaar	**5**	
Meer dan 20 jaar	**6**	

10. Wat is die gemiddelde presentasie tyd (uit totaal van 100%) uit die totale ure gewerk per week wat u spandeer aan :				
Dienslewering		**%**	☐☐	**17-18**
Student Opleiding		**%**	☐☐	**19-20**
Navorsing		**%**	☐☐	**21-22**
Bestuur (Ingesluit Administrasie en Beplanning)		**%**	☐☐	**23-24**
Samelewingsdienste		**%**	☐☐	**25-26**

Afdeling B:
Strategiese Bestuur en Beplanning in u departement
Hierdie gedeelte handel oor die belangrike sake verwant aan strategiese bestuur en beplanning van 'n departement.

A. LEIERSKAPSPRAKTYKE

Dui asseblief aan hoe belangrik elk van die volgende leierskap aspekte is vir u as Departementshoof na aanleiding van die volgende skaal:
1= Glad nie belangrik 2= Redelik onbelangrik
3=Neutraal m.b.t Belangrikheid 4= Belangrik 5= Uiters belangrik

1.	Inklusiewe prosedures van beplanning.	1	2	3	4	5	27
2.	Vier van suksesse wanneer spesifieke suksesse behaal word.	1	2	3	4	5	28
3.	Duidelikheid oor die filosofie van leierskap.	1	2	3	4	5	29
4.	Motivering van mense om drome van die toekoms te deel.	1	2	3	4	5	30
5.	Mense met respek te behandel.	1	2	3	4	5	31
6.	Kommunikasie 'n positiewe en uitkyk met hoop.	1	2	3	4	5	32
7.	Verseker dat mense gehoor gee aan ooreengekome waardes van die departement.	1	2	3	4	5	33
8.	Verseker dat persone in u departement spesifieke take afbreek in hanteerbare dele.	1	2	3	4	5	34
9.	Die ontwikkeling van 'n samewerkingsverhouding by mense.	1	2	3	4	5	35
10.	Die konsekwente toepassing van waardes van die departement in daaglikse praktyk.	1	2	3	4	5	36
11.	Die aanmoediging van eienaarskap.	1	2	3	4	5	37
12.	Die stel van duidelike doelwitte.	1	2	3	4	5	38
13.	Die samestelling van planne.	1	2	3	4	5	39
14.	Die vestiging van sekere indikatore vir meting van werk.	1	2	3	4	5	40

B. TRANSFORMASIE

Omkring die toepaslike blokkie na aanleiding van die volgende skaal asseblief:

1= JA 2= NEE 3= ONSEKER

1.	Het personeel in u departement duidelike en spesifieke verwagtinge om 'n bepaalde aantal ure opleiding en onderwys jaarliks te ontvang?	1	2	3		41
2.	Sien personeel foute as leergeleenthede?	1	2	3		42
3.	Aanvaar personeel verantwoordelikheid vir hulle optredes en aksies?	1	2	3		43
4.	Personeel is nie bang om beskuldig te word of om 'n straf vir 'n oortreding te ontvang nie.	1	2	3		44
5.	Watter van die volgende transformasie doelwitte het personeel aanvaar?					
	5.1. Aanspreek van verteenwoordiging in die personeelkorps.	1	2	3		45
	5.2. Vinnige baan meganismes om bevordering te versnel vir vorig benadeelde personeel.	1	2	3		46
	5.3. Teikens vir demografiese regstelling wat gestel word vir die personeelkorps.	1	2	3		47
	5.4. Mentorskap.	1	2	3		48
	5.5. Opleiding ondersteuning vir vorige benadeelde personeel.	1	2	3		49
6.	Moet prestasie teikens gestel word vir elke transformasie doelwit?	1	2	3		50
7.	Enige ander kommentaar oor transformasie?					
						51-52
						53-54
						55-56
						57-58

c. Vrae wat verband hou met verandering

Voltooi hierdie gedeelte van die vraelys deur aan te dui tot watter mate elk van die volgende stellings ooreenstem met u eie siening oor die Skool vir Geneeskunde. Al hierdie vrae handel oor die samesmelting van die drie skole om een Fakulteit Gesondheidswetenskappe te vorm in 1998.

Vestiging van 'n kommunikasie rigting en doel deur 'n realistiese nuwe visie en strategie

Dui asseblief aan volgens die skaal tot watter mate die volgende aspekte van verandering teenwoordig was in u departement ten tye van die samesmelting:
1 = Geheel en al nie 2 = Tot 'n mindere mate 3 = Neutraal
4 = Tot 'n mate 5 = Tot 'n groot mate

1.	Vlak van kommunikasie in die Skool oor die samesmelting ?	**1**	**2**	**3**	**4**	**5**		**59**
2.	Vryheid en bemagtiging om besluite te neem op u eie sonder vrees om onsuksesvol te wees?	**1**	**2**	**3**	**4**	**5**		**60**
3.	Vlak van ondersteuning wat ervaar is ?	**1**	**2**	**3**	**4**	**5**		**61**
4.	Was u toegelaat om kreatief te wees?	**1**	**2**	**3**	**4**	**5**		**62**
5.	Was u toegelaat om inisiatief te openbaar?	**1**	**2**	**3**	**4**	**5**		**63**
6.	In u opinie, was die samesmelting en/of veranderingsproses 'n sukses?	**1**	**2**	**3**	**4**	**5**		**64**
7.	Was die strategie van die samesmelting aan u gekommunikeer?	**1**	**2**	**3**	**4**	**5**		**65**
8.	Was daar meetbare doelwitte gestel vir die nuwe Fakulteit?	**1**	**2**	**3**	**4**	**5**		**66**
9.	Was al die vlakke van die samesmeltingsproses gekommunikeer?	**1**	**2**	**3**	**4**	**5**		**67**
10.	Was die visie van die samesmelting met u gekommunikeer?	**1**	**2**	**3**	**4**	**5**		**68**

d. Skepping van 'n verbintenis onder lede van die organisasie wat in lyn is met die organisasie se doelwitte en waardesisteem
(Coetsee, 1996: 45)

Dui asseblief aan volgens die skaal tot watter mate die volgende aspekte van verandering teenwoordig was in u departement ten tye van die samesmelting:
1 = Geheel en al nie 2 = Tot 'n mindere mate 3 = Neutraal
4 = Tot 'n mate 5 = Tot 'n groot mate

1. Ek het voldoende inligting ontvang om die nuwe rigting te visualiseer in die Skool na 1998.	1	2	3	4	5		69
2. Die waardesisteem (riglyne vir optrede soos eerlikheid, kwaliteit , wins, ens.) in die nuwe Fakulteit na 1998 was teenwoordig.	1	2	3	4	5		70
3. Die klem op die belangrikheid van die waardes in die nuwe Fakulteit deur senior personeel (soos genoem bo).	1	2	3	4	5		71
4. Erkenning en/of beloning (prysing, salaris verhoging, ens.) na 1998.	1	2	3	4	5		72
5. Die besit van kennis en ondervinding in werksprestasie bestuur.	1	2	3	4	5		73
6. Voldoende opleiding.	1	2	3	4	5		74
7. Duidelik omskryfde werksdoelwitte.	1	2	3	4	5		75
8. Duidelike take wat gestel is deur die toesighouer/ bestuurder .	1	2	3	4	5		76
9. My salaris is redelik in vergelyking met wat ander personeel verdien in die Fakulteit.	1	2	3	4	5		77
10. Die Fakulteit se beloningstelsel (salarisse, bevorderings en voordele) is gebaseer op die waardes, prestasie en vermoeëns van personeel eerder as op geluk, wat ons almal weet kan gemanupileer word	1	2	3	4	5		78
11. Weerstand tot verandering was ondervind tydens die samesmelting.	1	2	3	4	5		79
12. Voldoende bestuur van weerstand tot verandering.	1	2	3	4	5		80
13. Verbintenis tot bestuur van die veranderingsproses (samesmelting).	1	2	3	4	5		81

e. Skepping van 'n inspirerende en motiveringsklimaat of omgewing geskik vir verandering(Coetsee, 1996: 28)

Dui asseblief aan volgens die skaal tot watter mate die volgende aspekte van verandering teenwoordig was in u departement ten tye van die samesmelting:

1 = Geheel en al nie 2 = Tot 'n mindere mate 3 = Neutraal
4 = Tot 'n mate 5 = Tot 'n groot mate

1. Ek was bemagtig gewees vir die samesmelting.	**1**	**2**	**3**	**4**	**5**		**82**
2. Ek was voorberei gewees vir die samesmelting.	**1**	**2**	**3**	**4**	**5**		**83**
3. Bestuur se ondersteuning deur die veranderingsproses.	**1**	**2**	**3**	**4**	**5**		**84**
4. Die betrokkenheid van personeel in die formulering van doelwitte van die department.	**1**	**2**	**3**	**4**	**5**		**85**
5. Eienaarskap vir die behaling van doelwitte wat gestel is.	**1**	**2**	**3**	**4**	**5**		**86**
6. Beklemtoning van groep spandoelwitte.	**1**	**2**	**3**	**4**	**5**		**87**
7. Duidelikheid met betrekking tot die Fakulteit se visie en doelwitte.	**1**	**2**	**3**	**4**	**5**		**88**
8. Handhaaf hoë prestasie standaarde.	**1**	**2**	**3**	**4**	**5**		**89**
9. Werk word gesien as 'n metode van bydrae.	**1**	**2**	**3**	**4**	**5**		**90**
10. Beklemtoning van produktiwiteit.	**1**	**2**	**3**	**4**	**5**		**91**
11. Werk trots.	**1**	**2**	**3**	**4**	**5**		**92**
12. Beklemtoning van goeie kliniese praktyk.	**1**	**2**	**3**	**4**	**5**		**93**

Afdeling C:
Personeel Evaluasie en Ontwikkeling

Hierdie gedeelte handel oor sake van belang vir personeel evaluasie, ontwikkeling, aanstellingsprosedures en die vlak van bestuur.

Omkring die toepaslike blokkie volgens die volgende skaal asseblief :
1= JA 2= NEE 3= ONSEKER

a. Sake van belang

1.	Ek beskou personeel ontwikkeling as een van die hoof doelwitte van die departement.	1	2	3	94
2.	Ek is verbind tot personeel ontwikkeling.	1	2	3	95
3.	Ek is opgelei in personeel ontwikkeling.	1	2	3	96
4.	Ek verseker dat personeel opgelei word in my departement:				
	Eenkeer ‘n jaar	1	2	3	97
	Eenkeer ‘n semester	1	2	3	98
	Eenkeer ‘n maand	1	2	3	99
	Eenkeer ‘n week	1	2	3	100
	Daagliks	1	2	3	101
	Ander tydsraamwerk (spesifiseer).				102
5.	Ek beoordeel personeel ontwikkeling in my departement.	1	2	3	103
6.	Loopbaanbeplanning bestaan vir die personeel in my Departement.	1	2	3	104
7.	Personeel word ontwikkel om oor te neem in hoër posisies.	1	2	3	105
8.	Ek kommunikeer die visie van die departement aan alle personeel.	1	2	3	106
9.	Die departement weet watter tipe personeel dit benodig vir die toekoms.	1	2	3	107
10.	Ek beloon personeel vir goeie prestasie.	1	2	3	108

B. Personeelvoorsiening – hoe hanteer u die proses van vulling van vakante poste in u departement?

Omkring die toepaslike blokkie volgens die volgende skaal asseblief :
1= JA 2= NEE 3= ONSEKER

11.	Interne werwing word gebruik meer as eksterne werwing.	1	2	3	109

12. Bykomende kwalifikasies word oorweeg in die evaluering van personeel tydens die aanstellingsproses.	1	2	3		110
13. Onderhoudspanele wat kredietwaardig is, word gebruik.	1	2	3		111
14. Implementering van regstellende aksie en billike indiensneming is in plek.	1	2	3		112
15. Bevorderings neem in aanmerking vaardighede en die vermoë om 'n spesifieke werk te verrig.	1	2	3		113

c. Personeel ontwikkeling

Omkring die toepaslike blokkie volgens die volgende skaal asseblief :
1= JA 2= NEE 3= ONSEKER

16. Personeel ontwikkeling is deel van die organisasie kultuur.	1	2	3		114
17. Hierdie departement ontwikkel mense.	1	2	3		115
18. U weet wat verwag word van u in my werk.	1	2	3		116
19. U weet volgens watter standaarde u moet presteer.	1	2	3		117
20. Wanneer u werk nie op standaard is nie, word u gehelp om dinge reg te stel en dit beter te doen.	1	2	3		118
21. U word konstruktiewe terugvoer gegee omtrent u werk van u toesighouers.	1	2	3		119
22. U word gestuur vir opleidingsprogramme wat relevant is vir u departement.	1	2	3		120
23. U werk is 'n uitdaging.	1	2	3		121
24. U bekwaamheid en vaardighede is onderbenut.	1	2	3		122
25. U kan openlik en eerlik kommunikeer met persone in senior posisies.	1	2	3		123
26. Genoeg druk word geplaas op persone in senior posisies om nuwe, onervare of lae range van personeel te ontwikkel.	1	2	3		124

d. Ander areas wat die proses van personeel ontwikkeling en evaluasie beïnvloed.				
Omkring die toepaslike blokkie volgens die volgende skaal asseblief : **1= JA 2= NEE 3= ONSEKER**				
27. Ek is tevrede met die algemene werksatmosfeer.	**1**	**2**	**3**	**125**
28. Ek is goed ingelig met betrekking tot die dissiplinêre griewe proses.	**1**	**2**	**3**	**126**
29. Sake wat gebaseer is op geslag, word opgelos in die departement.	**1**	**2**	**3**	**127**
30. Kultuur sake is nie ‘n probleem in u departement nie.	**1**	**2**	**3**	**128**
31. Lys twee interne aspekte wat ‘n impak mag hê op personeel ontwikkeling.				
				129-130
				131-132
32. Lys twee eksterne aspekte wat ‘n impak mag hê op personeel ontwikkeling.				
				133-134
				135-136

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Adeling D:
Bestuursvaardighede en behoeftes
Hierdie gedeelte handel oor vaardighede wat van belang is vir Departementshoofde om te bestuur.

