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LEADERSHIP DEVELOPMENT IN A NURSING SERVICE:

AN ETHNOGRAPHIC PERSPECTIVE

by

EMMERENTIA FREDRIKA SMITH

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submitted for compliance with the requirements
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at the
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SUPERVISOR: PROFESSOR M.E. MULLER
ASSISTANT SUPERVISOR: PROFESSOR H.H.M. UYS

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JOHANNESBURG

JUNE 1993
This dissertation is dedicated to the black professional theatre nurses who accepted me unconditionally and the Creator of all things.
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SUMMARY

The need for improved nursing leadership, especially in the nursing service situation, within an ethnic-heterogenous nursing society demands appropriate leadership development to meet the needs of dynamic health care delivery.

Nursing leadership from an ethnographic perspective has not been researched in this country. Hence, the views of senior black professional nurses, within a particular research context (operating theatre department), have been explored in relation to the influence of their occupational life histories on their particular views. The results have been controlled with an extensive literature review.

The conclusion drawn is that a high degree of similarity exists between the views of senior black professional nurses on leadership behaviour and the reviewed literary knowledge base. This indicates that their knowledge and understanding of leadership is comparatively almost on par with theoretical expectations.

Guidelines for leadership development in the operating theatre department have been formulated in relation to the findings of this study in order to improve leadership behaviour among nursing unit supervisors.
OPSOMMING

Die behoefte aan verbeterde verpleegleierskap stel verwagtinge van toepaslike leierskapsontwikkeling veral in die verpleegdiensopset en te midde van ’n etnies-heterogene verplegingssamelewing om in die behoeftes van dinamiese gesondheidsorglewing te voorsien.

Verpleegleierskap vanuit ’n etnografiese perspektief is nog nie in hierdie land nagevors nie. Derhalwe is die sienings van senior swart verpleegkundiges in ’n bepaalde navorsingskonteks (operasiesaaldepartement) binne die invloedsverband van hulle bepaalde beroepswetenskaplike geskiedenis ondersoek. Die resultate is met ’n uitgebreide literatuurstudie gekontroleer.

Die gevolgtrekking wat hieruit voorspruit is dat die siening van leierskapsgedrag onder senior swart verpleegkundiges in ’n hoë mate met die kennisbasis van die literatuuroorsig ooreenstem. Dit beteken dat hulle kennis en begrip van leierskapsgedrag goed met die teoretiese verwagtinge vergelyk.

Riglyne is binne die verband van die resultate wat uit die studie bekoms is geformuleer vir leierskapontwikkeling in ’n operasiesaaldepartement ten einde die leierskapsgedrag van eenheidstoesighouers te verbeter.
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CHAPTER 1

ORIENTATION, PROBLEM STATEMENT, RESEARCH OBJECTIVES
AND METHODOLOGY

1.1 ORIENTATION.

The need for improved leadership in the nursing services is commonly expressed among members of the profession who are concerned with the problem that remains continually unresolved. Despite widespread recognition of such need, few constructive suggestions for the development of better leadership practice in the nursing service situation have been made (Kotzé, 1990:76).

The very nature of the nursing profession demands leadership behaviour to be enacted at many levels of the professional structure (Moloney, 1979:3). To be accountable for professional practice implies that nurses should be functioning as leaders, whether in the role of patient, team and unit manager, or in the more complex situations as departmental, service and education managers.

Since the advent of technology and subsequent enlightenment of society with regard to health care, the environment in which these nurses have to practise their profession has become filled with complex problems posing greater challenges for more effective leadership. Traditional approaches to leadership and management have become outdated. The present environment, on the whole, is scientifically oriented and ever-changing. It is dynamic and demands appropriate leadership and management to be demonstrated. The responsibility for improving health care delivery and the growth of the profession is a shared responsibility of all the members who function in leadership roles, no matter how circumscribed these may be. No profession has an impact on society unless it becomes a united front (Moloney, 1979:3-5).

Many nurses, especially in the service component of the profession, do not consider themselves as leaders probably because they do not understand the nature of leadership, or do not know how to develop their own potential (Moloney, 1979:10). According to Rawnsley (In: Hein & Nicholson, 1986:123), assertiveness, one of the elements in the spectrum of leadership, is based on the awareness of self - "...the ability to be sensitive to one's own needs, motives and responses to stimuli..." (Douglass & Bevis, 1983:356). The desired assertiveness is sadly lacking among our nurses, when it comes to taking a stand on important issues to be considered. It is generally assumed that leadership roles have been assigned to those select few in top hierarchical positions, either in the health care service, or tertiary educational institutions. The outmoded system of the health care service has become the burden of the select leaders. The present state of unresolved issues and problems
in the nursing profession is heavily criticised by the very same nurses who initially shifted their responsibility toward the profession on these few spearheads (Moloney, 1979:5-7).

The question that needs to be raised is - what are the principles of leadership behaviour? - especially since these principles provide the standards of measurement in terms of accountability with regard to the accomplishment of the leadership task (Kotzé, 1974:43).

Self-awareness has already been mentioned in the context of the lack thereof. Arndt & Huckabay (1980:293) regard self-awareness as most important in the situational leadership approach. In turn, Kotzé (1974:44) considers self-awareness as being a fundamental responsibility of man in relation to his life and task accomplishment. According to Douglass & Bevis (1983:356), self-awareness is a means to help others to understand themselves and develop their own potential. Without knowledge and understanding of man in his magnitude, being a 'whole person' of body, mind and spirit (Levine, 1969:95-96), evaluation and acceptance of self and others are not possible. Self-acceptance of actions, strengths and weaknesses enables the leader to accept others unconditionally (Douglass & Bevis, 1983:357).

Kotzé (1974:50) maintains that the dynamic strength of leadership is vested in an accountable view of man. Leadership is seen as an interpersonal concern, dependable on good interpersonal relations and therefore, a partnership between leader and followers. The gist of this partnership is the acceptance of each follower as an individual with his own dynamic personality and unique potential.

The degree of knowledge, skill and competence in a leadership situation has a direct effect on feelings of security with regard to appropriateness of nursing activities. In the advent of deficiency of such qualities, organizational patterns of behaviour are disturbed. On the contrary, goal-directed activities generate self-confidence which is transferred to the followers (Douglass & Bevis, 1983:369-371).

According to Yura, Ozimek & Walsh (in Hein & Nicholson, 1986:78), communication is inherent throughout the process of nursing leadership. Creating, maintaining and using open channels of communication is of great consequence. Knowledge of both formal and informal channels of communication facilitates and expedites nursing practice (Douglass & Bevis, 1983:372-373).

In a transcultural leadership situation there can never be enough emphasis placed on the importance of knowledge of the followers' capabilities. In the South African context, the value systems brought to the work situation have multi-ethnic dimensions which cannot be grouped under one category such as a race group. This issue has tremendous influence on the efficacy of the communication process, which I have already reiterated as being fundamental to the process of nursing leadership. According
to Titus (1964:150), "...feeling, striving, believing and aspiring ... are central in our lives...". Thus, knowledge of their capabilities must incorporate both professional and personal aspects. Not only will it enable the leader-manager to delegate tasks and responsibilities appropriately, but it will truly help to bring the untapped potential of each individual to the surface for development. Trusting relations are built only if individual differences or similarities are openly discussed and understanding cultivated between all participants in the leadership situation, say Douglass & Bevis (1983:374). Thus, insight is gained through "...intimate association and fellowship..." (Titus, 1964:150).

One also needs to consider the leader's attitude of mind towards her task. According to Kotzé (1974:60), the quality of task accomplishment is directly related to the meaningfulness of one's existence which Frankl (1988:51-52) clarifies as "...meaning to fulfill and values to realize...". Meaningful leadership is not dependent on the nature of the entrustment but the accountability with which the role is enacted. This quality is embedded in the leader's belief system. Hence, the point of departure for this research study is founded on the theoretical framework of Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990). From a Judeo-Christian viewpoint, man is regarded as a spiritual being who functions in an integrated bio-psycho-social manner. Consequently, in the nursing leader's quest for personal wholeness, her leadership role should also promote wholeness for followers and individual patients within their family or community context. Thus, leadership skills have to focus on facilitating wholeness of the nurse which, in turn, will facilitate the provision of quality nursing for the whole person in terms of the individual patient, family or community.

According to Maier (in: Venter, 1974:58), the development of particular leadership behaviour is dependent on two factors, namely the human nature of man (internal environment) and the situation in which he finds himself (external environment). With his genetic endowment and his gradual psychosocial development through experiential formation, reformation and growth, a distinctive human personality emerges which gives man his very distinctive human nature. Frankl (1988:51) says "...that being human profoundly means being engaged and entangled in a situation..." which the phenomenologists refer to as "...being in the world...". Hence, one may see leadership as a function of the situation where the leader interacts with his followers within a group situation and which function is affected by many interacting variables (Marriner-Tomey, 1988:185; Gillies, 1989:375-376).

The development of effective leadership behaviour, however, has to depart from a sound foundation. In this respect, Meyer (1972:2) maintains that, unless one possesses the qualities of self-confident personal leadership, effective formal leadership cannot exist. In order to prepare oneself for personal leadership, one has to gain knowledge of self and must understand the force of one's own untapped potential, developing a strong self-image with constant motivation of self. The compilers of the leadership development programme "Visionary Leadership", used by Opperman (1989:122-257), have
a similar viewpoint and talk of personal excellence before leadership excellence. From a Judeo-
Christian viewpoint, it is therefore important that a nursing leader strives continuously towards
achieving wholeness and lives her life accordingly in order to facilitate wholeness in others.

Against the projected background, one cannot but agree with Vogt, Cox, Velthouse & Thames
(1983:191) that "...much of nursing leadership is learned by imitation, hit or miss, or an imitation of a
mentor". This mutual agreement is supported by Marriner-Tomey (1988:182) who adds, "...with little
emphasis on teaching leadership". In concurrence with Kotzé (1974:33), it is indeed a belief that the
Achilles heel of the nursing profession is inadequate educational preparation of nursing leaders. Such
viewpoints are passively accepted and agreed upon, or blatantly rejected as inappropriate. Others in
the profession remain ignorant.

The present crisis in the nursing profession, a world-wide shortage and increased demand in the
intensity of nursing services (Muller, 1991:41), is generally ascribed to the shortage of effective leaders.
The fault lies with the profession and has to be solved by the profession.

Effective leadership behaviour has to be taught and practised. The knowledge and skills of leadership,
both personal and formal, must be learned and operationalized. It is a priority issue. Until then, only
a few effective leaders in the nursing service will emerge at sporadic intervals through individual and
personal endeavours. Their efforts will not suffice to improve the image of nursing (Moloney, 1979:3-5).
In the meantime, many nurses fall away from the profession (Muller, 1991:41).

Owing to the political ideology and policy that existed until 1990 and which now admittedly is in the
process of change, nursing education is largely enacted within the cultural context of a specific
population group that does not prepare nurses, especially black nurses, for the transcultural delivery
of health care. Then there is also the question of transcultural conflict between nurses that may pose
problems.

The integration of training facilities may prove immensely valuable but will not give deserved breadth
and depth to our understanding of ethnic habits and attitudes that may be a constraint in the attempt
to build transcultural trust relationships. The establishment of a knowledge base through ethnographic
research studies will be a very significant approach towards a desired united nursing front considering
that multiracial leadership roles will have to be enacted, especially in the light of the ever-increasing
black nursing population and potential black nursing leaders of the future.
From an initial exploratory library search it appears that little attempt has been made scientifically to address transcultural and ethnographic nursing issues within the South African context. The American studies on transcultural nursing issues cannot be considered as reference since they lack the important element of multi-ethnicity which is unique to the South African situation.

Limited research studies on leadership development have been conducted in the South African situation. The doctoral study of Venter, conducted in 1974, is a quantitative study carried out on white town clerks in the local authority services in South Africa whereas Opperman’s Master’s study deals with the actual development of leadership in the social services. Some nurses were included in her sample, but the results were not significant in terms of this proposed study. Venter’s study may prove to be of more value in respect of comparative essentials of leadership behaviour. Schilbach, in turn, concluded a study for the development of leadership skills among managers at middle-level management in 1983 and could be of similar value to that of Venter.

The researcher’s own study on the profile of black professional nurses in an operating theatre department (Smith & Uys, 1991:27-35) has not only provided baseline information on the black professional nurse in terms of a demographic picture, educational and nursing qualifications, experience in nursing and trends in nursing specialization but also serves as basis for this proposed ethnographic study on leadership development in terms of personnel management planning strategies for the future. In addition to this, the study would provide invaluable information on the development of leadership behaviour among black professional nurses that should benefit the nursing profession as a whole.

1.2. PROBLEM STATEMENT

Nursing leadership from an ethnographic perspective has not been researched in South Africa. In order to promote basic leadership development based on Nursing for the Whole Person Theory, an ontological study regarding leadership, as viewed from an ethnographic perspective, is necessary.

The following questions become relevant:

* How do black professional nurses in an operating theatre department view leadership behaviour in their role as supervisor of direct patient care?

* How are their views on leadership behaviour influenced by their occupational life histories?
1.3. RESEARCH OBJECTIVES.

The objectives of this study are to:

* Investigate the views of black professional nurses, in an operating theatre department within a nursing service, on leadership behaviour from a micro-ethnographic perspective.
* Ascertain the influence of their occupational life history in terms of their views on leadership behaviour.
* Formulate guidelines for leadership development for black professional nurses in a nursing service area (operating theatre department) in accordance with the findings of the study on their ethnographic perspectives in relation to their occupational life histories.

1.4. PARADIGMATIC PERSPECTIVE.

1.4.1. Metatheoretical propositions.

This study is based on Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990) which was adopted by Rand Afrikaans University, Department of Nursing Science, in 1991. This nursing theory is founded on the Judeo-Christian viewpoint that regards man as a spiritual being, having communion with God. The concepts, body, mind and spirit constitute the whole person who functions as an individual in an integrated bio-psycho-social manner within the family or community and interacts with his internal and external environment wholistically. Refer to Figure 1.1.
Wholeness: Health and wholeness are used synonymously.
This wholeness or health refers to physical wholeness, mental wholeness and spiritual wholeness. The achievement of wholeness is a goal that is sought by all individuals. The objective of nursing care is to facilitate the wholeness of the individual, family and community.

1.4.2. Metatheoretical assumptions.

* Person: A person is a spiritual being who functions in an integrated bio-psycho-social manner to achieve his quest for wholeness. A person interacts with his internal and external environment wholistically (Oral Roberts University: Anna Vaughn School of Nursing, 1990). In this study person refers to the noun, leader or follower.

* Health: Health is a state of spiritual, mental and physical wholeness. The person's pattern of interaction with his internal and external environment determines his health status. Health can be qualitatively described on a continuum from maximum health to minimum health. Illness potential exists in those who are healthy (Oral Roberts University: Anna Vaughn School of Nursing, 1990). In this study, health is related to the appropriate leadership behaviour demonstrated by the nursing leader.
Nursing: Nursing is a goal-directed service to assist the individual, family and/or community to promote, maintain and restore health. Central to this service is the concept of nursing for the whole person. Maintenance, promotion and restoration of health have been defined as follows (Oral Roberts University: Anna Vaughn School of Nursing 1990; Rand Afrikaans University: Department of Nursing, Science, 1991):

**Maintenance of Health** refers to those nursing activities directed toward continuing or preserving the health status of individuals, families and/or communities.