Omkring die toepaslike blokkie volgens die volgende Likert skaal asseblief:									
	1=Tot geen mate 2=Tot 'n mindere mate 3=Tot 'n mate 4=Tot 'n groot mate					**1=Glad nie belangrik 2=Redelik onbelangrik 3= Belangrik 4= Baie Belangrik**			
	Dui asseblief aan die omvang (mate) tot waartoe u die behoefte ervaar het vir die volgende vaardighede:					**Dui ook asseblief aan hoe belangrik u die volgende vaardighede ag:**			
	Omvang					**Belangrikheid**			
1. Bestuursvaardighede en vermoëns, insluitend beplanning, organisasie, beheer en besluitneming.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**
2. Finansiële beplanning en hulpbron benutting.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**
3. Personeel ontwikkeling en motivering.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**
4. Interpersoonlike vaardighede, insluitend aanpasbaarheid, konsekwentheid en selfgelding.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**
5. Vaardighede van insig, insluitend kundigheid, hantering van probleme en improvisasie.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**
6. Werkprestasie vaardighede, insluitend produksie, bruikbaarheid en dryfkrag.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**

2-3

4-5

6-7

8-9

10-11

12-13

Omkring die toepaslike blokkie volgens die volgende Likert skaal asseblief:										
	1=Tot geen mate 2=Tot 'n mindere mate 3=Tot 'n mate 4=Tot 'n groot mate					**1=Glad nie belangrik 2=Redelik onbelangrik 3= Belangrik 4= Baie Belangrik**				
7. Basiese vaardighede insluitend lees, skryf, rekeningkunde en luister vaardighede.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**14-15**
8. Kreatiewe denke- genereer van nuwe idees.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**16-17**
9. Besluitneming - spesifieke doelwitte en beperkinge, genereer alternatiewe, oorweeg risiko's en evalueer en kies beste alternatiewe.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**18-19**
10. Probleemoplossing - Herken probleme, maak en implementeer aksieplanne.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**20-21**
11. Weet hoe om te leer – gebruik effektiewe leertegnieke om nuwe kennis en vaardighede te bemeester en toe te pas.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**22-23**
12. Beredenering.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**24-25**
13. Verantwoordelikheid – pas hoë vlak van poging toe en hou aan met probeerslag om doelwitte te bereik.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**26-27**
14. Selfbeeld – glo in self en selfwaarde en huldig 'n positiewe beeld van personeel.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**28-29**
15. Selfbestuur - akkurate ontleding van self , stel persoonlike doelwitte, moniteer vordering en pas selfbeheer toe.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**30-31**
16. Integriteit - die toepassing daarvan.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**32-33**
17. Interpretasie en kommunikasie van inligting.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**34-35**

Omkring die toepaslike blokkie volgens die volgende Likert skaal asseblief:										
	1=Tot geen mate 2=Tot 'n mindere mate 3=Tot 'n mate 4=Tot 'n groot mate					**1=Glad nie belangrik 2=Redelik onbelangrik 3= Belangrik 4= Baie Belangrik**				
18. Gebruik van rekenaars om inligting te verwerk.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**36-37**
19. Verstaan van IT sisteem.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**38-39**
20. Monitering en korrigeer prestasie.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**40-41**
21. Verbetering en ontwikkeling van tegnologie sisteme.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**42-43**
22. Kies van tegnologie – beoordeel prosedures, hulpmiddele, instrumentasie of masjiene, insluitend rekenaars en programmatuur wat die nodige resultate sal lewer.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**44-45**
23. Toepassing van Tegnologie tot taak.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**46-47**
24. Instandhouding en probleem oplossing van tegnologie.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**48-49**
25. Vermoëns van tyd allokasie	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**50-51**
26. Vermoëns van geld allokasie.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**52-53**
27. Toekenning van hulpbronne insluitend fisiese en menslike hulpbronne.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**54-55**
28. Deelname as lid van 'n span.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**56-57**

Omkring die toepaslike blokkie volgens die volgende Likert skaal asseblief:										
	1=Tot geen mate 2=Tot 'n mindere mate 3=Tot 'n mate 4=Tot 'n groot mate					**1=Glad nie belangrik 2=Redelik onbelangrik 3= Belangrik 4= Baie Belangrik**				
29. Onderrig van ander.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**58-59**
30. Dienslewering aan pasiënte.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**60-61**
31. Uitoefening van leierskap.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**62-63**
32. Toepassing van onderhandelingsvaardighede.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**64-65**
33. Werk met kulturele diversiteit.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**66-67**
34. Verkry, organiseer en instandhouding van inligting.	**1**	**2**	**3**	**4**		**1**	**2**	**3**	**4**	**68-69**

35. Enige ander vaardighede wat u dink gelys moet word?	
	70-71
	72-73
	74-75

Bestuursbehoeftes: **Omkring die toepaslike blokkie volgens die volgende skaal asseblief :** **1= JA 2= NEE 3= ONSEKER**				
1. Is daar 'n bestuursmodel wat geimplementeer is in die departement?	**1**	**2**	**3**	**76**
2. Dink u 'n bestuursmodel is nodig in u departement ?	**1**	**2**	**3**	**77**
3. Dink u 'n bestuursmodel sal help om bestuur van u departement te verbeter?	**1**	**2**	**3**	**78**

4. Moet die bestuursmodel in ‘n uniforme formaat wees?	1	2	3		79
5. Moet die model plooibaar wees?	1	2	3		80
6. Sal ‘n model bydra tot kwaliteit dienslewering van Departmentshoofde ?	1	2	3		81
7. Kan ‘n nuwe bestuursmodel take van Departementshoofde kompliseer ?	1	2	3		82
8. Sal u ‘n raamwerk van ‘n model wat geïmplementeer sal word, aanvaar?	1	2	3		83
9. Sal u ‘n geindividualiseerde model aanvaar vir u departement wat uitgewerk word met die ondersteuning van bestuur?	1	2	3		84
10. Enige kommentaar met betrekking tot aspekte van ‘n bestuursmodel?					
					85-86
					87-88
					89-90
					91-92

Omkring die nommers van daardie areas u dink ‘n bestuursraamwerk (model) moet aanspreek			
♦ Akademise bestuur	1		93
♦ Kliniese dienslewering	2		94
♦ Inligtingsbestuur	3		95
♦ Leierskap	4		96
♦ Persoonlike bestuur	5		97
♦ Personeelbestuur	6		98
♦ Nagraadse opleiding	7		99
♦ Navorsing	8		100
♦ Strategiese Bestuur	9		101
♦ Voorgraadse Opleiding	10		102
♦ Ander (spesifiseer)			
			103-104
			105-106
			107-108

Afdeling E:
Motiveringsklimaat

Hierdie deel bepaal die vlak van die motiveringsklimaat in die Skool vir Geneeskunde.

Soos aangepas van Coetsee (1996:28)
Voltooi hierdie gedeelte van die vraelys deur aan te dui tot watter mate elke van die volgende stellings waar is volgens u mening as Departementshoof na aanleiding van u eie siening omtrent die Skool vir Geneeskunde , Fakulteit Gesondheidswetenskappe , Universiteit van die Vrystaat.

Dui asseblief aan volgens die skaal tot watter mate die volgende aspekte van verandering teenwoordig was in u departement ten tye van die samesmelting:

1 = Geheel en al nie 2 = Tot 'n mindere mate 3 = Neutraal
4 = Tot 'n mate 5 = Tot 'n groot mate

1. Mense is betrokke in die formulering van doelwitte wat hulle moet behaal.	1	2	3	4	5		109
2. Ek aanvaar verantwoordelikheid vir behaling van die gestelde doelwitte.	1	2	3	4	5		110
3. Die Dagbestuur moedig Departementshoofde aan om gestelde doelwitte te behaal.	1	2	3	4	5		111
4. Die Dagbestuur benadruk span doelwitte.	1	2	3	4	5		112
5. Personeel verstaan die Fakulteit se visie en doelwitte.	1	2	3	4	5		113
6. Ek is betrokke in die bepaling van spesifieke doelwitte.	1	2	3	4	5		114
7. My departement het 'n spesifieke waardesisteem (riglyne vir optrede soos kwaliteit, eerlikheid, wins, en respek vir mekaar) wat ons almal ken enwaarna ons almal streef.	1	2	3	4	5		115
8. Dagbestuur handhaaf hoë prestasie standaarde.	1	2	3	4	5		116
9. My kollegas help my om te verbeter.	1	2	3	4	5		117
10. My onmiddelike toesighouer dring daarop aan dat gestelde doelwitte behaal word.	1	2	3	4	5		118
11. Personeel hier is tevrede met hulle werk.	1	2	3	4	5		119
12. Personeellede in my departement is op die uitkyk vir ander werk.	1	2	3	4	5		120
13. Salarisse is redelik.	1	2	3	4	5		121
14. In die bestuursgroep van die Skool (Departementshoofde) beskou persone hulle werk as 'n metode om 'n bydrae te maak.	1	2	3	4	5		122
15. Die bestuursgroep van die Skool (Departementshoofde) is trots op die kwaliteit werk gelewer.	1	2	3	4	5		123

16. In die Skool vir Geneeskunde word produktiwiteit benadruk.	1	2	3	4	5		124
17. In die Skool vir Geneeskunde word goeie Kliniese praktyk benadruk.	1	2	3	4	5		125

OMKRING DIE TOEPASLIKE BLOKKIE ASSEBLIEF

18. Het u werkstevredenheid ervaar in die vorige jaar?	JA	NEE		126
19. Ervaar u tans werkstevredenheid?	JA	NEE		127
20. Dink u dat die bestuur van die Skool (Departementshoofde) funksioneer as 'n span?	JA	NEE		128
21. Die volgende aspekte veroorsaak ontevredenheid:				
Administratiewe werk	JA	NEE		129
Burokrasie	JA	NEE		130
Kliniese Opleidingslading	JA	NEE		131
Bestuurs aspekte	JA	NEE		132
Nie genoeg tyd vir navorsing	JA	NEE		133
Nie genoeg tyd vir onderrig	JA	NEE		134
Vergoeding	JA	NEE		135
Onderriglading	JA	NEE		136
Werkslading	JA	NEE		137

22. Lys twee ander aspekte van belang (indien enige) vir u wat ontevredenheid in u werk skep.

		138-139
		140-141

Hierdie deel handel met die vlak van tevredenheid van lede van die Skool .						
Dui asseblief aan volgens die volgende skaal: 1 = Glad nie tevrede 2 = Ontevrede 3 = Neutraal 4 = Tevrede 5 = Baie tevrede						
23. Die vlak van tevredenheid van lede van die Skool vir Geneeskunde soos geïdentifiseer deur hulle besprekings met persone buite die Skool.	**1**	**2**	**3**	**4**	**5**	**142**
24. Vlak van tevredenheid soos gemeet deur die eienaarskap van kollegas vir probleme van die Skool.	**1**	**2**	**3**	**4**	**5**	**143**
OMKRING DIE TOEPASLIKE BLOKKIE ASSEBLIEF.						
25. Een van die hoof redes om aan te bly in die Skool vir Geneeskunde is lojaliteit.	**Ja**		**NEE**			**144**
26. Dit is my wens om aan te bly in die Fakulteit.	**Ja**		**NEE**			**145**
27. Voorheen was dit beter om aan te bly in een maatskappy.	**Ja**		**NEE**			**146**
VRAE VERWANT TOT WERKSTEVREDENHEID						
Dui asseblief aan volgens die volgende skaal: 1 = Glad nie tevrede 2 = Ontevrede 3 = Neutraal 4 = Tevrede 5 = Baie tevrede						
Tot watter mate is u tevrede met die volgende aspekte van u werk volgens die gegewe skaal						
1. Die aantal werksure per week gewerk?	**1**	**2**	**3**	**4**	**5**	**147**
2. Die tyd spandeer aan dienslewering (pasiëntsorg)?	**1**	**2**	**3**	**4**	**5**	**148**
3. Die tyd spandeer op student onderrig en onderwys verantwoordelikhede?	**1**	**2**	**3**	**4**	**5**	**149**
4. Tyd spandeer op navorsing?	**1**	**2**	**3**	**4**	**5**	**150**
5. Die verhouding met u onmiddelike toesighouer?	**1**	**2**	**3**	**4**	**5**	**151**
6. Die vryheid/geleentheid wat u het om inisiatief te neem in u werksomgewing ?	**1**	**2**	**3**	**4**	**5**	**152**

7. Die geleenthede beskikbaar vir opleiding in u spesialis dissipline area – bywoning van kongresse, konferensies, ens.?	1	2	3	4	5		153
8. Die geleenthede beskikbaar vir opleiding en ontwikkeling van algemene doseer vaardighede?	1	2	3	4	5		154
9. Die geleenthede beskikbaar vir opleiding en ontwikkeling vir bestuur?	1	2	3	4	5		155
10. Die geleenthede beskikbaar vir navorsing?	1	2	3	4	5		156
11. Die geleenthede beskikbaar vir deelname in besluitneming in die Fakulteit wat u betrek byvoorbeeld verlofbeleid ?	1	2	3	4	5		157
12. Die geleenthede beskikbaar vir u departement se deelname in besluitneming in die Fakulteit wat u departement betrek?	1	2	3	4	5		158
13. Die fisiese omstandighede van u werksomgewing in die Fakulteit – Kantore, geraasvlakke, ens.?	1	2	3	4	5		159
15. U tevredenheid met u lewe in die algemeen ?	1	2	3	4	5		160
15. U tevredenheid met u familie?	1	2	3	4	5		161
16. U tevredenheid met u deelname in die gemeenskap?	1	2	3	4	5		162
17. U tevredenheid met u ontspanning?	1	2	3	4	5		163
18. U tevredenheid met u werk?	1	2	3	4	5		164
19. U tevredenheid met u opleiding in u huidige posisie?	1	2	3	4	5		165
20. U tevredenheid met u werksvoordele?	1	2	3	4	5		166
21. Ek sal tevrede wees om in die Fakulteit aan te bly vir die res van u loopbaan.	1	2	3	4	5		167

Geagte Kollegas,
Baie dankie dat u my ondersteun in hierdie uiters belangrike saak deur die voltooiing van hierdie vraelys!

Verwysings

Coetsee, L.D. 1996. Creating a motivational climate: A practical guide for the South African manager. Post-Graduate School for Management. PU for CHE. Potchefstroom. 1- 222.

Smit, P.J. & De J Cronje, G.J. 2002. *Management Principles, A Contemporary Edition for Africa*. 3rd Edition.Juta & Co, Ltd; Lansdowne:514.

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Webb, G. 1996. *Understanding staff development.* Buckingham: SRHE & Open University Press.

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APPENDIX D

Letter of invitation to Delphi participants and experts

APPENDIX D
LETTER OF INVITATION TO DELPHI PARTICIPANTS AND EXPERTS.