**Promotion of Health** refers to nursing activities, contributing to a greater degree of wholeness for the individual, family and/or community.

**Restoration of Health** refers to those nursing activities which facilitate the return to the previously experienced levels of health to individuals, families and/or communities.

**Parameters of Nursing:** The parameters of a nursing service include the individual, group and community. Each of these are interrelated. Services with a focus on one parameter cannot exclude consideration of the other. These parameters are defined as follows:

**Individual.** The individual is a spiritual being who functions in an integrated bio-psycho-social manner within the group or community.

**Community.** A community is an identifiable group of persons who share a common interactive pattern and/or a geographical location (Oral Roberts University: Anna Vaughn School of Nursing, 1990). A nursing service is considered as a community.

**Environment:** this concept includes an internal as well as an external environment. The nature of the internal environment is physical, psychological and spiritual, and that of the external environment is physical, social and spiritual. Patterns of interaction with the internal and external environment determine health status (Rand Afrikaans University, Department of Nursing Science, 1991).

**Patterns of interaction:** In this study the patterns of interaction refer to the leadership behaviour demonstrated by the nursing leader.
1.4.3. Theoretical approach.

1.4.3.1. Nursing for the Whole Person Theory.

The Nursing for the Whole Person Theory provides the theoretical framework for this research study. No other theories will be utilized.

1.4.3.2. Theoretical models.

Selective models on leadership will be used in the literature control section.

1.4.3.3. Operational assumptions.

* Leadership development: is the degree of knowledge, attitude, values and skill acquisition in relation to enacted leadership behaviour that is context-related in order to facilitate wholeness of self and followers.

* Ethnographic perspective: is the cultural, and specifically, ethnic interpretation and description of views on leadership behaviour that is context-related. The terms, view and perspective, are used synonymously in this study.

  - The term cultural refers to "...all the ways we think and do and everything we have as member of a society" (Bierstedt in: Steyn & van Rensburg, 1985:32).

  - The term ethnic refers to homogenous cultural characteristics evident in the interpretations of a particular phenomenon, such as leadership behaviour (Cilliers & Joubert, 1966:259).

* Nursing service: is a service department within a particular health care organization that provides a professional nursing service to individual patients, their families and/or community and functions in co-ordination with other allied health care disciplines to attain the organization's health care goals.

* Leadership behaviour: is the perceived qualities and style of nursing leadership practice, interpreted and described from a particular cultural-ethnic frame of reference in a particular nursing service.
1.4.3.4. Theoretical proposition.

The central theoretical proposition in this study is that leadership development of professional nurses in an operating theatre department is influenced by their ethnographic perspectives/views on leadership behaviour. Specific propositions are as follows:

* The professional nurse interacts wholistically with her internal and external environments.

* The whole person nursing management approach focuses simultaneously on spiritual, mental, and physical aspects of wholeness.

* The nursing manager, through the health delivery system, facilitates the promotion, maintenance, and restoration of individual, family and nursing community (nursing service) health.

* As the nursing manager continues in a quest for personal wholeness, she contributes to the wholeness of others by means of her leadership practice.

1.4.4. Methodological approach.

1.4.4.1. Research model.

The research model of Mouton & Marais (1988:18) is accepted.

From this model it is understood that any individual research study (social science-oriented) is conducted "...within the broader contexts of particular paradigms and disciplines..." (Mouton & Marais, 1988:17) so that different theories, ontologies and research models will be found within the particular discipline (for instance nursing science) in which the researcher conducts her study.

* The broader paradigmatic context is, in fact, multi-paradigmatic. Collectively, it constitutes a diversity of meta-theoretical, theoretical and methodological beliefs found in the intellectual climate and the market of intellectual resources concerned with a particular discipline.

* A particular research problem will pose theoretical and methodological demands. The determinants of research decisions in the research process are derived from those paradigms that have been selectively internalized by the researcher as her/his framework of problem-oriented beliefs. The content of these beliefs is related to the researcher's perception and
definition of the research domain and influences every step of the research decision-making process (Mounton & Marais, 1988:19-25). Refer to Figure 1.2.

FIGURE 1.2.

A MODEL OF THE PRACTICE OF SOCIAL SCIENCE RESEARCH

INTELLECTUAL CLIMATE
Meta-theoretical(ontological) assumptions
What is the nature of society/culture/economic/history?
What is man? (Images of man)

MARKET OF INTELLECTUAL RESOURCES
Theoretical beliefs
Methodological beliefs

PROCESS OF SELECTIVE INTERNALIZATION

THE RESEARCH PROCESS
DETERMINANTS OF RESEARCH

DOMAIN ASSUMPTIONS
Assumptions about specific aspects of the research domain

THEORETICAL-METHODOLOGICAL FRAMEWORK
Theory(theories), model(s) methods and techniques
Research strategy
Research goal

RESEARCH DECISIONS
(i) Choice of a research topic
(ii) Problem formulation
(iii) Conceptualization and operationalization
(iv) Data collection
(v) Analysis and interpretation of data

INTERACTIVE OR DIALECTIC PROCESS

RESEARCH DOMAIN
1.4.5. Methodological assumptions.

The researcher believes that the truth is based on the utilization value of research. Hence, the scientific approach to be followed is functional in nature in the belief that this research study is applicable and useful in the field of nursing management, therefore the functional philosophical approach of Botes (1991:19-23) is accepted.

1.5. RESEARCH DESIGN AND METHOD.

1.5.1. Research design.

This is a contextual, exploratory and descriptive study. An ethnographic approach will be used to explore the cultural-ethnic frame of reference of black senior professional nurses in the determination of their perspectives/views on leadership behaviour. Within the context of a particular target group, an attempt will be made to give a meaningful description of all the facets pertaining to the interpretation of leadership behaviour by these professional nurses (Mouton & Marais, 1988:44-49).

1.5.2. Research Method.

1.5.2.1. Reliability and validity of the study.

* Reliability: Control measures will be instituted to eradicate constraints in terms of the researcher’s status position, researcher effects, participant effects, methods of data collection and research context effects to ensure accurate and reliable data (Woods & Catanzaro, 1988:136; Mouton & Marais, 1988:79-91).

* Validity: Control measures will be instituted to eliminate validity threats and ensure internal validity (Burns & Grove, 1987:234-237). Miles & Huberman’s strategies will be used to examine the validity of qualitative measures to detect biases (Burns & Grove, 1987:298-299). Content validity will be established utilizing independent researchers to verify findings of both research methods and structured questionnaire in the second method of data collection. Cross validation will be done by analysing data obtained from both methods in relation to each other. To ensure theoretical validity, the research findings will be critically evaluated in relation to the elements of the Nursing for the Whole Person Theory composition. Methodological validity, in turn, will be assured through strict adherence to the ethnographic methods indicated. Verification by independent researchers and participants in the study will ensure that viewpoints and argumentation comply with inferential validity.
1.5.2.2. Population and sampling.

The population from which the sample will be drawn consists of black professional nurses employed in the operating theatre department, under management of the researcher, in the research hospital situated in the Johannesburg area.

The target population for the research study will be selected in accordance with explicit criteria to be described under the research method employed for data collection. Probability sampling of the target population will be used, employing a simple random sampling technique.

1.5.2.3. Methods of data collection.

In this ethnographic study a combination of two methods for data collection are to be employed and will be discussed separately. These methods are:

* Unstructured interview.
* Collecting an occupational life history.

a) Unstructured interview.

The unstructured interviewing method is to be utilized (Schurink in: Ferreira, Mouton, Puth, Schurink & Schurink, 1988:139-140). The main theme on which information is required is to be introduced and questions allowed to develop spontaneously during the interview. Responses from the researcher as interviewer will be kept to the minimum.

The interviews will be tape-recorded with permission of each of the participants. In addition, field notes will be made immediately after each interview to describe the interview situation and the researcher's impressions. These notes will be coded and kept. A subsequent interview will be scheduled to clarify uncertainties in the transcribed version of the original interview in relation to the tape-recording in order to ensure completeness of the transcription.
b) Collecting an occupational life history.

A questionnaire will be constructed with explicit questions designed to gather the participant’s own interpretation of her occupational life experiences in relation to the research theme without sacrificing spontaneity of self-accounts (Denzin, 1970:235; Dobbert, 1982:146). Each participant will be contacted to discuss any problems with the interpretations of the data and to clarify unusual terms and phrases (Denzin, 1970:223). In order to triangulate perspectives, each participant’s personal employment file will be checked.

1.5.2.4. Data management.

All tapes used for interview recording will be erased after transcription for reuse.

Individual verbatim transcriptions of interviews will be coded, typing checked and corrections made before final typed production and kept in coded files designated for each participant.

Completed questionnaires on occupational life histories with notes compiled from extractions out of personal files and reports will be coded and kept in coded files designated for each participant.

1.5.2.5. Data analysis.

The tape-recordings of the interviews will be transcribed literally. Kerlinger’s (1986:477-483) method for content analysis will be employed by the researcher for analysis of the data collected during the interview. The transcriptions of the interviews will be given to two independent researchers, together with written instructions as to the method to be employed, for analysis of the data. A meeting between the researcher and coders will be arranged to compare the results of analyses. Agreement will be sought on the classification of the units of analysis in accordance with universal categories and sub-categories. Categories will then be prioritized with regard to participant reflection. A third independent researcher (black) will be approached to verify categorization.

Comparative analysis of the occupational life history by theme will be done (Ellen, 1984:250). In order to render more powerfully the illumination of the occupational life histories, the logical analytic approach will be employed, in addition, to determine the logic of any judgement of events and behaviours that underlies the participants’ accounts of their occupational life histories.
1.5.2.6. **Data evaluation (verification).**

Feedback will be obtained from the participants to verify information and conclusions. Two independent researchers (the researcher's supervisor and assistant supervisor) will be approached to verify methods, results and conclusions.

Two independent researchers will be approached to evaluate (verify) analyzed data, data control and conclusions.

1.5.2.7. **Literature control.**

The findings of the study will be discussed in accordance with relevant literature and appropriate research studies to triangulate information (Gorden, 1980:12) for control. New knowledge generated from the study will be emphasized.

1.5.2.8. **Ethical considerations.**

Approval to conduct the research study will be secured by a written proposal to the appropriate authorities.

The human rights of all participants will be recognized and protected in accordance with the guidelines outlined in Burns & Grove (1987:340-347) and the ethical standards of the South African Nursing Association (1990:91-92).

The rights that require protection in research are indicated as the following:

* The right to self-determination.
* The right to privacy.
* The right to anonymity and confidentiality.
* The right to fair treatment.
* The right to protection from discomfort and harm.

Protection of these rights will be incorporated in the steps to be taken before selecting participants as suggested by Babble (1983:179).
1.6. **DIVISION OF CHAPTERS.**

The chapters will be divided as follows:

- **Chapter 1**: Orientation, problem statement, research objectives and methodology.
- **Chapter 2**: Research design and method.
- **Chapter 3**: Unstructured interview.
- **Chapter 4**: Collecting an occupational life history.
- **Chapter 5**: Literature control.
- **Chapter 6**: Conclusions and recommendations.

1.7. **SUMMARY.**

In this chapter an attempt has been made to describe the rationale of this study, the problem statement, the research design and methodology. In the next chapter the research design and methodology will be discussed in depth.
CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1. INTRODUCTION.

In this chapter an exposition of the research strategy follows. The objectives of the study, the research design and methodology will be elucidated.

2.2. RESEARCH OBJECTIVES.

In this study the following objectives are to be considered:

- To investigate the views of black professional nurses, in an operating theatre department within a nursing service, on nursing leadership from a micro-ethnographic perspective.
- To ascertain the influence of their occupational life history in terms of their views on leadership behaviour.
- To formulate guidelines for leadership development for black professional nurses in a nursing service area (operating theatre department) in accordance with the findings of the study on their ethnographic perspectives in relation to their occupational life histories.

2.3. RESEARCH DESIGN.

This is a contextual, exploratory and descriptive study which aims to gather insight into and comprehension of the perspective of professional nurses on nursing leadership behaviour, derived from their multi-ethnic frame of reference. The ethnographic research design will be followed in a contextual manner.

a) Contextual.

The study is contextual in nature since the phenomenon, leadership behaviour, is studied "...in terms of its immediate context" (Mouton & Marais, 1988:49). In this study the perspectives/views of a particular target group - senior black professional nurses in an operating theatre department - are explored.
b) Exploratory.

The study is exploratory, since it aims to gather insight into, and comprehension of, the domain phenomenon through the examination of new ideas and suggestions, and the disallowing of preconceived ideas to have a directing influence on the study (Mouton & Marais, 1988:43).

c) Descriptive.

The study is descriptive since it intends to give a meaningful description of the domain phenomenon in terms of separate characteristics based on the collection of accurate data (Mouton & Marais, 1988:44).

d) Ethnographic research design.

An ethnographic approach is to be utilized for exploratory purposes as this approach "...seeks to build a systematic understanding of all human cultures from the perspective of those who have learned them" (Spradley, 1979:11-12). The researcher intends to make cultural inferences from what the people say, the way they act and the artifacts they use. By means of cultural purification strategies and verification, a relatively certain cultural description of the domain phenomenon, leadership behaviour, to be researched is envisaged, which is the central task of ethnography (Spradley, 1979:8-10).

2.4. RESEARCH METHOD.

2.4.1. Reliability.

Woods & Catanzaro (1988:136) maintain that data is influenced by the following variable:

- The researcher, in terms of the researcher's status position. Mouton & Marais (1988:79) refer to researcher's characteristics (affiliation, image and distance between researcher and participant) and researcher's orientations (prejudices, opinion, beliefs, attitude and expectations).

Mouton & Marais (1988:79-90) in turn, provide supplementary influential variables.

- The participant, in terms of participant's characteristics (memory decay, omniscience syndrome and interview saturation) and participant's orientations (role selection, level of motivation and response patterns) (Mouton & Marais, 1988:90).
The measuring instrument (unstructured interview and questionnaire in this study), in terms of question types, question wording, bias, rapport, topics to include or avoid and interview direction, depth and detail (Burgess, 1984:119; Mouton & Marais 1988:90).

The context, in terms of spatio-temporal factors (historical time during which the research is conducted, cultural and political) and the research setting (Mouton & Marais, 1988:90).

In order to ensure reliability, the following control measures will be instituted:

* The role of the researcher will be clearly identified (Woods & Catanzaro, 1988:136; Mouton & Marais, 1988:90).

* The research paradigm will be based on induction (attempting to understand the multi-ethnic nursing leadership situation without imposing pre-existing expectations on the research setting), holism (aiming to gather data on numerous aspects of the situation and to construct a complete picture of the multi-ethnic perspective of the participants in the situation) and subjectivism (focusing on the experiences of the participants and their perceptions of the situation) (Mouton & Marais, 1988:204).

* The research strategies to be used for the collection, analysis and presentation of the data will be accurately described (Woods & Catanzaro, 1988:136; Mouton & Marais, 1988:90).