Ref: Delphi

26 March 2004

Dear Colleague

REQUEST TO BE A PARTICIPANT IN THE DELPHI TECHNIQUE IN A PH.D. STUDY ENTITLED "A MANAGEMENT MODEL FOR HEADS OF THE DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE"

I occupy the position as Head of the School of Medicine, Faculty of Health Sciences at the University of the Free State. I am currently engaged in a Ph.D. study in order to develop a management model for heads of department in the School of Medicine, University of the Free State. Being the Head of the School of Medicine, I am responsible for managing all the basic medical sciences and clinical departments in the School of Medicine. This entails managing more than 30 chief specialists/heads of department who are appointed on an academic level in the School of Medicine.

I am finalising a thesis to obtain the Ph.D. degree in Health Professions Education in the Faculty of Health Sciences at the University of the Free State (student number 1980599854). The title of my research is: "A Management Model for Heads of the Department in the Medical School, University of the Free State". My promoter is Prof. M.M. Nel, Head Division of Educational Development, Faculty of Health Sciences, University of the Free State. As indicated by the title, it is the purpose of my study to design a management model for heads of department in the School of Medicine. I chose this specific subject since there is a need within the School of Medicine for heads of department to have a formal management model in place to take them forward in managing and taking on responsibilities as members appointed on the joint staff establishment. These management responsibilities and areas include research, service delivery and undergraduate and postgraduate training.

Against this background information provided, the problem which was identified by me and which I would like to address as part of this study is to set up a workable management model for heads of department to specifically manage their academic departments in the School of Medicine. The main goal of the study therefore is to address the management problem as stated in the title of my study and to subsequently establish a specific management model as a framework for heads of department to be utilise for future management of their academic departments. It is important to mention that according to the literature there is no clear-cut management model for heads of department in Medical Schools and that this model needs to be created to establish a model that will be usable as a framework for them.

The changes in responsibilities, environment and the expectation of heads of the department without proper mechanisms and processes to support heads of the department to keep up with these changes, have created a performance gap that needs to be addressed. The majority of heads of department in the School of Medicine, University of the Free State, was appointed before all these changes and expectations from heads of department were the order of the day. The problem that has been identified is that future heads of department will still be appointed with their academic competencies bearing the biggest weight in the process, but they will have to function in two different environments, namely service and academic environments with two different sets of management requirements. The policy is also in line with the national trend. No suitable candidates will, however, be found for the positions if there is not at least an evaluation of managerial potential of a suitable candidate. With a suitable management model tailored to the needs available for future candidates who do have managerial potential, we shall establish a generation of heads of department who will take a medical school into the next generation of health sciences.

The model will not only be used for new appointees. It will be available to all present heads of department who are eager to use a structure to help them manage their departments. At the present moment the biggest challenge is the heads of department who are leaders in the academic field, do not become frustrated with their managerial responsibilities. The feedback that they might experience regarding managerial issues can be negative and demoralising. There is a real threat of losing some heads of

department or not being able to recruit the quality candidates who are needed for these positions.

The aim of the study is to create a managerial model for heads of department of the medical school measured against the background of good managerial practices to set a framework for induction of new heads and the training of new and present heads of department. To achieve the aim, the following study objectives were:

- To conduct a literature study on available management models in order to collect information to serve as background for the empirical study;
- To conduct a literature search regarding the needs on managerial issues of heads of Department of medical schools;
- To do an empirical study by means of a questionnaire survey to determine the managerial needs of heads of department in the Medical School of the University of the Free State.
- To determine with setting statements to participants what needs to be included in the model by means of the Delphi technique.
- To propose a managerial model for heads of department of the Medical School, University of the Free State.
- The proposed model will be aimed at making a significant contribution to the managerial needs of heads of department. This will also be used to create a manual for induction and training purposes.

The criteria and needs that will be gathered from a questionnaire which was already sent out to the heads of the department in the School of Medicine, as well as the literature study which was done, will be used to compile statements to be used in the Delphi survey.

The methods utilised in the study are in the first place a comprehensive literature study on available management models and a literature study on the needs of the heads of department. This was already done. A questionnaire was compiled according to the literature reviews on the needs of heads of department of the University of the Free State.

The Delphi technique is a technique that is used in the study referring specifically to people who work with academic management and are in positions as supervisors or academic managers (e.g. Deans, Heads of Health, general managers, chief executive officers and heads of medical schools) to evaluate the statements. Expert opinions will be sought, as critical decisions require critical thinking and reasoning. It is envisaged that it is desirable that you should be part of this second part of the study, namely the Delphi process.

Smit and De J Cronjé (2002:283) indicate that there is a distinct difference between leadership and management. They also mention that the two are distinct and complementary sets of management activities. It is indicated that a person can be a manager/leader, both or neither. The majority of organisations and institutions seek out good managers with the leadership potential to develop into leaders/managers. It is said that management is about coping with the complexities of practices and procedures to make an organisation work. Leadership on the other hand, is about setting the direction of a specific institution or organisation. Leadership is also all about coping with change. Smit and De J Cronjé (2002:284) list a few basic distinctions for leadership which are different from the management definition, which include:

- Establishing direction
- Aligning people
- Dealing with change
- Steering people.

They also discuss transactional leadership, charismatic leadership and transformational leadership, female leadership, the dynamic engagement, attribution theory and a substitute for leadership. Some of the definitions are attached..

Smit and De J Cronjé (2002:163) describe the Delphi technique as a technique which can be used to finalise decisions which need to be made by experts in the different geographical areas. The technique gets its name from Delphi, a place that was famous before the time of Christ as a seed of the most important temple of the Greek

god, Apollo. It is said that kings and other rulers would come to Delphi to consult with Apollo. The technique involves using a series of confidential questionnaires to refine decision-making and a solution to the specific questions. Steps which characterise the Delphi technique are that the problem is identified and members are asked to provide potential solutions through a series of carefully designed questions. Each member anonymously and independently completes the first set of questions from the other participants.

The first set of questions is compiled, transcribed and reproduced. Each member then receives a copy of the results. After viewing the results, members are again requested to give solutions to the questions during a second phase. These steps are repeated as often as necessary to gain consensus.

As part of the Delphi technique, a series of intensive questions will be set to the participants in the Delphi technique. The technique involves testing individuals on specific issues. The participants will be used as experts to evaluate criteria for the model. The systematic process of the Delphi technique will provide a suitable medium to gain consensus on criteria for a management model. The model will be put together after the experts' input has been acquired through the Delphi technique. It may be important to use the Delphi technique more than once to gain sufficient consensus among the group of experts. A final management model will be developed according to the outcome of this process. The process is anonymous to other expert participants in that only the researcher will have access to aspects like the region of feedback and responses. The aim is to have the Delphi technique on an electronic basis and to communicate with participants in this format. It is important that you take note of this process and are willing to participate on this basis.

The expected value of the research will be to establish a management model for heads of department of the medical school, University of the Free State, which will be adapted to the present situation. The model will also address the needs of heads of department on managerial issues. The model will contribute to better management of education, training, research and service delivery issues.

Having explained the whole process, I would like to respectfully request your expert co-operation in the completion of my study. I am aware of the fact that you are very busy and that time is a very precious commodity to all of you. I want to give you the assurance that I will aim to complete the task in the shortest possible time and not take up too much of your time. The completion of the original questionnaire will take approximately 45 – 60 minutes. The questions as set in the process as the Delphi technique as well as any relevant information that are required by you, will be e-mailed to you. A hard copy will also be sent to you by post if requested.

My contact details are as follows:

Tel.:	051 405 3059
Fax:	051 444 3103
E-mail:	vanzylgj.MD@mail.uovs.ac.za
Postal address:	P O Box 29587 Danhof Bloemfontein 9310

The Delphi process is used to benchmark and validate the proposed inputs to the management model in the present study. By using the Delphi process, the content of the management model-unique to the School of Medicine, Faculty of Health Sciences - is benchmarked and validated by you from diverse backgrounds in health sciences management. You will also be requested to rate, rephrase and comment on statements. I would therefore like to request your approval and permission to take part in the Delphi process which is scheduled to take place for the whole process during the **period 1 April 2004 to 30 April 2004**. Should you be willing to participate, please complete the attached Consent Form and return it to me **by fax as soon as possible**.

Thank you very much for your kind attention and your time devoted in reading this communication. I sincerely hope that you will be able to assist and oblige me. I am looking forward to hearing from you.

Yours faithfully,

PROF. G.J. VAN ZYL

STUDENT No.: 1980599854

DEFINITIONS

Academic development:	It is development in an academic environment. It is all about improving the performance of the individual on academic level (Smit and De J Cronje, 2002:476).
Leadership:	It is the process of directing the behaviour of others towards the accomplishment of the organisation's goals. It is a complex management function (Smit and De J Cronje, 2002:279).
Management:	The process of planning, organising, leading and controlling the resources of the organisation to achieve stated organisational goals as productively as possible (Smit and De J Cronje, 2002:9).
Merger:	The combining of two or more independent functional organisations or commercial companies into one organisation or company. (Sykes, 1982:634).
Motivational climate:	It is a climate in which a manager creates a work climate or environment in which he or she can incorporate elements which encourage people to be more efficient and more effective (Coetsee, 1996:23).
Personnel development:	Staff development involves all the activities, actions, processes, policies, programmes and procedures employed to facilitate and support staff so that their performance and potential may be enhanced and that they may serve their own and their institution's needs (Webb, 1996).

REFERENCES

Coetsee, L.D. 1996. Creating a motivational climate: A practical guide for the South African manager. Post-Graduate School for Management. PU for CHE. Potchefstroom. 1- 222.

Smit, P.J. & De J Cronje, G.J. 2002. *Management Principles, A Contemporary Edition for Africa.* 3rd Edition.Juta & Co, Ltd; Lansdowne:514.

Sykes, J.B. 1982. *The Concise Oxford Dictionary*. . 7th Edition.Oxford: Clarendon Press. Landsdowne: Juta & Co,Ltd.514.

Webb, G. 1996. *Understanding staff development.* Buckingham: SRHE & Open University Press.

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APPENDIX E

Letter of consent

APPENDIX E:

LETTER OF CONSENT

UNIVERSITY OF THE FREE STATE
FACULTY OF HEALTH SCIENCES
SCHOOL OF MEDICINE

FORM OF CONSENT

Date:

I, the undersigned, hereby give consent to participate in the Delphi process, which is scheduled to take place from the **1st of April 2004** to the 30th April 2004. My full particulars are as follows:

Title: ……
Surname: ……
Full name: ……
Postal address: ……
……
……
E-mail address: ……
Tel. no.: ……
Cellular no.: ……
Signature: ……

Please return this form on or before the **30th of March 2004 by fax.** My full particulars are as follows:

Postal address: P O Box 29587
Danhof
9310
E-mail address: vanzylgj.MD@mail.uovs.ac.za
Tel. no.: (051) 405 3059
Cellular no.: 083 7090 830

Thank you in advance for your kind co-operation.
Yours faithfully,

PROF GJ VAN ZYL
HEAD: SCHOOL OF MEDICINE
FACULTY OF HEALTH SCIENCES
UNIVERSITY OF THE FREE STATE
BLOEMFONTEIN

APPENDIX F

Delphi questionnaire to experts: Round one

APPENDIX F

DELPHI QUESTIONNAIRE TO EXPERTS: ROUND ONE.

HEAD: SCHOOL OF MEDICINE
FACULTY OF HEALTH SCIENCES

30 March 2004

Dear Delphi Participant

Thank you for agreeing to participate in the Delphi process and completing the consent form for the process which I received. This is the first part of the Delphi process. Thank you also for taking the effort to complete this first round of documentation.

PURPOSE OF THE QUESTIONNAIRE

This questionnaire is structured to obtain your opinion regarding the importance of the criteria which are envisaged to be part of the management model for the study. This questionnaire contains numbered statements, which not only can be regarded as indicators for a management model, but which also provides opportunities for additional comments and suggestions. The questions are divided into four main categories and subdivided into subcategories. Each and every category and subcategory will have a heading to precisely indicate the category to you.

All the questions under each section must be answered. The purpose is to obtain the opinion of each participant with regard to the importance of each criterion for such a model. All information will be treated confidentially. Please note that your response is anonymous to the other participants and will be known to the researcher only, as already indicated in my previous letter. You may therefore feel comfortable and free to answer the questions as honestly as possible. As part of the Delphi process, feedback will be given to you, and I will indicate outcomes for each statement in the follow-up rounds. The subsequent rounds to this first round will also be anonymous to the other respondents.

Instructions for the completion of the questionnaire

Please evaluate each statement, which can be regarded as criterion to be included in the management model and then indicate the importance thereof for the model in your opinion on the three-point scale. The specific points of the scale are defined as follows:

1 – Essential (This criterion must definitely be included in the model.)
2 – Useful (It does not matter if this criterion is included or left out of the model.)
3 – Unnecessary (This criterion must definitely be left out of the management model.)

If you complete the questionnaire in the electronic format, please type in a cross (X) underneath the specific point on the scale that represents your opinion on the specific indicator. If you complete the questionnaire in paper format (printed out), please make a cross (X) underneath the specific position of the scale.

As part of the design of the questionnaire, I also included space for comments. The block for comments is available and can be utilised for each item. At certain stages, open-ended questions will also be asked on specific criteria. These you may answer in your own words in the space provided. Please note that all the questions must be answered. The questionnaire should take you ± 45 minutes to complete. Should there be a need the questionnaire can also be provided in Afrikaans. Please contact me if you would prefer the Afrikaans version.

It is very important for me to establish the criteria for a management model for heads of the department in the Medical School, Faculty of Health Sciences, University of the Free State. Please keep this in mind when completing the questionnaire. Thank you for your efforts towards helping me to complete this part of my study.

GERT VAN ZYL
Student no.: 1980599854

DEFINITIONS

Academic development:	It is development in an academic environment. It is all about improving the performance of the individual on academic level (Smit and De J Cronje, 2002:476).
Leadership:	It is the process of directing the behaviour of others towards the accomplishment of the organisation's goals. It is a complex management function (Smit and De J Cronje, 2002:279).
Management:	The process of planning, organising, leading and controlling the resources of the organisation to achieve stated organisational goals as productively as possible (Smit and De J Cronje, 2002:9).
Merger:	The combining of two or more independent functional organisations or commercial companies into one organisation or company. (Sykes, 1982:634).
Motivational climate:	It is a climate in which a manager creates a work climate or environment in which he or she can incorporate elements which encourage people to be more efficient and more effective (Coetsee, 1996:23).
Personnel development:	Staff development involves all the activities, actions, processes, policies, programmes and procedures employed to facilitate and support staff so that their performance and potential may be enhanced and that they may serve their own and their institution's needs (Webb, 1996).