* The context within which the research will be conducted will be clearly elucidated (Woods & Catanzaro, 1988:136; Mouton & Marais, 1988:90).

* Sparse notes made during an interview will be supplemented with field notes immediately after the interview to ensure accuracy of data (Woods & Catanzaro, 1988:136).

* An unstructured interviewing method will be utilised (Schurink in: Ferreira et al 1988:136).

* The tape-recording of each interview will be literally transcribed (Woods & Catanzaro, 1988:136).

* The type and wording of questions on the questionnaire for collecting occupational life histories will be verified by experts (Woods & Catanzaro, 1988:136).
Analysis of the transcribed interviews will be done in accordance with Kerlinger's (1986:477-483) method for content analysis by the researcher and two independent researchers. Comparative analysis for the occupational life histories by theme will be done by means of the logical approach (Ellen, 1984:250-251).

2.4.2. Validity.

2.4.2.1. Internal Validity.

Burns & Grove (1987:234-237) indicate that several extraneous variables may threaten internal validity. In qualitative research studies the following are applicable:

* Selection of participants on non-randomization for particular study groups (such as selected on ethnicity) may pose a threat inasmuch as the participants of one group may differ in some important ways (such as graduate studies) from participants in other similar study groups (within a multi-ethnic context).

* Mortality threat due to subjects who drop out of the study before completion.

* Diffusion threat owing to other study groups (within the multi-ethnic context) gaining access to information communicated along informal communication channels.

* Compensatory rivalry threat may occur should one ethnic study group attempt to counter potential criticism of their experiences and perceptions as a minority ethnic group.

In order to ensure that the effects of these extraneous variables are eliminated to a large extent, and that the effects in this study are a true reflection of reality (Burns & Grove, 1987:234), the following measures will be instituted:

* Selection threat will be eliminated by employing simple random sampling and attempting to phrase interview questions (probing, paraphrasing, reflecting and requesting clarification, examples or descriptions) in accordance with a particular participant's educational background and the researcher's personal knowledge of such background.

* Mortality threat is not an issue of concern since each participant may be replaced before actual interview from an adequate population supply.
* Diffusion threat is eliminated since no other study groups exist within the multi-ethnic context.

* Compensatory rivalry threat will be eliminated by public withholding of the exact design and plan of the study.

2.5.2.2. Qualitative verification strategies.

Since the researcher is working alone, bias in one's work may threaten validity, thus Miles & Huberman's strategies (Burns and Grove, 1987:298-299) will be used to ensure the validity of qualitative measures:

* Checking for representativeness.

A search will be made for sources of data (such as key informants in the field) to determine that conclusions are correct and representative of the entire population.

* Checking for researcher effects.

The researcher has been in the situation long enough to be familiar with participant behaviour, will use unobtrusive measures and seek input from the participants and key informants to avoid this effect.

* Triangulation.

The researcher will be employing two methods of data collection with literature control in order to correct the methods' respective shortcomings and increase reliability of data (Mouton & Marais, 1988:91).

* Weighting the evidence.

The researcher will review the strength of information gathered from the participants, circumstances of data collection and all efforts to verify the information.

* Making contrasts/comparisons.

Contrasts and comparisons between participants or occurrences in relation to the conclusions drawn in the study will be examined in terms of significance.
* Checking the meaning of outliers.

Exceptions to findings in the study will be identified and examined in order to test generality of the findings.

* Replicating a finding.

Credibility of the findings will be increased by testing findings with data gathered from literary sources.

* Looking for negative evidence.

Tape recordings will be played back to each participant immediately after the interview. Participants will be involved through repeated interview clarifications to verify information. Feedback from the participants on the results and conclusions drawn from the study will be sought to provide additional verification.

2.4.2.3. Content validity.

Content validity of the results of the analyzed data from the unstructured interview will be established by two independent researchers. The structured questionnaire for the collection of the occupational life history will be verified by an independent researcher in anthropology before implementation of the method.

2.4.2.4. Expert validity.

Two independent researchers (the researcher's supervisors) will be approached to evaluate (verify) analyzed data of both methods to ensure inferential validity as well.

2.4.2.5. Theoretical validity.

Nursing for the Whole Person Theory will serve as basis to critical evaluation of results of the study.

2.4.2.6. Methodological validity.

The methods for data collection and analysis described in the study will be adhered to in order to ensure methodological validity.
Mouton & Marais (1988:106-108) maintain that logical argumentation, through induction and deduction, is the requirement of inferential validity. To attain inferential validity, the researcher will provide relevant supporting evidence to the conclusion and ensure that the supporting evidence offers adequate support for the conclusion.

**Population and sampling.**

**Population.**

The population from which the sample will be drawn consists of professional nurses employed at different levels of seniority in the operating theatre department, under management of the researcher, in the research hospital situated in the Johannesburg area (refer to Figure 2.1).

**FIGURE 2.1.**

LEVELS OF SENIORITY AMONG PROFESSIONAL NURSES IN THE OPERATING THEATRE DEPARTMENT

NURSING SERVICE MANAGER (RESEARCHER)

CHIEF PROFESSIONAL NURSES  
(N=3)

SENIOR PROFESSIONAL NURSES  
(N=70)

PROFESSIONAL NURSES  
(N=60)

These professional nurses belong to the black population group and come from ten different ethnic backgrounds of which the Natal Nguni/Zulu (26.3%), Tswana (25.6%) and Cape Nguni/Xhosa (12.4%) ethnic sub-groups are mostly represented (Smith & Uys, 1991:27-35). From the study carried out by the researcher in 1989 on the same population, the larger majority (89.1%) of the population is highly urbanized with the implication of acculturation and deculturation in view of members of different cultural groups having had contact over an extended period of time (Myburgh, 1981:8-9).
2.4.3.2. Sampling.

a) Sampling frame.

A probability theoretical sampling method is to be used for the target population of senior professional nurses who have been officially allocated in accordance with the present staff establishment for the operating theatre department. This sampling method is chosen on the grounds of the researcher's knowledge of the population (gathered over nine years), its individuals and the nature of the research objectives (Babbie, 1983:178).

b) Criteria for inclusion as participants.

The criteria for inclusion as participants in the study are as follows:

* Senior professional nurses who have been officially allocated in accordance with the present staff establishment for the particular nursing service (operating theatre department).

* Senior professional nurses who have been assigned to enact departmental supervisory roles for at least five years and are currently involved in these roles.

Clarification of the term departmental level supervision is as follows:

DEPARTMENTAL SUPERVISION: This indicates that a senior professional nurse has been allocated to be the supervisor of direct patient care, being in charge of the department after 16h00 on weekdays, or on night duty, or over week-ends.

The target group, who comply with the criteria for inclusion in the study, consist of nineteen prospective participants of whom ten participants will be selected at random for the sample, on condition that a level of saturation (no new data) has been reached with the tenth interview.

Spradley (1979:46-54) has identified five minimal requirements for selecting a good participant. These requirements are to be elucidated and measures indicated in terms of initiating, developing and maintaining a productive researcher-participant relationship for this research study. These are as follows:
* Thorough enculturation of the participant.

The criteria for sampling ensure enculturation of participants as they have fulfilled leadership roles as supervisors of direct patient care at departmental level for at least five years.

* Current involvement of the participant.

All participants are currently involved in the cultural scene of supervising direct patient care in which they enact leadership roles.

* An unfamiliar cultural scene for the researcher.

The researcher is in the position of managing indirect patient care and hence, is unfamiliar with the cultural scene in which supervisors enact their leadership roles in relation with direct patient care at grass root level.

* Adequate time.

All participants have adequate time to participate since they are permanent members of staff with no unforeseen retirement, maternity leave or study leave in the immediate future.