FACULTY OF HEALTH SCIENCES

DELPHI PROCESS FOR PH.D. ON: A MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

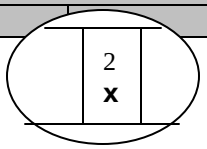
Delphi Process: Round 1

The questionnaire will be anonymous to other participants. Only the researcher will know your identity.
There will be four sections to be completed. Instructions will be supplied with each group of questions.

Example:
Please indicate how important each of the following criteria is according to the following scale:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box with an X. Only mark one option.

EXAMPLE

1. A management is needed:



Section A
Strategic Management and Planning
This section deals with issues related to strategic management and planning

Please indicate how important each of the following criteria is according to the following scale for areas of management:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box with an X. Only mark one option.

A. Areas of management

1. The model needs to include specific areas as areas of management. The areas to be included are:

				Comments
a. Service Delivery	**1**	**2**	**3**	
b. Student Training	**1**	**2**	**3**	
c. Research	**1**	**2**	**3**	
d. Management (Including Administration and Planning)	**1**	**2**	**3**	
e. Community Service	**1**	**2**	**3**	
f. Others?				

B. LEADERSHIP PRACTICES

Please indicate how important each of the following criteria is according to the following scale with reference to leadership practices:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of leadership practices that must be taken into account/needs to be included:				Comments
2. Inclusive planning procedures.	**1**	**2**	**3**	
3. Celebrate accomplishments when specific achievements are reached.	**1**	**2**	**3**	

4. Clarity about philosophy of leadership.	**1**	**2**	**3**	
5. Motivating people to share dreams about the future.	**1**	**2**	**3**	
6. Respectful treatment of people.	**1**	**2**	**3**	
7. Communicate a positive and hopeful outlook.	**1**	**2**	**3**	
8. Ensuring that people adhere to agreed values.	**1**	**2**	**3**	
9. Ensuring that people break down a specific task in manageable portions.	**1**	**2**	**3**	
10. The development of co-operative relationships with people.	**1**	**2**	**3**	
11. The consistency in practice of the values.	**1**	**2**	**3**	
12. The encouragement of ownership.	**1**	**2**	**3**	
13. The setting of clear goals.	**1**	**2**	**3**	
14. The construction of plans.	**1**	**2**	**3**	
15. The establishment of certain indicators for work.	**1**	**2**	**3**	

C. Transformation

Please indicate how important each of the following criteria is according to the following scale with reference to transformation:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of transformation that must be taken into account/needs to be included:				Comments
16. Staff must regard mistakes as learning opportunities.	**1**	**2**	**3**	

17.	Staff must accept responsibility for their actions.	**1**	**2**	**3**	
18.	Staff must not be afraid of being blamed or punished.	**1**	**2**	**3**	
19.	Staff must accept the following transformation objectives:				
	19.1. Addressing representation in the work force.	**1**	**2**	**3**	
	19.2. Fast track mechanisms to promote previously disadvantaged staff.	**1**	**2**	**3**	
	19.3. Workforce targets that are set for demographic corrections of the workforce.	**1**	**2**	**3**	
	19.4. Mentoring.	**1**	**2**	**3**	
	19.5. Training support for previously disadvantaged staff.	**1**	**2**	**3**	
20.	Performance targets should be set for each transformation objective.	**1**	**2**	**3**	
21.	Any further comments on transformation?				

D. Questions related to change				
Please indicate how important each of the following statements is according to the following scale with reference to change process: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**				
Deals with issues of change that must be taken into account/needs to be included:				Comments
22. With the management of a change process the level of communication is important.	**1**	**2**	**3**	
23. Freedom and empowerment to make decisions on your own without fear of failure.	**1**	**2**	**3**	
24. Level of support is important in the change process.	**1**	**2**	**3**	
25. Setting measurable goals.	**1**	**2**	**3**	
26. Vision on change needs to be communicated.	**1**	**2**	**3**	
27. Any comments on “Change”?				

E. Creating aligned commitment among organisational members to the organisation, vision , goals and value system
(Coetsee, 1996: 45)

Please indicate how important each of the following statements is according to the following scale with reference to creating aligned commitment:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of creating an aligned commitment that must be taken into account/needs to be included:				Comments
28. Receiving appropriate information to visualise the new direction.	**1**	**2**	**3**	
29. A value system (behavioural guidelines such as honesty, quality, profit, etc.) is important to create an aligned commitment.	**1**	**2**	**3**	
30. Recognition and or rewards (praise, increased pay, etc.) are important to create an aligned commitment.	**1**	**2**	**3**	
31. The possession of knowledge and experience in work performance management.	**1**	**2**	**3**	
32. Sufficient training.	**1**	**2**	**3**	
33. Clearly defined work objectives.	**1**	**2**	**3**	
34. Clear tasks set by supervisor/manager.	**1**	**2**	**3**	
35. Adequate management of resistance to change.	**1**	**2**	**3**	
36. Commitment of management to the change process.	**1**	**2**	**3**	
37. Any other comments on aligned commitment?				

F. Creating a motivating and inspirational climate or environment conducive to change (Coetsee, 1996: 28)				
Please indicate how important each of the following statements is according to the following scale with reference to creating a motivational climate: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**				
Deals with issues of creating a motivational climate that must be taken into account/needs to be included:				Comments
38. Management support throughout the change process.	**1**	**2**	**3**	
39. The involvement of staff in formulating the goals of the department.	**1**	**2**	**3**	
40. Ownership for achieving the set goals.	**1**	**2**	**3**	
41. Emphasis of setting team goals.	**1**	**2**	**3**	
42. Clarity regarding the vision and goals.	**1**	**2**	**3**	
43. Maintaining high performance standards.	**1**	**2**	**3**	
44. Emphasis on productivity.	**1**	**2**	**3**	
45. Work pride.	**1**	**2**	**3**	
46. Emphasis on good clinical practice.	**1**	**2**	**3**	
47. Any comments on motivational climate?				

Section B
Staff Appraisal and Development

This section deals with issues that are of importance for staff appraisals, development, appointment procedures and levels of management.

Please indicate how important each of the following statements is according to the following scale with reference to staff development:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

A. Issues of importance

Deals with issues of importance for staff development that must be taken into account/needs to be included:				COMMENTS
48. Staff development must be regarded as one of the major objectives.	**1**	**2**	**3**	
49. One must be committed to staff development.	**1**	**2**	**3**	
50. Academics are trained in staff development.	**1**	**2**	**3**	
51. Training of staff must be ensured:				
Once a year	**1**	**2**	**3**	
Once a semester	**1**	**2**	**3**	
Once a month	**1**	**2**	**3**	
Once a week	**1**	**2**	**3**	
Daily	**1**	**2**	**3**	
Other timeframe.				
52. Staff development is assessed.	**1**	**2**	**3**	

53. Career plans need to exist for staff.	**1**	**2**	**3**	
54. Staff need to be developed to take over in higher positions.	**1**	**2**	**3**	
55. The vision must be communicated to all staff.	**1**	**2**	**3**	
56. The Department knows the kind of personnel it will require in the future.	**1**	**2**	**3**	
57. Staff must be rewarded for good performance.	**1**	**2**	**3**	
58. Any comments on staff appraisal and development?				

B. Staffing – how does one approach the filling of vacant posts?

Please indicate how important each of the following statements is according to the following scale with reference to filling of posts:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of staffing that must be taken into account/needs to be included:				Comments
59. Internal recruitment is used more than external recruitment.	**1**	**2**	**3**	
60. Additional qualifications are considered in the evaluation of staff during the appointment process.	**1**	**2**	**3**	
61. Credible selection panels are used.	**1**	**2**	**3**	
62. Affirmative action and employment equity are implemented.	**1**	**2**	**3**	
63. Promotion takes into account the skills and ability to perform a job.	**1**	**2**	**3**	
64. Other comments?				

C. Staff development				
Please indicate how important each of the following statements is according to the following scale with reference to staff development: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**				
Deals with issues of staff development that must be taken into account/needs to be included:				Comments
65. Development of staff as part of the organisational culture takes place.	**1**	**2**	**3**	
66. Departments develop people.	**1**	**2**	**3**	
67. Staff know what is required from them in their jobs.	**1**	**2**	**3**	
68. Staff knows the standards according to which they have to perform.	**1**	**2**	**3**	
69. Members of staff are given constructive feedback about their work from their supervisors.	**1**	**2**	**3**	
70. Staff are sent on training programmes that are relevant.	**1**	**2**	**3**	
71. Enough pressure is put on people in senior positions to develop new, inexperienced or lower levels of staff	**1**	**2**	**3**	
72. .Any other comments?				

D. Other areas impacting on the process of staff development and appraisal

Please indicate how important each of the following statements is according to the following scale with reference to staff development and appraisal:

1= Essential
2= Useful
3= Unnecessary

Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of staff development that must be taken into account/needs to be included:				Comments
73. Staff members are satisfied with the general working atmosphere.	**1**	**2**	**3**	
74. Staff members are well informed with regard to disciplinary grievance procedures.	**1**	**2**	**3**	
75. Gender issues are resolved.	**1**	**2**	**3**	
76. Cultural issues are not a problem in my department.	**1**	**2**	**3**	

77. List two internal issues that have an impact on staff development.

78. List two external issues that have an impact on staff development

Section C
Managerial Skills and Needs
This section deals with skills that are of importance for Heads of Department to manage.

Please indicate how important each of the following statements is according to the following scale with reference to management skills and needs:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of management and skills needed that must be taken into account/needs to be included:				COMMENTS
79. Management abilities and skills, including planning, organisation, control and decision-making.	**1**	**2**	**3**	
80. Financial planning and resource utilisation.	**1**	**2**	**3**	
81. Personnel development and motivation.	**1**	**2**	**3**	
82. Interpersonal skills, including adaptability, consistency and self-assertion.	**1**	**2**	**3**	
83. Skills of insight, including expertise, dealing with problems and improvisation.	**1**	**2**	**3**	
84. Work performance skills, including production, usefulness and drive.	**1**	**2**	**3**	
85. Foundation skills including reading, writing, arithmetic and listening skills.	**1**	**2**	**3**	
86. Creative thinking – generates new ideas.	**1**	**2**	**3**	
87. Decision-making - specific goals and constraints; generate alternatives; consider risks; and evaluate and choose best alternatives.	**1**	**2**	**3**	

88. Problem-solving - recognises problems and devises and implements plan of action.	**1**	**2**	**3**	
89. Knowing how to learn – uses efficient learning techniques to acquire and apply new knowledge and skills.	**1**	**2**	**3**	
90. Reasoning.	**1**	**2**	**3**	
91. Responsibility – exerts a high level of effort and perseveres toward goal attainment.	**1**	**2**	**3**	
92. Self-esteem – believes in own self-worth and maintains a positive view of staff.	**1**	**2**	**3**	
93. Self-management - assesses self accurately, sets personal goals, monitors progress and exhibits self-control.	**1**	**2**	**3**	
94. Integrity - the practice thereof.	**1**	**2**	**3**	
95. Interpreting and communicating information.	**1**	**2**	**3**	
96. Using computers to process information.	**1**	**2**	**3**	
97. Understanding of IT systems.	**1**	**2**	**3**	
98. Monitoring and correcting performance.	**1**	**2**	**3**	
99. Improving and designing technology systems.	**1**	**2**	**3**	
100. Selects technology – judges which set of procedures, tools, instruments or machines-including computers and their programmes - will produce the desired results.	**1**	**2**	**3**	
101. Applying technology to task.	**1**	**2**	**3**	
102. Maintaining and troubleshooting technology.	**1**	**2**	**3**	

103.	Competencies of time allocation.	**1**	**2**	**3**	
104.	Competencies of allocating money.	**1**	**2**	**3**	
105.	Allocating of resources, including physical and human resources.	**1**	**2**	**3**	
106.	Participating as a member of a team.	**1**	**2**	**3**	
107.	Teaching others.	**1**	**2**	**3**	
108.	Serving patients, clients/customers.	**1**	**2**	**3**	
109.	Exercising leadership.	**1**	**2**	**3**	
110.	Practising of negotiating skills.	**1**	**2**	**3**	
111.	Working with cultural diversity.	**1**	**2**	**3**	
112.	Acquiring, organising and maintaining information.	**1**	**2**	**3**	

113.	Any other skills needed you want to list?

Management needs

Please indicate how important each of the following statements is according to the following scale with reference to management needs:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of management needs needed that must be taken into account/needs to be included:					Comments
114.	It is important that a management model is implemented.	**1**	**2**	**3**	

115. A management model is needed.	**1**	**2**	**3**	
116. A management model will help to improve the management.	**1**	**2**	**3**	
117. A management model should be in a uniform format.	**1**	**2**	**3**	
118. The model should allow flexibility.	**1**	**2**	**3**	
119. A model will contribute to the quality of service delivery.	**1**	**2**	**3**	
120. A new management model can complicate tasks.	**1**	**2**	**3**	
121. A framework for a model to be implemented will be accepted.	**1**	**2**	**3**	
122. An individualised model will be accepted.	**1**	**2**	**3**	
123. Any comments regarding aspects of a management model?				

124. Mark with an X the numbers of those areas you think a management model (framework) must address	
♦ Academic Management	**1**
♦ Clinical Service Delivery	**2**
♦ Information Management	**3**
♦ Leadership	**4**
♦ Personal Management	**5**
♦ Personnel Management	**6**
♦ Post-graduate Training	**7**
♦ Research	**8**
♦ Strategic Management	**9**
♦ Undergraduate Training	**10**
♦ Other (specify)	

Section D
Motivational Climate

This section determines the level of the motivational climate needed

Adapted from Coetsee (1996:28)

Please indicate how important each of the following statements is according to the following scale with reference to motivational climate:

1= Essential
2= Useful
3= Unnecessary

Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of motivational climate that must be taken into account/needs to be included:				Comments
125. People are involved in formulating the goals they have to achieve.	**1**	**2**	**3**	
126. Responsibility is expected for achieving the set goals.	**1**	**2**	**3**	
127. Management encourages people to achieve the goals set.	**1**	**2**	**3**	
128. Management emphasises team goals.	**1**	**2**	**3**	
129. Staff understand the Faculty's vision and goals.	**1**	**2**	**3**	
130. Staff members are involved in setting specific goals.	**1**	**2**	**3**	
131. A specific value system (behavioural guidelines such as quality, honesty, profit, and respect for one another) is needed.	**1**	**2**	**3**	
132. The members of management maintain high performance standards.	**1**	**2**	**3**	
133. Colleagues assist individuals to improve.	**1**	**2**	**3**	
134. Staff members are satisfied with their jobs.	**1**	**2**	**3**	
135. Salaries are reasonable.	**1**	**2**	**3**	
136. People regard their work as a method to make a contribution.	**1**	**2**	**3**	

137. Staff members are proud of the quality of work produced.	**1**	**2**	**3**	
138. Productivity is emphasised.	**1**	**2**	**3**	
139. Good clinical practice is emphasised.	**1**	**2**	**3**	
140. Job satisfaction is experienced.	**1**	**2**	**3**	
141. Management functions as a team.	**1**	**2**	**3**	

Please mark with an x the appropriate box:

142. The following aspects create dissatisfaction:			Comments
Administrative work	Yes	No	
Bureaucracy	Yes	No	
Clinical training load	Yes	No	
Management issues	Yes	No	
Not enough time for research	Yes	No	
Not enough time for training	Yes	No	
Remuneration	Yes	No	
Teaching load	Yes	No	
Workload	Yes	No	

143. List two other issues of importance to you (if any), that create dissatisfaction in your work.

This section deals with the level of satisfaction.