* Nonanalytic participants.

The researcher is familiar with the educational levels of the participants and will be able to locate those who attempt to analyze their own culture from a social science frame of reference and not from an insider's perspective. The interview will be suitably directed in order to obtain the latter.

c) Selection of participants.

In preliminary discussions with the majority of the group on leadership behaviour, and the possibility of an ethnographic research study on this domain phenomenon in view of future development programmes, general interest has been expressed to participate. It is therefore envisaged that the sample group may be relatively representative of all the senior professional nurses who comply with the stated two selection criteria and that the information gathered from the group would be adequate in terms of the objectives to be reached in the study.
Simple random sampling will be employed to select participants from the sampling frame. Names of these participants will be written on slips of paper and placed in a container. After having been mixed well, names will be drawn one at a time, recorded and the paper slips returned to the container before the next name is selected (to provide equal opportunities for each participant) until the desired sample size has been reached (Burns & Grove, 1987:209-210). The sampling procedure will be conducted in the presence of a witness.

d) Ethical considerations.

To ensure that this research study is conducted with the necessary approval by the authorities and the research institution, a written proposal will be forwarded to the designated person of authority well in advance of the implementation date and secured approval enclosed (see Annexure A).

In order to recognise and protect the human rights of all participants in accordance with the guidelines outlined in Burns & Grove (1987:340-347) and the research standards of the South African Nursing Association (1990:91-92), the rights to self-determination, privacy, anonymity and confidentiality, fair treatment, and protection from discomfort and harm will be emphasized in conjunction with the following important steps (Babbie, 1983:179) to be established prior to selecting each potential participant:

* An adequate trust relationship has to be formed between the researcher and the participants. This is believed to have been established over a period of nine years working in close relationship with the potential participants. Furthermore, all these potential participants have been participating in a previous study (Smith & Uys, 1991:27-35) carried out and published with their permission. As indicated earlier, preliminary discussions on the possibility of this study in terms of their professional development, may imply that the interest shown could be related to growth need fulfillment since they have eagerly participated in all staff development programmes offered in the department to date.

* The potential participants need to have adequate information of the research study, comprehension of that information and voluntarism (Burns & Grove, 1987:349-354).

This will be accomplished by meeting each prospective participant for the oral presentation. The following aspects will be dealt with in order to recognise and protect each participant's rights as mentioned previously.
Announcement that a research study is to be conducted and that the person is being asked to participate in the study.

The purpose and objectives of the study are presented, as well as the duration of the study and time commitment of the participant.

An explanation is given as to why the person is selected as potential participant.

A complete explanation of the research interview procedure is given and also includes the implementation date, how often the procedure will be repeated, in what setting this procedure will take place and a request made to tape-record the interview.

A complete explanation of the procedure for collecting the occupational life history is given which includes the implementation and completion dates and the scheduling of the follow-up interview for discussion of the edited version.

Potential risks that may result from the study are described, and assurance offered as to the measures to be taken to minimize such risks.

The potential benefits of the research are explained for the prospective participants.

Assurance of confidentiality is given and reinforced by the promise that the participant's identity will remain anonymous in the transcribed tape-recording of the interview, and in occupational life history, research reports and publication of the study itself.

An offer will be made to answer any pertinent questions raised by the person regarding the study or her rights as a participant.

Affirm the voluntary aspect of participation of the person in the study, with no penalty for refusal.

Inform the person that an option stands for withdrawal from the study, but with a request as to whether or not she thinks that she will be able to complete the study.

In order to ensure comprehension of the information to be conveyed to each prospective participant, the information will be verbalized in simple English without the use of professional jargon. The specific procedures for interviewing and collecting of occupational life histories to be used in the study, and
discussed in detail and substantiated by relevant examples. At the end of the informing session, key questions will be asked to determine the prospective participant’s level of comprehension. Areas of inadequate comprehension will be eradicated by reinforcement of essential information.

Voluntary consent will be obtained from the prospective participant after conveyance and subsequent assured comprehension of information have been established. A written summary of the oral presentation will be provided to the prospective participant. This person will be asked to sign the written summary and consent form. After counter-signature of the researcher has been reflected on the consent form, a copy will be given to the participant (see Annexure B - example).

* The target population who are to become participants in the study need to be motivated about the purpose and objectives of the study.

The stated purpose and objectives of this study give an indication that an attempt is to be made, with the outcome of this study, to reconcile the personal goals of professional nurses with the demands of their professional situations, which is a motivating factor if one considers that the motive power of the human being lies in his "...sense of value and sense of importance..." (Tobin, Yoder, Hull & Scott, 1974:25). Thus, from the onset of the study, this aspect will be emphasized and reinforced whenever an opportunity avails itself. Furthermore, the participants will be involved with every step of the research process until the research report is finalized.

2.4.4. Methods of data collection/field research.

The ethnographic approach allows the researcher to study wholistically the views on leadership behaviour in relation to Nursing for the Whole Person Theory on which this study is founded. The total context of leadership behaviour from an ethnographic perspective can be examined, rather than individual variables.

A combination of two methods is to be employed for this ethnographic research study and will be discussed separately.

These methods are:

* Unstructured interview.
* Collecting of an occupational life history.
2.4.4.1. Unstructured interview.

a) Method.

In this interviewing method no questions are deliberately formulated, but are allowed to develop spontaneously during the interaction period between the researcher and participant, after the main theme has been introduced. The participant will be motivated to participate spontaneously, stimulated through probing, and steered back tactfully to the research topic when digression becomes evident whilst the researcher maintains minimal contribution to the interview. The aim of this method is to try to reconstruct reality from the world of the participant through exploration and description (Schurink in: Ferreira et al 1988:137-140).

b) Data collection.

The interviews will be conducted in a private room away from the research situation to allow for a quiet and comfortable atmosphere.

Interview schedules will be spaced to allow a time interval for the researcher to complete adequate field notes, and to prevent fatigue. Pre-arranged interview times will consider each participant's choice and availability.

The main theme on which information is required is to be introduced by the following statement: "I would like to know your views on nursing leadership behaviour as a supervisor of direct patient care at departmental level".

The researcher will make use of the following communication techniques: exploring, paraphrasing, past reflection, requesting clarification or examples and descriptions. The emphasis will be on listening, with interest and sensitivity, rather than on talking (Burgess, 1982:111).

The interviews will be tape-recorded with permission from each of the participants. The tape will be played back to each participant immediately after the interview, for identification. The appropriate code will be written on the cassette and on its holder, which will be placed in a similarly coded envelope together with the sparse notes made during the interview. Comprehensive field notes will be made immediately after each interview to describe the interview situation and the impressions of the researcher.
c) Data management.

The coded tape cassette within its similarly coded envelope will be handed to the transcriber with explicit instructions as to the replacement of any names or place of reference with symbols in order to ensure anonymity and confidentiality of each participant.

Verbatim transcriptions will be done. The researcher will listen to each tape whilst reading through the transcribed version in order to complete missing words and make typing corrections before the final typed production. Any unclear sections of a transcription will be verified with the respective participant in order to ensure a complete version.

Copies of each transcribed interview will be made; the original for the researcher, one copy for each of the three independent researchers and one for each participant (see Annexure C - example).

Field notes made after each interview will be coded appropriately and kept in each participant’s file until required for processing (see Annexure D - example).

d) Data analysis.

Kerlinger’s (1986:477-483) method for content analysis will be employed for analysing the data collected during the interview.

Content analysis will constitute the following steps:

(i) Definition and categorization of the universe.
(ii) Units of analysis.
(iii) Coding of data.
(iv) Quantification. (refer to Annexure D - example)

A protocol for data analysis (see Annexure E - example) is to be drawn up and handed, with a set of transcripts, to two independent researchers for independent coding and categorization.