Please indicate how important each of the following statements is according to the following scale with reference level of satisfaction:

1= Essential
2= Useful
3= Unnecessary

Please mark the appropriate box please with an X. Only mark one option.

				Comments
144. The level of satisfaction of members is important.	**1**	**2**	**3**	
145. The level of satisfaction as measured by the ownership is important.	**1**	**2**	**3**	

QUESTIONS RELATED TO JOB SATISFACTION

Please indicate how important each of the following statements is according to the following scale with reference to management needs:

1= Essential
2= Useful
3= Unnecessary

Please mark the appropriate box please with an X. Only mark one option.

To what extent is the mentioned aspects important according to job satisfaction.				Comments
146. The number of work hours per week spent working.	**1**	**2**	**3**	
147. The time spent on service delivery (patient care).	**1**	**2**	**3**	
148. The time spent on student training and education responsibilities.	**1**	**2**	**3**	
149. Time spent on research.	**1**	**2**	**3**	
150. The relationship with immediate supervisor.	**1**	**2**	**3**	
151. The freedom/opportunities members have to take initiative in their work environment.	**1**	**2**	**3**	
152. Opportunities available for training in specialist discipline area - attendance of conferences, congresses, etc.	**1**	**2**	**3**	

153. Opportunities available for training and development of general lecturing skills.	**1**	**2**	**3**	
154. Opportunities available for training and development for management.	**1**	**2**	**3**	
155. Opportunities available for research.	**1**	**2**	**3**	
156. Opportunities available for participating in decisions.	**1**	**2**	**3**	
157. The physical circumstances - offices, noise level, etc.	**1**	**2**	**3**	
158. Satisfaction with participation in the community.	**1**	**2**	**3**	
159. Satisfaction with relaxation?	**1**	**2**	**3**	
160. Satisfaction with work.	**1**	**2**	**3**	
161. Satisfaction with job benefits.	**1**	**2**	**3**	
162. Satisfaction to stay on for the rest of a career.	**1**	**2**	**3**	

Thank you for completing this questionnaire

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APPENDIX G

Results of round one

APPENDIX G
RESULTS ROUND ONE

PhD Delphi Round 1: Results

Colour Scheme for table

Purple marks are areas on consensus

Yellow marks are areas consensus could not be reached

In blocks- Indicate comments received

1 Colour over a number means that

1 question was not understood or irrelevant

	1				2				3				4				5				6				Total		
	1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3
1a	1				1				1				1				1				1				6	0	0
1b	1				1				1				1				1				1				6	0	0
1c	1				1					1			1				1				1				5	1	0
1d	1					1			1				1				1				1				5	1	0
1e		1				1				1			1				1				1				3	3	0
2	1				1				1				1				1					1			5	1	0
3		1			1				1				1					1				1			3	3	0
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19.5	1				1					1			1				1				1				5	1	0
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118	1					1			1				1				1				1				5	1	0
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120		1				1					1			1					1				1		0	3	3
121		1			1					1				1			1					1			2	4	0
122						1			1										1		1				2	1	1
123																									0	0	0
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124c	1				1				1				1				1				1				6	0	0
124d	1				1				1				1				1				1				6	0	0
124e	1				1					1			1				1				1				5	1	0
124f	1				1				1				1				1				1				6	0	0
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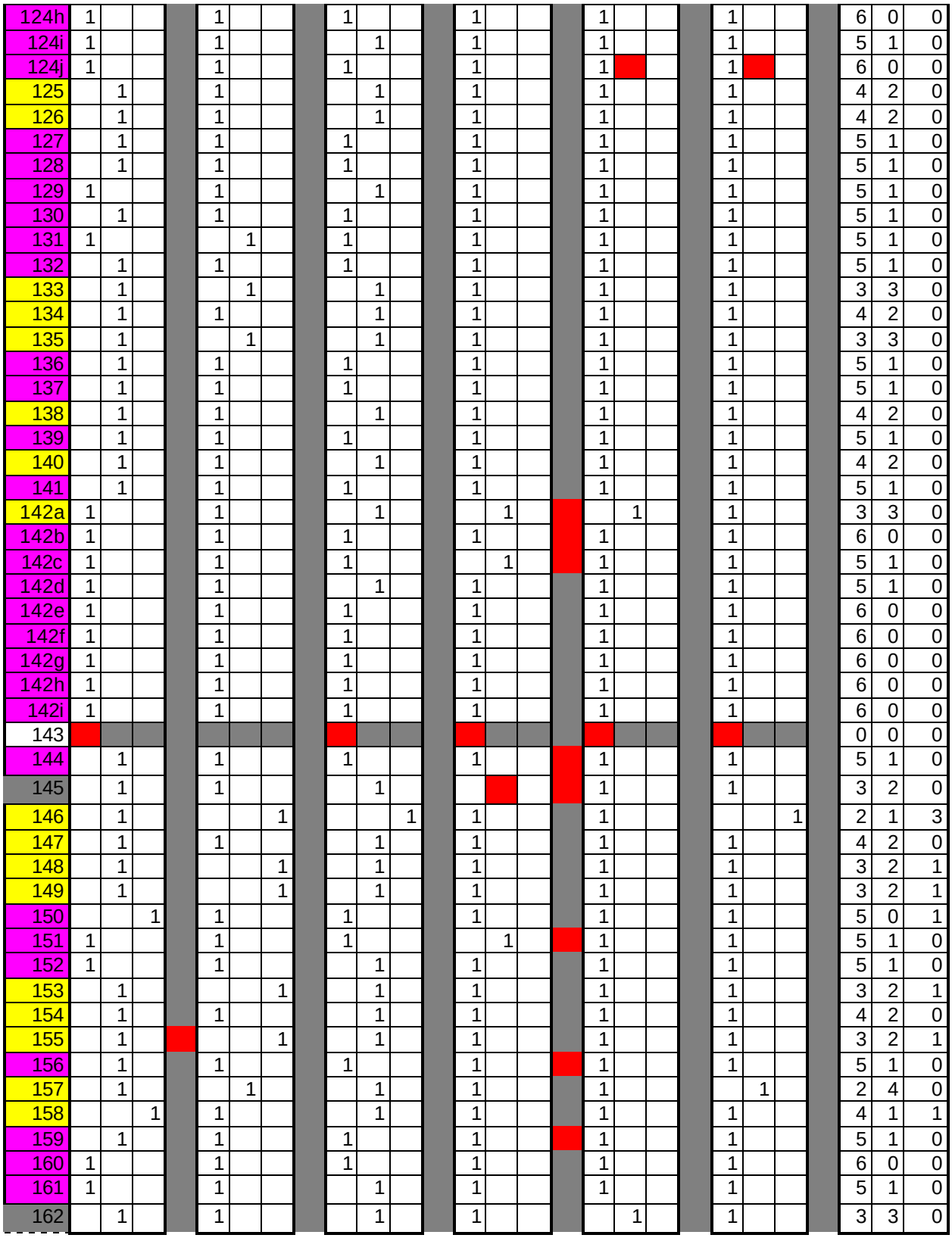

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124j	1				1				1				1				1				1				6	0	0
125		1			1					1			1				1				1				4	2	0
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142f	1				1				1				1				1				1				6	0	0
142g	1				1				1				1				1				1				6	0	0
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142i	1				1				1				1				1				1				6	0	0
143																									0	0	0
144		1			1				1				1				1				1				5	1	0
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152	1				1					1			1				1				1				5	1	0
153		1					1			1			1				1				1				3	2	1
154		1			1					1			1				1				1				4	2	0
155		1					1			1			1				1				1				3	2	1
156		1			1				1				1				1				1				5	1	0
157		1				1				1			1				1					1			2	4	0
158			1		1					1			1				1				1				4	1	1
159		1			1				1				1				1				1				5	1	0
160	1				1				1				1				1				1				6	0	0
161	1				1					1			1				1				1				5	1	0
162		1			1					1			1					1			1				3	3	0

APPENDIX H

Delphi questionnaire to experts: Round two

APPENDIX H

DELPHI QUESTIONNAIRE TO EXPERTS: ROUND TWO.

HEAD: SCHOOL OF MEDICINE
FACULTY OF HEALTH SCIENCES

11 May 2004

Dear Delphi Participant

Thank you also for taking the effort to complete this first round of documentation. I have taken note of the inputs received as comments in the questionnaire. Thank you very much for these inputs.

PURPOSE OF THE QUESTIONNAIRE OF ROUND 2

This questionnaire is structured to obtain your opinion regarding the importance of the criteria which consensus was not reached on. This questionnaire contains numbered statements, provides opportunities for reconsideration and additional comments and suggestions. The questions are again divided into the four main categories and each category is subdivided into subcategories. Each and every category and subcategory will have a heading to precisely indicate the category to you in which we deal with the outstanding issues.

Instructions for the completion of the questionnaire

As part of the second round, I have analysed the inputs of yourselves of the first round and the attached questionnaire only contains those items from the first questionnaire on which consensus have not been reached. For this questionnaire, the same definitions will be used and the definitions are included as part of the questionnaire. For the purpose of round one, consensus is determined as being reached when participants' votes on a specific item per section falls within one range as provided in the three-point scale. Consensus is defined according to the literature of Larson and Wissman (2000: 45) where 80% of the participants vote on a specific item within the same value of the three-point scale. The comments of round one have not been included everywhere in the questionnaire as feedback. All the items that consensus was not reached on, have again been divided in the categories as previously indicated in round one. Please again use the following scale:

3 – Essential (This criterion must definitely be included in the model.)
2 – Useful (It does not matter if this criterion is included or left out of the model.)
1 – Unnecessary (This criterion must definitely be left out of the management model.)

All the items that consensus has not been reached upon is again included. The responses of all the participants are indicated underneath the scale (i.e. the number of participants who indicated a particular value of the scale). The number in red indicates the specific point of the scale that you have personally chosen: i.e. On service delivery you have chosen no.1 on the scale together with another participant and 2 participants each have chosen values 2 and 3.

a. Service Delivery	**1** **2**	**2** **2**	**3** **2**	**R**	
	1	**2**	**3**	**2**	

If there are no numbers filled in red, you did not offer an opinion on this item.

Round number two provides you with an opportunity to reconsider your opinion on a specific point, in light of the opinions of other participants. During this round, you are therefore allowed to change your opinion and indicate a different level of importance for the specific item, should you think it is appropriate. Please again type in a cross (x) underneath the particular value of the scale that represents your considered opinion and **please do so even if your opinion does not change**. Please type in the cross (x) below the value that indicates the response as your own response. There is again an opportunity for you to comment.
e.g.

a. Service Delivery	**1** **2**	**2** **2**	**3** **2**	**R**	
	1	**2** **x**	**3**	**2**	

There is again an opportunity for you to comment. Please use **N/A** (for not appropriate) if you do not want to comment on a specific item. You may again comment on any item by typing/writing your comments underneath the feedback in the last column of the questionnaire. **All the questions under each section must be answered**. The purpose is to obtain consensus of each participant with regard to each criterion. All information will be treated

confidentially. Please note that your response is anonymous to the other participants and will be known to the researcher only

The completion of this questionnaire should not take you more than twenty (20) minutes. Thank you for your response. Can I ask for feedback by Wednesday, 19 May 2004 please.

Thank you

GERT VAN ZYL
Student no.: 1980599854

DEFINITIONS

Academic development:	It is development in an academic environment. It is all about improving the performance of the individual on academic level (Smit and De J Cronje, 2002:476).
Leadership:	It is the process of directing the behaviour of others towards the accomplishment of the organisation's goals. It is a complex management function (Smit and De J Cronje, 2002:279).
Management:	The process of planning, organising, leading and controlling the resources of the organisation to achieve stated organisational goals as productively as possible (Smit and De J Cronje, 2002:9).
Merger:	The combining of two or more independent functional organisations or commercial companies into one organisation or company. (Sykes, 1982:634).
Motivational climate:	It is a climate in which a manager creates a work climate or environment in which he or she can incorporate elements which encourage people to be more efficient and more effective (Coetsee, 1996:23).
Personnel development:	Staff development involves all the activities, actions, processes, policies, programmes and procedures employed to facilitate and support staff so that their performance and potential may be enhanced and that they may serve their own and their institution's needs (Webb, 1996).

FACULTY OF HEALTH SCIENCES

DELPHI PROCESS FOR PH.D. ON MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

Delphi Process: Round 2

The questionnaire will be anonymous to other participants. Only the researcher will know your identity.
There will be four sections to be completed. Instructions will be supplied with each group of questions.

Section A
Strategic Management and Planning
This section deals with issues related to strategic management and planning

Please indicate how important each of the following criteria is according to the following scale for areas of management:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box with an X. Only mark one option.

A. Areas of management

1. The model needs to include specific areas as areas of management. The areas to be included are:

					Comments
e. Community Service	1 3	2 3	3 0	R	Link up with government policy on Community Service This is indeed useful, but depending on the specific department not necessarily essential. In some departments e.g. community or public health it would be essential
	1	2	3	2	

B. LEADERSHIP PRACTICES

Please indicate how important each of the following criteria is according to the following scale with reference to leadership practices:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of leadership practices that must be taken into account/needs to be included:					Comments
3. Celebrate accomplishments when specific achievements are reached.	1 3	2 3	3 0	R	**Acknowledge may be a better word**
	1	2	3	2	
4. Clarity about philosophy of leadership.	1 2	2 4	3 0	R	
	1	2	3	2	

9. Ensuring that people break down a specific task in manageable portions.	1 4	2 2	3 0	R	**This will depend on the individuals concerned**
	1	2	3	2	
12. The encouragement of ownership.	1 4	2 2	3 0	R	
	1	2	3	2	

General

Please indicate how important each of the following criteria is according to the following scale with reference to transformation:

1= Essential
2= Useful
3= Unnecessary

Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of transformation that must be taken into account/needs to be included:					Comments
16. Staff must regard mistakes as learning opportunities.	1 2	2 4	3 0	R	
	1	2	3	2	
18. Staff must not be afraid of being blamed or punished.	1 3	2 3	3 0	R	
	1	2	3	2	
19. Staff must accept the following transformation objectives:					
19.2. Fast track mechanisms to promote previously disadvantaged staff.	1 4	2 2	3 0	R	
	1	2	3	2	
19.3. Workforce targets that are set for demographic corrections of the workforce.	1 4	2 2	3 0	R	
	1	2	3	2	
19.4. Mentoring.	1 4	2 2	3 0	R	
	1	2	3	2	

E. Creating aligned commitment among organisational members to the organisation, vision , goals and value system (Coetsee, 1996: 45)					
Please indicate how important each of the following statements is according to the following scale with reference to creating aligned commitment: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**					
Deals with issues of creating an aligned commitment that must be taken into account/needs to be included:					Comments
30. Recognition and or rewards (praise, increased pay, etc.) are important to create an aligned commitment.	**1** **4** **1**	**2** **2** **2**	**3** **0** **3**	**R** **2**	
31. The possession of knowledge and experience in work performance management.	**1** **3** **1**	**2** **3** **2**	**3** **0** **3**	**R** **2**	
32. Sufficient training.	**1** **3** **1**	**2** **3** **2**	**3** **0** **3**	**R** **2**	

F. Creating a motivating and inspirational climate or environment conducive to change (Coetsee, 1996: 28)					
Please indicate how important each of the following statements is according to the following scale with reference to creating a motivational climate: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**					
Deals with issues of creating a motivational climate that must be taken into account/needs to be included:					Comments
41. Emphasis of setting team goals.	**1** **4** **1**	**2** **2** **2**	**3** **0** **3**	**R** **2**	
45. Work pride.	**1** **4** **1**	**2** **2** **2**	**3** **0** **3**	**R** **2**	

Section B
Staff Appraisal and Development

This section deals with issues that are of importance for staff appraisals, development, appointment procedures and levels of management.

Please indicate how important each of the following statements is according to the following scale with reference to staff development:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

A. Issues of importance

Deals with issues of importance for staff development that must be taken into account/needs to be included:					COMMENTS
49. One must be committed to staff development.	14	22	30	R	
	1	2	3	2	
50. Academics are trained in staff development.	14	22	30	R	
	1	2	3	2	
56. The Department knows the kind of personnel it will require in the future.	14	22	30	R	
	1	2	3	2	

B. STAFFING – HOW DOES ONE APPROACH THE FILLING OF VACANT POSTS?					
Please indicate how important each of the following statements is according to the following scale with reference to filling of posts: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**					
Deals with issues of staffing that must be taken into account/needs to be included:					Comments
59. Internal recruitment is used more than external recruitment.	**10**	**23**	**33**	**R**	**Use both where necessary to promote diversity and new blood**
	1	**2**	**3**	**2**	
60. Additional qualifications are considered in the evaluation of staff during the appointment process.	**13**	**23**	**30**	**R**	**Relevant qualifications that adds value**
	1	**2**	**3**	**2**	

C. Staff development					
Please indicate how important each of the following statements is according to the following scale with reference to staff development: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**					
Deals with issues of staff development that must be taken into account/needs to be included:					Comments
71. Enough pressure is put on people in senior positions to develop new, inexperienced or lower levels of staff	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	

D. Other areas impacting on the process of staff development and appraisal

Please indicate how important each of the following statements is according to the following scale with reference to staff development and appraisal:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of staff development that must be taken into account/needs to be included:					Comments
74. Staff members are well informed with regard to disciplinary grievance procedures.	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	
75. Gender issues are resolved.	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	

Section C
Managerial Skills and Needs
This section deals with skills that are of importance for Heads of Department to manage.

Please indicate how important each of the following statements is according to the following scale with reference to management skills and needs:
1= Essential
2= Useful
3= Unnecessary
Please mark the appropriate box please with an X. Only mark one option.

Deals with issues of management and skills needed that must be taken into account/needs to be included:					COMMENTS
81. Personnel development and motivation	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	
95. Interpreting and communicating information.	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	
104. Competencies of allocating money.	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	
105. Allocating of resources, including physical and human resources.	**14**	**22**	**30**	**R**	
	1	**2**	**3**	**2**	

110. Practising of negotiating skills.	14	22	30	R	
	1	2	3	2	
112. Acquiring, organising and maintaining information	14	22	30	R	
	1	2	3	2	

Management needs					
Please indicate how important each of the following statements is according to the following scale with reference to management needs: 1= Essential 2= Useful 3= Unnecessary **Please mark the appropriate box please with an X. Only mark one option.**					
Deals with issues of management needs needed that must be taken into account/needs to be included:					Comments
115. A management model is needed.	14	22	30	R	
	1	2	3	2	
117. A management model should be in a uniform format.	11	23	32	R	
	1	2	3	2	
119. A model will contribute to the quality of service delivery.	12	23	31	R	
	1	2	3	2	
120. A new management model can complicate tasks.	10	23	33	R	
	1	2	3	2	
121. A framework for a model to be implemented will be accepted.	12	24	30	R	
	1	2	3	2	
122. An individualised model will be accepted.	12	21	31	R	**AFTER NEGOTIATION**
	1	2	3	2	

Section D
Motivational Climate

This section determines the level of the motivational climate needed

Adapted from Coetsee (1996:28)

Please indicate how important each of the following statements is according to the following scale with reference to motivational climate:

1= Essential
2= Useful
3= Unnecessary

Deals with issues of motivational climate that must be taken into account/needs to be included:					Comments
125. People are involved in formulating the goals they have to achieve.	**1**	**2**	**3**	**R**	
	4	**2**	**0**		
	1	**2**	**3**	**2**	
126. Responsibility is expected for achieving the set goals.	**1**	**2**	**3**	**R**	
	4	**2**	**0**		
	1	**2**	**3**	**2**	
133. Colleagues assist individuals to improve.	**1**	**2**	**3**	**R**	
	3	**3**	**0**		
	1	**2**	**3**	**2**	
134. Staff members are satisfied with their jobs.	**1**	**2**	**3**	**R**	
	4	**2**	**0**		
	1	**2**	**3**	**2**	
135. Salaries are reasonable.	**1**	**2**	**3**	**R**	
	3	**3**	**0**		
	1	**2**	**3**	**2**	
138. Productivity is emphasised.	**1**	**2**	**3**	**R**	
	4	**2**	**0**		
	1	**2**	**3**	**2**	
140. Job satisfaction is experienced.	**1**	**2**	**3**	**R**	
	4	**2**	**0**		
	1	**2**	**3**	**2**	

Please mark with an x the appropriate box:

142. The following aspects create dissatisfaction:				Comments
Administrative work	Yes	No	R	**Must carry some administrative load**
	3	3		
	Yes	No	2	

QUESTIONS RELATED TO JOB SATISFACTION

Please indicate how important each of the following statements is according to the following scale with reference to management needs:

1= Essential
2= Useful
3= Unnecessary

Please mark the appropriate box please with an X. Only mark one option.

To what extent are the mentioned aspects important according to job satisfaction.					Comments
146. The number of work hours per week spent working.	**1** **2**	**2** **1**	**3** **3**	**R**	
	1	**2**	**3**	**2**	
147. The time spent on service delivery (patient care).	**1** **4**	**2** **2**	**3** **0**	**R**	
	1	**2**	**3**	**2**	
148. The time spent on student training and education responsibilities.	**1** **3**	**2** **2**	**3** **1**	**R**	
	1	**2**	**3**	**2**	
149. Time spent on research.	**1** **3**	**2** **2**	**3** **1**	**R**	
	1	**2**	**3**	**2**	
153. Opportunities available for training and development of general lecturing skills.	**1** **3**	**2** **2**	**3** **1**	**R**	
	1	**2**	**3**	**2**	
154. Opportunities available for training and development for management.	**1** **4**	**2** **2**	**3** **0**	**R**	
	1	**2**	**3**	**2**	
155. Opportunities available for research.	**1** **3**	**2** **2**	**3** **1**	**R**	**Not all academics have an inclination towards research**
	1	**2**	**3**	**2**	
157. The physical circumstances - offices, noise level, etc.	**1** **2**	**2** **4**	**3** **0**	**R**	
	1	**2**	**3**	**2**	
158. Satisfaction with participation in the community.	**1** **4**	**2** **1**	**3** **1**	**R**	
	1	**2**	**3**	**2**	

Thank you for completing round 2

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APPENDIX I

Results if round two

APPENDIX I
RESULTS ROUND 2

PhD Delphi Round 2 Results

Colour Scheme for table

Purple marks are areas on consensus
Yellow marks are areas consensus could not be reached
In blocks- Indicate comments received

1 Colour over a number means that

1 question was not understood or irrelevant

																							Total		
	1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3
1e		1				1				1				1			1					1			1	5	0
3		1			1				1				1					1				1			3	3	0
4		1				1			1					1				1				1			1	5	0
9	1				1				1				1					1			1				5	1	0
12		1			1				1				1				1				1				5	1	0
16			1		1					1			1					1				1			2	3	1
18		1			1				1				1					1				1			3	3	0
19.2		1				1				1			1					1				1			1	5	0
19.3		1			1					1				1				1				1			1	5	0
19.4	1				1				1				1					1			1				5	1	0
30		1			1					1								1			1				2	3	0
31		1				1			1					1				1				1			1	5	0
32			1		1						1								1		1				2	0	3
41			1		1				1								1				1				4	0	1
45		1			1				1								1				1				4	1	0
49			1		1				1								1				1				4	0	1
50	1				1					1							1				1				4	1	0
56	1				1				1				1				1				1				6	0	0
59			1				1				1				1			1					1		0	1	5
60		1				1				1			1				1				1				3	3	0
71		1			1				1				1				1				1				5	1	0
74		1			1				1				1				1				1				5	1	0
75		1			1				1				1				1				1				5	1	0
81			1		1				1				1				1				1				5	0	1
95			1		1				1				1				1				1				5	0	1
104		1				1				1			1				1				1				3	3	0
105	1					1			1				1				1				1				5	1	0
110		1			1				1				1				1				1				5	1	0
112		1			1				1				1				1				1				5	1	0
115		1			1				1				1				1				1				5	1	0
117		1				1				1				1				1					1		0	5	1
119			1		1					1				1			1					1			2	3	1
120			1			1					1				1				1				1		0	1	5
121			1		1					1				1			1					1			2	3	1
122		1				1				1								1			1				1	4	0
125		1			1				1				1				1				1				5	1	0
126			1		1				1				1				1				1				5	0	1
133			1		1				1					1			1				1				4	1	1

134		1			1				1				1				1				1				5	1	0
135		1			1				1				1				1				1				5	1	0
138	1				1					1			1				1				1				5	1	0
140		1			1				1				1				1				1				5	1	0
142a	1				1					1			1				1				1				5	1	0
146		1			1						1			1			1						1		2	2	2
147		1			1				1				1				1				1				5	1	0
148		1					1			1			1				1				1				3	2	1
149	1				1					1			1				1				1				5	1	0
153			1				1			1			1				1				1				3	1	2
154	1				1				1					1			1				1				5	1	0
155		1					1			1			1				1				1				3	2	1
157		1				1				1				1			1					1			1	5	0
158		1			1				1				1				1				1				5	1	0

APPENDIX J

Letter to Delphi participants and final results

APPENDIX J
LETTER TO DELPHI PARTICIPANTS AND FINAL RESULTS

HEAD: SCHOOL OF MEDICINE
FACULTY OF HEALTH SCIENCES

1 June 2004

Dear Delphi Participant

Please find attached the final result of the Delphi process. Two members have indicated that they have reached their final view on the statements.

Linstone and Turoff (1979:278) refer to the problem of the question on what represents a reasonable cut-off point and the stability by position reached. They indicate that there is no statistical theory. They mention that there is a certain degree of oscillatory movement and change within a group, which is inevitable. Stability is then (Linstone & Turoff 1979:277) defined not as the natural tendency for opinions of experts to centralise. It is mentioned that the interest lies not in the opinion of the individual but rather in the group, the change in the group needs to be measured. Stability therefore can be declared when the movement of the group as a whole has reached stability.

This then concludes the Delphi process. Those statements that have not reach consensus by end of round 2 will be marked as statements with “stability reached “. If there are any final comments on the final result, please let me have it by 7 June 2004. Thank you for your help in this process. Your effort is highly appreciated.

GERT VAN ZYL
Student no.: 1980599854

FACULTY OF HEALTH SCIENCES

DELPHI PROCESS FOR PH.D. ON MANAGEMENT MODEL FOR HEADS OF DEPARTMENT IN THE MEDICAL SCHOOL, UNIVERSITY OF THE FREE STATE

DELPHI PROCESS: FINAL ROUND RESULTS

The questionnaire will be anonymous to other participants.
There will be four sections to be completed.

Section A
Strategic Management and Planning
This section deals with issues related to strategic management and planning

Scale

1= Essential
2= Useful
3= Unnecessary

R= Round
F= Final

A. AREAS OF MANAGEMENT

1. The model needs to include specific areas as areas of management. The areas to be included are:

					Comments on final results
b. Service delivery	**1**	**2**	**3**	**R**	**Consensus in Round 1**
*** number of Delphi experts**	**6***	**0**	**0**	**F**	
b. Student training	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
c. Research	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
d. Management (including Administration and Planning)	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
e. Community service	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	1	**5**	**0**	**F**	
f. Others?					