The field notes to be made after each interview will be read in view of data important to integration with the results obtained from the transcriptions (see Annexure F).
e) Data evaluation.

Three independent researchers (one from the same race group as the sample) will be approached to evaluate (verify) the analyzed data to ensure content, inferential and expert validity.

Feedback will be obtained from the participants through a follow-up group discussion to verify data obtained from the research method and conclusions drawn.

Nursing for the Whole Person Theory will serve as a basis for critical evaluation of the results. The main categorization of the universe is to be evaluated in relation to the basic concepts that constitute the Nursing for the Whole Person Theory which, serve as the theoretical foundation of this study and which are operationally defined (see Annexure G - example).

2.4.4.2. Collecting an occupational life history.

a) Instrument.

This method comprises a questionnaire constructed with explicit questions to guide the life history for greater illumination (Dobbert, 1982:146; Ellen, 1984:276) (see Annexure H - example). The design of the questionnaire will consider the gathering of the participant’s own interpretation of her occupational life experiences, in relation to the research theme, without sacrificing spontaneity of self-accounts suggested by both Denzin (1970:235) and Dobbert (1982:146). The constructed questionnaire will be submitted to two independent researchers (the researcher’s supervisors) and to an anthropology expert for evaluation before implementation.

b) Development of the instrument.

The compilation of a suitable questionnaire would require material input from various sources. The purpose, in expectation, would be to guide the occupational life history in such a way that greater illumination of specific theme (Dobbert, 1982:146; Ellen, 1984:276) could materialize with a view to determining the degree of influence held by such themes in relation to the views on leadership behaviour that became manifest from the results of the unstructured interview.
(i) Review of material resources.

Since the study incorporates an ethnographic approach to explore and describe views on leadership behaviour from a particular perspective (ethnographic) in a nursing service department, it was decided to consult both anthropological/ethnographic and nursing resources, before the compilation of a structured questionnaire was attempted.

It was gathered from Dobbert (1982:54) that background research is advantageous as to the formulation of the research questions in terms of collecting a career history. At the same time, he alerts one in terms of the researcher perhaps falling into "...a pre-established groove that hinder questions or conclusions rising from the situation at hand." With the latter particularly in mind, the decision to consult a nursing expert before finalizing the questionnaire seemed the most appropriate measure in the prevention of such an occurrence.

(ii) Anthropological/ethnographic resources.

A library search was conducted and many literary sources reviewed to find those authors considered to be leading research methodologists in field research, and having made specific reference to the methods that pertain to the conducting of career or occupational life histories.

Denzin (1970:234-235), himself, has reviewed many psychological and sociological literature sources in search for guidelines on the compilation of questionnaires for life histories which include career histories. Little consensus could be found as to the form these guidelines should take as each author speaks from his own theoretical perspective. It is therefore suggested that a researcher should, in fact, extract from those proposals particular aspects that are most appropriate to the specific aim of his study method, and adapt them accordingly. Bearing this in mind, one has also to consider the accommodation of "...the spontaneity of self-written accounts..." produced by the participants in their own particular way as advised by Allport (1942:94).

Gathered from what has been said, it is perceived that some structure format must exist but that questions are to be stated in such a way that each participant can attach their own meaning to them. Therefore, research questions have to be designed with a view to finding out each participant's account of events, thoughts and feelings important to her in relation to her career experiences and how representative this is of a common pattern of the culture, since one has to bear in mind that the taking of a career history intends to throw light on "...a set of common cultural patterns..." experienced by both the participant and her peer group (Denzin, 1970:220; Dobbert, 1982:146-147).
In determining which personal particulars of the participants should be included in the questionnaire data favouring age, educational history and occupational experience, similar to that which was previously used to compile a personnel profile study of the same population group (Smith & Uys, 1991:27-30) and, subsequently, substantiated by Denzin (1970:235) as essential for a career history.

From the Freudian model (1935) of Dollard (In: Denzin, 1970:235) the dimension that considers "...the continuous related character of experience from childhood to adulthood...", excluding personality development, appeared to provide a good basis for questions pertaining to pre-career development.

Hence, questions on aspects that have shaped the self in its life course, whether at the pre-career or intra-career stage, found reference in Young's (1952:303-311,320-322,687-693) most elaborate guidelines for a life history and Lemert's (1951:445-446) format in which specific reference is made to crisis points in the history that have altered the self-concept.

According to Whiting, Child & Lambert (In: Dobbert, 1982:63-64) cultural consequences resulting from education have also to be examined and appropriate questions would, subsequently, be considered.

Finally, Dobbert (1982:148) recommends that the questions to be asked of the participants should relate directly to the primary research objectives without leading the participant into giving answers in "...a fashion predetermined by the researcher." From this statement it is gathered that the questions should be stated in such a way that the phenomenon of leadership is not inculcated in a direct sense.

(iii) Consultation with a nursing expert as resource.

Owing to the fact that the researcher had endured excessive exposure to literature alone and had been closely related to the research population which could lead to bias, it was felt that the researcher should consult with an independent nursing manager. After some consideration the choice fell upon a colleague in a senior position who had both long-standing managerial and transcultural exposure in the field of nursing. The proposed questions on occupational life histories in relation to the research theme were discussed at great length, before compilation of the final questionnaire.

(iv) Compilation of questionnaire.

The following dimensions were included in the structure questionnaire:

* Personal particulars
* Pre-career development
Past career life course  
Cultural values  
Personal characteristics  
Future career life course

(v) Evaluation of the design and structure of the questionnaire.

The evaluation of the design and structure of the questionnaire were done by two independent nursing researchers and by a renowned anthropologist.

c) Data Collection.

The questionnaires are to be presented to each participant after completion of the unstructured interviews. Verbal directions will be given to each participant as to the completion of the questionnaire and the time limit for completion.

Each questionnaire will have a code for identification purposes and will be issued with a similarly coded envelope. After completion of the questionnaire and submission of same to the researcher, contact will be made with each participant to discuss interpretations and annotations offered by the researcher in order to clarify unusual terms and phrases (Denzin, 1970:223).

The personal employment file of each participant will be checked, with the nursing authorities of the institution, to triangulate personal data. Written consent will be obtained from each individual following an explanation as to the purpose of the stated research action (see Annexure I - example).

d) Data management.

Instructions will be given for each participant, to hand back personally to the researcher or designated person on the agreed date of completion, the completed questionnaire in a sealed coded envelope.

e) Data analysis.

Comparative analysis by theme will be performed to reach ethnographic generalization through the discernment of similarities and differences between participants (Ellen, 1984:250). In addition to the comparative analytic setting, and to create more powerful illumination, the logical analytic approach will be used to analyze "...the logic of cognitive and moral rules, and to draw from them practical inferences about behaviour..." (Ellen, 1984:251), thus determining the logic of any judgement of events.
and behaviours that underlie the participants' accounts of their occupational life histories, therefore contributing to inferential validity of the study.

f) Data evaluation.

Information will be verified by feedback obtained from the participants on the results and conclusions formed.

Two independent researchers will be approached to evaluate (verify) analyzed data (refer to 2.4.2.4.).

2.4.5. Literature control.

The findings of the study will be discussed in accordance with relevant literature, theories and results of appropriate research studies. New knowledge generated from the study will be emphasized. Reviewed literature on the population and sampling will be described as well in Chapter 5.

2.4.6. Conclusions and recommendations.

Conclusions will be drawn, recommendations made and limitations in the study explicated in Chapter 6.

2.4.7. Formulation of guidelines for leadership development.

Information obtained from the study and the literature review will be utilized to formulate guidelines for leadership development in a nursing service area which will follow the conclusions and recommendations in Chapter 6.