B. LEADERSHIP PRACTICES					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of leadership practices that must be taken into account/need to be included:					Comments on final results
2. Inclusive planning procedures.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
3. Celebrate accomplishments when specific achievements are reached.	**1**	**2**	**3**	**R**	**Stability reached** Leadership must give feedback to staff.
	3	**3**	**0**	**F**	
4. Clarity about philosophy of leadership.	**1**	**2**	**3**	**R**	**Consensus in Round 2** If the philosophy is moulded by political forces (e.g. previously disadvantaged considerations) then clarity is essential, otherwise useful
	1	**5**	**0**	**F**	
5. Motivating people to share dreams about the future.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
6. Respectful treatment of people.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
7. Communicate a positive and hopeful outlook.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
8. Ensuring that people adhere to agreed values.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
9. Ensuring that people break down a specific task into manageable portions.	**1**	**2**	**3**	**R**	**Consensus in Round 2** This will depend on the individuals concerned.
	5	**1**	**0**	**F**	
10. The development of co-operative relationships with people.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
11. The consistency in practice of the values.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	

12.	The encouragement of ownership.	1	2	3	R	**Consensus in Round 2**
		5	1	0		
					F	
13.	The setting of clear goals.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
14.	The construction of plans.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
15.	The establishment of certain indicators for work.	1	2	3	R	**Consensus in Round 1** Despite participants voting on this aspect, the majority felt that it had to be discarded from the list.
		4	1	0	F	
C. TRANSFORMATION						
Scale 1= Essential 2= Useful 3= Unnecessary						
Deals with issues of transformation that must be taken into account/need to be included:						**Comments on final results**
16.	Staff must regard mistakes as learning opportunities.	1	2	3	R	**Stability reached** It is essential that you learn from your mistakes.
		2	3	1	F	
17.	Staff must accept responsibility for their actions.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
18.	Staff must not be afraid of being blamed or punished.	1	2	3	R	**Stability reached** A culture of blame and punishment is fundamentally retrogressive.
		3	3	0	F	
19.	Staff must accept the following transformation objectives:					
19.1.	Addressing representation in the work-force.	1	2	3	R	**Consensus in Round 1**
		6	0	0	F	
19.2.	Fast track mechanisms to promote previously disadvantaged staff.	1	2	3	R	**Consensus in Round 2**
		1	5	0	F	

19.3. Workforce targets that are set for demographic corrections of the workforce.	1	2	3	R	**Consensus in Round 2**
	1	5	0	F	
19.4. Mentoring.	1	2	3	R	**Consensus in Round 2** Useful but can be viewed as patronising in professional appointments.
	5	1	0	F	
19.5. Training support for previously disadvantaged staff.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
20. Performance targets should be set for each transformation objective.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	

21. Any further comments on transformation?
Transformation in this section is linked to demographics, which in a South Africa context is important, but I would rather see it as a cultural issue within any organization. Targets and programmes are fine and needed, but if the culture of the organization does not change, transformation will be difficult if – not impossible. Possibly an important characteristic will be the ability to manage transformation in a multicultural environment.
The realities must be taken into account (e.g. pool of qualified personnel from previously disadvantaged communities presently available).
Need to understand the broad transformation environment of the country.
Ability to manage change.
Be a change agent rather than obstruct transformation.
Develop a common vision for transformation in line with the bigger picture. Equity; Broad based Black Economic Empowerment, Skills development; etc.

D. QUESTIONS RELATED TO CHANGE

Scale
1= Essential
2= Useful
3= Unnecessary

Deals with issues of change that must be taken into account/need to be included:					**Comments on final results**
22. With the management of a change process the level of communication is important.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	

23. Freedom and empowerment to make decisions on your own without fear of failure.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
24. Level of support is important in the change process.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
25. Setting measurable goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
26. Vision on change needs to be communicated.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
27. Any comments on "Change"?					
Change management is a particular skill and may not be within every Head of Department's (HoD's) grasp. However, the Faculty leadership should provide the leadership with respect to change management and strenuously support "change agents" who are identified within the ranks of the faculty staff. Change agents may not always be the HoD's and as such require support.					
Listen to and address the concerns of the stakeholders.					
Feedback is a breakfast of champions.					

E. CREATING ALIGNED COMMITMENT AMONG ORGANISATIONAL MEMBERS TO THE ORGANISATION, VISION , GOALS AND VALUE SYSTEM (COETSEE, 1996: 45)					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of creating an aligned commitment that must be taken into account/needs to be included:					**Comments on final results**
28. Receiving appropriate information to visualise the new direction.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
29. A value system (behavioural guidelines such as honesty, quality, profit, etc.) is important to create an aligned commitment.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
30. Recognition and/or rewards (praise, increased pay, etc.) are important to create an aligned commitment.	**1**	**2**	**3**	**R**	**Stability reached** If staff efforts are not recognised, then there is no transparency in the system. One respondent did not respond
	2	**3**	**0**	**F**	
31. The possession of knowledge and experience in work performance management.	**1**	**2**	**3**	**R**	**Consensus in Round 2** I find this question difficult to understand.
	1	**5**	**0**	**F**	
32. Sufficient training.	**1**	**2**	**3**	**R**	**Stability reached** One respondent did not respond
	2	**0**	**3**	**F**	
33. Clearly defined work objectives.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**0**	**1**	**F**	
34. Clear tasks set by supervisor/manager.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
35. Adequate management of resistance to change.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Support the ones that are showing the concerns.
	6	**0**	**0**	**F**	
36. Commitment of management to the change process.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	

37. Any other comments on aligned commitment?
Feedback is essential.
Peer support.
Assigning champions.

F. CREATING A MOTIVATING AND INSPIRATIONAL CLIMATE OR ENVIRONMENT CONDUCIVE TO CHANGE (COETSEE, 1996:28).					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of creating a motivational climate that must be taken into account/needs to be included:					Comments on final results
38. Management support throughout the change process.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
39. The involvement of staff in formulating the goals of the department.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
40. Ownership for achieving the set goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
41. Emphasis of setting team goals.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**0**	**1**	**F**	
42. Clarity regarding the vision and goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
43. Maintaining high performance standards.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
44. Emphasis on productivity.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
45. Work pride.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**1**	**0**	**F**	

46. Emphasis on good clinical practice.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
47. Any comments on motivational climate?					
These characteristics are all good, but I think that what is needed, is to determine what the key characteristic to promote change is. In this regard I would identify leadership and communication of the future vision as key enablers for an organisation to change.					
Rewarding high performance and productive units.					

Section B
Staff Appraisal and Development

This section deals with issues that are of importance for staff appraisals, development, appointment procedures and levels of management.

Scale

1= Essential
2= Useful
3= Unnecessary

A. ISSUES OF IMPORTANCE

Deals with issues of importance for staff development that must be taken into account/needs to be included:					Comments on final results
48. Staff development must be regarded as one of the major objectives.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
49. One must be committed to staff development.	1	2	3	R	**Consensus in Round 2**
	4	0	1	F	
50. Academics are trained in staff development.	1	2	3	R	**Consensus in Round 2**
	4	1	0	F	
51. Training of staff must be ensured:					
Once a year	1	2	3	R	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and might change from area/department to area/department. Score was discarded.
Once a semester	1	2	3	R	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.
Once a month	1	2	3	R	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.
Once a week	1	2	3	R	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.

Daily	1	2	3	R	**Consensus in Round 1**
				F	Consensus was reached that this was very difficult to determine and may change from area/department to area/department. Score was discarded.
Other timeframe.					
52. Staff development is assessed.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
53. Career plans need to exist for staff.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
54. Staff need to be developed to take over in higher positions.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
55. The vision must be communicated to all staff.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
56. The Department knows the kind of personnel it will require in the future.	1	2	3	R	**Consensus in Round 2**
	6	0	0	F	
57. Staff must be rewarded for good performance.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
58. Any comments on staff appraisal and development?					
Do not link staff rewards to financial rewards					
Constraints (in the real world, e.g. lack of resources) must be taken into account.					
B. STAFFING – HOW DOES ONE APPROACH THE FILLING OF VACANT POSTS?					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of staffing that must be taken into account/need to be included:					**Comments on final results**
59. Internal recruitment is used more than external recruitment.	1	2	3	R	**Consensus in Round 2**
	0	1	5	F	Use both where necessary to promote diversity and new blood.

60. Additional qualifications are considered in the evaluation of staff during the appointment process.	**1**	**2**	**3**	**R**	**Stability reached** Relevant qualifications that add value.
	3	**3**	**0**	**F**	
61. Credible selection panels are used.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
62. Affirmative action and employment equity are implemented.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	6	**0**	**0**	**F**	
63. Promotion takes into account the skills and ability to perform a job.	**1**	**2**	**3**	**R**	**Consensus in Round 1** The potential of the individual assists to consider affirmative action as well.
	6	**0**	**0**	**F**	
64. Other comments?	Academic record (outputs) must be taken into account.				

C. STAFF DEVELOPMENT

Scale

1= Essential
2= Useful
3= Unnecessary

Deals with issues of staff development that must be taken into account/needs to be included:					**Comments on final results**
65. Development of staff as part of the organisational culture takes place.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
66. Departments develop people.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
67. Staff know what is required from them in their jobs.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Implement personnel development and management system (PDMS).
	5	**1**	**0**	**F**	
68. Staff know the standards according to which they have to perform.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
69. Members of staff are given constructive feedback about their work from their supervisors.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	

70. Staff are sent on training programmes that are relevant.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
71. Enough pressure is put on people in senior positions to develop new, inexperienced or lower levels of staff.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Developing staff must be done at all levels.
	5	**1**	**0**	**F**	
72. Any other comments?	These questions are all good, the format of the questionnaire makes it difficult to weight them.				

D. OTHER AREAS IMPACTING ON THE PROCESS OF STAFF DEVELOPMENT AND APPRAISAL					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of staff development that must be taken into account/need to be included:					**Comments on final results**
73. Staff members are satisfied with the general working atmosphere.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
74. Staff members are well informed with regard to disciplinary grievance procedures.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Without clarity nasty shocks can occur.
	5	**1**	**0**	**F**	
75. Gender issues are resolved.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**1**	**0**	**F**	
76. Cultural issues are not a problem in my department.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**0**	**1**	**F**	
77. List two internal issues that have an impact on staff development. Comments received					
Can not be developed (n=1).					
Inconsistency (n=1).					
Management support (n=1).					

Organisational culture (n=1).
Availability of resources to implement such programmes (n=1).
Sufficient staff to allow people to take time off to be involved in staff development without feelings of guilt and increased work pressures (n=1).
Resources (Human and Financial) (n=1).
Motivation/morale (n=1).
The supervisor is to take it seriously (n=1).
All must know when their turn will come – needs a Human Resource Development (HRD) Plan
78. List two external issues that have an impact on staff development. Comments received by experts.
Politics
Over regulation by government (n=1).
Resource availability (n=1).
Recognition (n=1).
Family commitments especially the working woman (n=1).
"Job hopping" (n=1).
Opportunities available (n=1).
Networking (local and international) (n=1).
Allocation of a dedicated budget (n=1).
Recognition of additional skills acquired (n=1).

Section C
Managerial Skills and Needs
This section deals with skills that are of importance for Heads of Department to manage.

Scale

1= Essential
2= Useful
3= Unnecessary

Deals with issues of management and skills needed that must be taken into account/need to be included:					Comments on final results
79. Management abilities and skills, including planning, organisation, control and decision-making.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
80. Financial planning and resource utilisation.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
81. Personnel development and motivation.	1	2	3	R	**Consensus in Round 2**
	5	0	1	F	
82. Interpersonal skills, including adaptability, consistency and self-assertion.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
83. Skills of insight, including expertise, dealing with problems and improvisation.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
84. Work performance skills, including production, usefulness and drive.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
85. Foundation skills including reading, writing, arithmetic and listening skills.	1	2	3	R	**Consensus in Round 1** Participants felt that this was irrelevant. A Head of Department will not reach this level without these skills.
				F	
86. Creative thinking – generates new ideas.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
87. Decision-making - specific goals and constraints; generates alternatives; considers risks; and evaluates and chooses best alternatives.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	

88. Problem-solving - recognises problems and devises and implements plan of action.	1	2	3	R	**Consensus in Round 1**
	6	0	0	F	
89. Knowing how to learn – uses efficient learning techniques to acquire and apply new knowledge and skills.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
90. Reasoning.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
91. Responsibility – exerts a high level of effort and perseveres toward goal attainment.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
92. Self-esteem – believes in own self-worth and maintains a positive view of staff.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
93. Self-management - assesses self accurately, sets personal goals, monitors progress and exhibits self-control.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
94. Integrity – the practice thereof.	1	2	3	R	**Consensus in Round 1** An absolute characteristic – without it the person cannot be in such a position.
	6	0	0	F	
95. Interpreting and communicating information.	1	2	3	R	**Consensus in Round 2**
	5	0	1	F	
96. Using computers to process information.	1	2	3	R	**Consensus in Round 1**
	1	5	0	F	
97. Understanding of IT systems.	1	2	3	R	**Consensus in Round 1**
	1	5	0	F	
98. Monitoring and correcting performance.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
99. Improving and designing technology systems.	1	2	3	R	**Consensus in Round 1**
	0	1	5	F	

100.	Selects technology – judges which set of procedures, tools, instruments or machines - including computers and their programmes - will produce the desired results.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		0	**6**	**0**	**F**	
101.	Applying technology to task.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		1	**5**	**0**	**F**	
102.	Maintaining and troubleshooting technology.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		1	**0**	**5**	**F**	
103.	Competencies of time allocation.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
104.	Competencies of allocating money.	**1**	**2**	**3**	**R**	**Stability reached**
		3	**3**	**0**	**F**	
105.	Allocating of resources, including physical and human resources.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
106.	Participating as a member of a team.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	
107.	Teaching others.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
108.	Serving patients, clients/customers.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
109.	Exercising leadership.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	
110.	Practising of negotiating skills.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
111.	Working with cultural diversity.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	

112. Acquiring, organising and maintaining information	1	2	3	R	**Consensus in Round 2**
	5	1	0	F	
113. Any other skills needed you want to list?					
Adaptability.					
Financial management.					
Management needs					
Scale 1= Essential 2= Useful 3= Unnecessary					
Deals with issues of management needs needed that must be taken into account/need to be included:					**Comments on final results**
114. It is important that a management model is implemented.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
115. A management model is needed.	1	2	3	R	**Consensus in Round 2**
	5	1	0	F	
116. A management model will help to improve the management.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
117. A management model should be in a uniform format.	1	2	3	R	**Consensus in Round 2**
	0	5	1	F	
118. The model should allow flexibility.	1	2	3	R	**Consensus in Round 1**
	5	1	0	F	
119. A model will contribute to the quality of service delivery.	1	2	3	R	**Stability reached**
	2	3	1	F	
120. A new management model can complicate tasks.	1	2	3	R	**Consensus in Round 2**
	0	1	5	F	

121. A framework for a model to be implemented will be accepted.	1	2	3	R	**Stability reached**
	2	3	1	F	
122. An individualised model will be accepted.	1	2	3	R	**Consensus in Round 2**
	1	4	0	F	
123. Any comments regarding aspects of a management model?					
The management model must serve as a tool that will ensure implementation of a common vision. It must be a broad framework without compromising the ability to be flexible to meet the needs of individual departments.					

124. Those areas you think a management model (framework) must address			
	Comments on final results		
♦ Academic management	R F	1 YES 6	**Consensus in Round 1**
♦ Clinical service delivery	R F	2 YES 6	**Consensus in Round 1**
♦ Information management	R F	3 YES 6	**Consensus in Round 1**
♦ Leadership	R F	4 YES 6	**Consensus in Round 1**
♦ Personal management	R F	5 YES 5	**Consensus in Round 1**
♦ Personnel management	R F	6 YES 6	**Consensus in Round 1**
♦ Postgraduate training	R F	7 YES 6	**Consensus in Round 1**
♦ Research	R F	8 YES 6	**Consensus in Round 1**
♦ Strategic management	R F	9 YES 5	**Consensus in Round 1**
♦ Undergraduate training	R F	10 YES 6	**Consensus in Round 1**

♦ Other (specify). ♦ Interaction with partner employers (Province, NHLS, etc.). ♦ Community service/outreach.
♦ Relationships, partnerships and cross cutting agreements.
♦ Financial sustainability and affordability.

Section D
Motivational Climate

This section determines the level of the motivational climate needed.

Adapted from Coetsee (1996:28)

Scale

1= Essential
2= Useful
3= Unnecessary

Deals with issues of motivational climate that must be taken into account/need to be included:						**Comments on final results**
125.	People are involved in formulating the goals they have to achieve.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
126.	Responsibility is expected for achieving the set goals.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**0**	**1**	**F**	
127.	Management encourages people to achieve the goals set.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
128.	Management emphasises team goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
129.	Staff understand the Faculty's vision and goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
130.	Staff members are involved in setting specific goals.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
131.	A specific value system (behavioural guidelines such as quality, honesty, profit, and respect for one another) is needed.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
132.	The members of management maintain high performance standards.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
133.	Colleagues assist individuals to improve.	**1**	**2**	**3**	**R**	**Stability reached**
		4	**1**	**1**	**F**	
134.	Staff members are satisfied with their jobs.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	

135.	Salaries are reasonable.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Unreasonable salaries do not motivate.
		5	**1**	**0**	**F**	
136.	People regard their work as a method to make a contribution.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
137.	Staff members are proud of the quality of work produced.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
138.	Productivity is emphasised.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
139.	Good clinical practice is emphasised.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
140.	Job satisfaction is experienced.	**1**	**2**	**3**	**R**	**Consensus in Round 2** No job satisfaction = no motivation.
		5	**1**	**0**	**F**	
141.	Management functions as a team.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	

142. The following aspects create dissatisfaction:				Comments on final results
Administrative work	Yes	No	R	**Consensus in Round 2** Must carry some administrative load. Only if inappropriate.
	5	1	F	
Bureaucracy	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Clinical training load	Yes	No	R	**Consensus in Round 1**
	5	1	F	
Management issues	Yes	No	R	**Consensus in Round 1**
	5	1	F	
Not enough time for research	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Not enough time for training	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Remuneration	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Teaching load	Yes	No	R	**Consensus in Round 1**
	6	0	F	
Workload	Yes	No	R	**Consensus in Round 1**
	6	0	F	
143. List two other issues of importance to you (if any), that create dissatisfaction in your work.				
Do not have time for their families (n=1).				
Failure to take key decisions (n=1).				
Lack of recognition for good work (n=1).				

♦ Lack of resources (n=1). ♦ The interaction with Provincial and National Departments of Health and Education (n=1). ♦ Continuously having to counter plans of Provincial DoH for changing the service platform that will obviously impact negatively on the academic functioning of the Faculty (n=1). ♦ Being forced into reactive management (n=1). ♦ Lack of a proper management information system (n=1). ♦ Lack of understanding from the side of University Management for the complexities of a Faculty of Health Sciences (n=1). ♦ Low staff morale due to the above(n=1).
Not enough time for service delivery (n=1).

THIS SECTION DEALS WITH THE LEVEL OF SATISFACTION.					
Scale 1= Essential 2= Useful 3= Unnecessary					
					Comments on final results
144. The level of satisfaction of members is important.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	
145. The level of satisfaction as measured by the ownership is important.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Participants felt that this part is not understood correctly and the statement must be discarded.
				F	
QUESTIONS RELATED TO JOB SATISFACTION					
Scale 1= Essential 2= Useful 3= Unnecessary					
To what extent are the mentioned aspects important according to job satisfaction ?					**Comments on final results**
146. The number of work hours per week spent working.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	2	**2**	**2**	**F**	
147. The time spent on service delivery (patient care).	**1**	**2**	**3**	**R**	**Consensus in Round 2**
	5	**1**	**0**	**F**	
148. The time spent on student training and education responsibilities.	**1**	**2**	**3**	**R**	**Stability reached** Might also cause dissatisfaction if time available is not enough.
	3	**2**	**1**	**F**	
149. Time spent on research.	**1**	**2**	**3**	**R**	**Consensus in Round 2** Might also cause dissatisfaction if time available is not enough.
	5	**1**	**0**	**F**	
150. The relationship with immediate supervisor.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**0**	**1**	**F**	
151. The freedom/opportunities members have to take initiative in their work environment.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
	5	**1**	**0**	**F**	

152.	Opportunities available for training in specialist discipline area - attendance of conferences, congresses, etc.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
153.	Opportunities available for training and development of general lecturing skills.	**1**	**2**	**3**	**R**	**Stability reached**
		3	**1**	**2**	**F**	
154.	Opportunities available for training and development for management.	**1**	**2**	**3**	**R**	**Consensus in Round 2** There must be these opportunities
		5	**1**	**0**	**F**	
155.	Opportunities available for research.	**1**	**2**	**3**	**R**	**Stability reached** Not all academics have an inclination towards research. If you have no opportunities for research you are not an academic.
		3	**2**	**1**	**F**	
156.	Opportunities available for participating in decisions.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
157.	The physical circumstances - offices, noise level, etc.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		1	**5**	**0**	**F**	
158.	Satisfaction with participation in the community.	**1**	**2**	**3**	**R**	**Consensus in Round 2**
		5	**1**	**0**	**F**	
159.	Satisfaction with relaxation.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
160.	Satisfaction with work.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		6	**0**	**0**	**F**	
161.	Satisfaction with job benefits.	**1**	**2**	**3**	**R**	**Consensus in Round 1**
		5	**1**	**0**	**F**	
162.	Satisfaction to stay on for the rest of a career.	**1**	**2**	**3**	**R**	**Consensus in Round 1** Participants felt that they would not be able to score on this aspect and it was discarded.
					F	

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APPENDIX K

Hospital Leader Success Factors

APPENDIX K

LEADERSHIP SUCCESS FACTORS:

(Rice and Upson:2003)

	Contributing Through Individual Effort	Contributing Through Others	Contributing Through Organizational Leadership
Shows Respect and Integrity Demonstrates respect for all individuals; adheres to Hospital's ethics/Shared Values/business practices; demonstrates courage of conviction	• Builds trusting relationships with others • Values people's differences in background, culture, pursuit of work/personal life balance, and perspective • Acts in accordance with Hospital's ethical principles • Takes a stand for what he/she believes in	• Recognizes the value and contribution of all team members through words and actions • Takes responsibility for the behavior of his/her department or team • Enforces high standards of ethical conduct • Acknowledges the ideals and convictions of others at all levels	• Holds managers accountable to high standards of treating others with respect and valuing differences throughout the organization • Makes broad-based business/ organizational decisions that support our Shared Values • Demonstrates respect for Hospital's neighbors and local communities
Communicates Effectively Openly shares information; listens to and values feed-back; shares opinions and Feedback directly	• Listens to and actively solicits the opinions of others • Communicates in an open, candid, and direct manner • Accepts criticism openly and non-defensively • Maintains confidential information where appropriate • Provides feedback to others in a respectful, direct manner • Shares timely and factual information with supervisor and other stakeholders on progress and results	• Is accessible and listens to employee input and concerns • Delivers timely and appropriate feedback to team members • Provides open access to information to enable effective performance • Encourages team members to share feedback directly with one another • Clearly and continuously communicates objectives and expectations	• Establishes processes/systems which facilitate information sharing and two-way communication throughout the organization • Communicates essential information to the organization in a timely manner • Maintains an appropriate level of communication wth stakeholders

Definitions

- *Contributing through Individual Effort: those who do not manage or lead others*
- *Contributing through Others: managers of projects, team leaders, supervisors (i.e., Supervisors, Managers, and Directors)*
- *Contributing through Organizational Leadership: people who lead Hospital businesses, functions, departments, and/or plants (i.e., Vice President and above)*

Promotes Teamwork Works in collaborative and inclusive fashion; demonstrates effective teamwork in a variety of settings; constructively resolves conflict to achieve team goals	• Puts personal interests aside for the team's goals • Resolves conflicts with others in a constructive manner • Works collaboratively within and across businesses, functions and regions • Identifies and optimizes resources to achieve goals	• Appropriately involves others in planning and decision making • Provides clear direction and milestones to the team and individual • Effectively balances diverse or conflicting interests • Surfaces and helps to resolve issues which detract from team performance • Demonstrates understanding of the unique perspectives of all stakeholders	• Builds shared vision and common goals across teams • Builds strong relationships and networks within and outside of Hospital • Effectively manages long-term relationships with external stakeholders • Builds effective partnerships with Hospital joint ventures and acquisitions • Balance local/unit needs with overall benefit to Hospital

	Contributing Through Individual Effort	Contributing Through Others	Contributing Through Organizational Leadership
Demonstrates Leadership Sets clear direction; establishes plans consistent with that direction; measures progress against plans	• Demonstrates ownership of challenges or issues and takes appropriate action • Understands the mission of the team and how his/her work contributes • Maintains a high degree of commitment towards excellence • Establishes work plans and processes consistent with the team's direction • Takes full responsibility for his/her actions	• Involves team members in setting the direction for the team • Establishes challenging and motivating team and individual goals • Inspires others to excel • Fosters enthusiasm and commitment to the team's shared direction and goals • Continuously measures and communicates team progress	• Builds a shared vision for the organization • Inspires people to action consistent with this vision • Establishes high standards and stretch goals for the organization • Displays and engenders commitment to the mission and vision of the organization and Hospital
Develops Talent Continuously and enthusiastically develops the talents of self and/or others; motivates others to achieve high-performance and continuous learning	• Has a solid understanding of his/her own strengths and developmental needs • Builds skills required by the organization and addresses developmental needs • Shares new learnings with others • Holds self accountable for continuous growth • Stays current in area of expertise	• Recruits superior talent to Hospital • Helps others identify their strengths and developmental needs • Provides challenging work and opportunities to learn and grow • Obtains necessary resources for people to work effectively • Effectively coaches and motivates others for outstanding performance • Shares talent within the organization • Delivers performance feedback in a direct and timely manner	• Removes organizational barriers to outstanding performance • Identifies and develops superior talent across the organization • Ensures organizational processes and systems support attracting, developing, and retaining superior talent • Personally participates in broad talent management initiatives • Identifies and develops successors to key roles • Maintain state-of-the-art expertise in industry, functional specialty
Drives Innovation and Risk Taking Takes and supports prudent risks; continuously seeks better ways to meet customer needs; challenges the status-quo; demonstrates break-through thinking	• Uses mistakes as a learning opportunity • Thinks independently and challenges the way we do things • Doesn't accept the first or easiest solution • Incorporates new ideas into current practices and area of expertise • Willing to propose and implement dramatic change	• Support others in taking appropriate risks • Seeks a broad range of diverse input to expand options • Acts quickly and decisively after obtaining appropriate input • Demonstrates the courage to cancel or say "no" to projects of little value	• Promotes an innovative, entrepreneurial spirit in the organization • Continuously scans the environment for the latest process, product, and service ideas • Incorporates leading-edge thinking into business practices and plans • Identifies and seeks to eliminate organizational barriers to innovation

	Contributing Through Individual Effort	Contributing Through Others	Contributing Through Organizational Leadership
Builds Customer Loyalty Understands customer needs; applies innovative techniques to meet current and future customer requirements; pursues win/win customer outcomes	• Demonstrates a commitment to understanding and meeting customers' needs • Committed to providing high quality products and services to customers • Seeks regular input and feedback from customers and takes appropriate action • Applies customer feedback to improving and innovating products and services	• Establishes systems to rapidly address customer needs • Creates a customer-focused environment by aligning employees to Hospital's customers • Develops processes to identify and address root causes to customer problems • Appropriately involves customers and suppliers in action planning and problem solving	• Maintains open, collaborative relationships with key customers • Provides customers with an easy, accessible way to provide feedback • Empowers the organizations to respond to customer requirements, efficiently and effectively • Appropriately challenges unreasonable customer requirements
Demonstrates Business Acumen Displays broad perspective and effective judgement; demonstrates well-reasoned problem solving and decision making	• Makes effective decisions based on relevant data in area of expertise • Applies sound analytical thinking to problem solving and decision making • Anticipates impact of actions and decisions on the broader organization • Effectively balances short- and long-range priorities and decisions	• Supports decision making at the level closest to the problem • Aligns team planning and decision making with the broader organization • Plans and acts based on a clear understanding of relevant business/market/industry data • Demonstrates sensitivity to unique characteristics of various markets, geographies, customers and employees	• Establishes long-range business plans which anticipate global trends in technology, economic, and sociopolitical conditions • Actively pursues the subtle nuances of markets and regions • Effectively balances local and global priorities for overall Hospital success
Creates Value-added Results Creates results which optimize Hospital; focuses on value creation and execution versus activity	• Effectively prioritizes work to deliver the greatest value for employees, customers, and shareholders • Achieves results he/she committed to accomplish • Challenges and eliminates work which does not add value • Drives projects to the right conclusion • Works effectively in ambiguous situations • Sets high and motivating standards for self/others	• Holds others accountable for value-added results • Allocates resources to generate greatest value for customers and shareholders • Balances short- and long-range return in prioritization and resource allocation • Reward those that create value	• Continuously builds the capability of the organization to execute its objectives • Enforces rigorous organization-wide standards in planning and prioritization to maximize value creation • Eliminates organization-wide barriers to effective execution • Focuses on adding strategic value and empowers others to manage operational activities

Reference:

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