2.5. SUMMARY.

In this chapter the research design and method have been discussed in depth. In the next chapter the unstructured interview will be dealt with in detail.
CHAPTER 3

THE UNSTRUCTURED INTERVIEW:
REALIZATION OF THE METHOD AND RESULTS.

3.1. INTRODUCTION.

In this chapter a detailed description is given on the first of two methods of data collection, namely the unstructured interview which forms part of the ethnographic approach to investigate the total context of leadership behaviour, as viewed by the sample of black professional nurses in this study.

The exposition of this method will encompass sample realization, data collection, data management, data analysis, results and discussion of results, and data evaluation.

3.2. DATA COLLECTION.

The aim of the unstructured interviewing method is an attempt to reconstruct reality from the world of the participant through exploration and description (Schurink in: Ferreira et al. 1988: 137-140). In order to acquire reliable and valid data through the method to be employed, the following precautions were undertaken:

3.2.1. Preparation of researcher as interviewer.

The researcher attended a course on interpersonal skills, presented by a senior lecturer with a doctorate in psychiatric nursing, in which a module on supportive interviewing was included, dealing with the principles of the interviewing method. This was supplemented with a video on the conduct of such method as well as the practice of interviewing in front of a video camera, for evaluation of interviewing skills.

A further interviewing session, with the same lecturer in front of the video camera and with critique, was conducted at the researcher's request in order to improve her interviewing skills.

An arrangement was made with three voluntary participants (all three being chief professional nurses under supervision and control of the researcher) to practise interviewing in terms of the research question to be asked, and to become familiarized with the tape-recorder. The results of the transcribed interviews in this pilot study were evaluated by the researcher's two research supervisors for proficiency of the researcher as an interviewer.
3.2.2. Circumstances of data collection.

At the intended commencement time for data collection for this study general workers initiated a strike which lasted for five months. This strike had a profound influence on the general attitude and state of mind of all personnel, including the research population from which the sample for this study had to be taken, as well as for the researcher functioning as a nursing manager of the operating theatre department in the affected nursing service.

In order to ensure reliability of the data to be collected, the context within which the research would be conducted (the strike as an important spatio-temporal factor) and the research setting (attitude and state of mind of the research population) had to have parameters of acceptability, especially for the research population and particularly the sample for this study. Consequently, data collection was postponed until the strike had been resolved and until the research population spontaneously enquired as to when the research sample would be drawn.

3.2.3. Sample realization.

Ten participants were selected at random as a sample from a research population of nineteen prospective participants. Another two participants were elected as stand-by should any sample mortality occur. All ten selected participants agreed, without any hesitation, to participate in the study. No sample mortality occurred. Randomization not only reduced sampling error and systematic bias but, together with the sample size (52.6%), ensured representativeness (Burns & Grove, 1987:209). Theoretical sampling saturation was accomplished through repetitious occurrence of all main and significant sub-categories on completion of the seventh interview. Insofar as the other three remaining participants were ethically committed and that such expectations prevailed among the sample population, it was deemed necessary to complete all ten interviews to prevent disappointment.

3.2.4. Initial contact with participants.

Each prospective participant was personally approached by the researcher in her working situation and an appointment, convenient for such person, arranged. The meeting with each prospective participant took place in the researcher’s office at a time most suitable for the person. In most instances, the appointment took place during the late afternoon, when their particular workload had subsided.

A complete explanation of the following aspects of the research study was verbally conveyed in simple English to each prospective participant:
- The purpose and objectives of the study.

- The reasons why the person was selected as a potential participant.

- The methods of data collection to be employed and commencement date of each method.

- The procedure to be followed with the research interview (where it would take place and a request to tape record the interview) as well as the possibility of a follow-up interview for clarification once the recording of the interview had been transcribed.

- The procedure for collecting the occupational life history, its completion date and the possibility of a follow-up interview to discuss the edited version thereof.

- Potential risks and minimizing measures for such risks.

- Potential benefits to the person partaking in the study.

Assurance was given of the confidentiality and anonymity of the person pertaining to the interview transcription, questionnaire, research report and publication of the study.

On confirmation from each prospective participant that they understood the conveyed information, unhesitating voluntary consent, was obtained from each person. Written consent was obtained in duplicate on a prescribed consent form, which included a summary of the oral presentation. After counter-signature by the researcher, one copy of the consent was given to the participant (see Annexure B - example).

3.2.5. Subsequent contact with participants before interview.

After the venue for the interviews was secured, each participant was approached as in 3.2.4. to establish the most convenient date and time of interview for the particular participant. Consequently, the order in which the interviews was conducted did not correspond with the coded sequence established when the sample was drawn. All interviews were scheduled during the participants' on-duty time, except for one participant who was prepared to be interviewed whilst on leave.
3.2.6. Environment selected for the interview.

A spacious room, designed and utilized for group discussions, was secured as venue for the interviews in terms of its proximity to the department where the participants work and its exclusion from traffic noise and other interruptions. The room was furnished with comfortable chairs, a table and facilities to provide nourishment to those participants who might need it. A superior quality voice activating tape-recorder and micro-tapes for each participant were purchased for recording of the interviews.

3.2.7. Scheduling of interviews.

Three interviews were scheduled for the first day, leaving at least one hour free between the interviews. This break afforded the researcher the opportunity to unwind during intense periods of concentration. On the subsequent two days only two interviews per day were conducted resulting in less fatigue to the researcher. Another two interviews were conducted after an interval of six days. The final interview followed three weeks later owing to the fact that the particular participant was previously scheduled to do night duty.

3.2.8. The role of the researcher.

The role of the researcher was based on the personal belief that the phenomenon, leadership behaviour, could not be viewed from a particular gestalt, but open and receptive examining of variations in the phenomenon had to be considered. This approach would undoubtedly afford the necessary insight into variations of the phenomenon from an ethnographic perspective.

3.2.8.1. The use of self.

According to Burns & Grove (1987:80) the use of self is a key factor in qualitative research. Therefore the researcher had to concentrate on using empathy and intuition in order to become closely involved in each participant’s perceptions of leadership behaviour, and the keeping of an open mind during data collection and analysis.

3.2.8.2. Bracketing.

One of the strategies advocated for facilitating openness, is the deliberate suspension of previous knowledge (Burns & Grove, 1987:76, 80). This was done by the researcher with regard to previous knowledge on leadership behaviour, in order to notice and perceive different variations on leadership behaviour and give new explanations. The use of this particular strategy required continual self-
evaluation and adaptation by the researcher, with critique from her promoter in order to maintain the necessary or open-minded attitude.

3.2.8.3. Intuiting.

Intuiting is said to be consequential to bracketing as a strategy to facilitate the required openness (Burns & Grove, 1987:80). The researcher had to use intense concentration and become absorbed in views expressed by each participant on leadership behaviour. Once the researcher became acquainted with the concept bracketing, the utilization of the second strategy, intuiting, manifested as a constant motive towards the establishment of validity in terms of both data collection and analysis.

3.2.9. The unstructured interview.

Each participant arrived either early or on time for their interview appointment. After the exchange of greetings, refreshments were offered which were accepted by a few of the participants during which time the conversation between participant and researcher covered generalities in order to establish rapport. During the event of non-acceptance of refreshments, the initial conversation followed a similar pattern. All the participants enquired as to where the researcher wanted them to be seated and they were duly indicated. Comfortable seating was arranged with the researcher facing each participant, unobscured by the table accommodating the tape-recorder and note paper, and in close proximity to each other.

Before commencement of the actual interview, a repeated and concise explanation was given, of the procedure to be followed. The duration of each interview was indicated but flexibility was allowed in terms of the course that the interview actually followed. Each participant's conception of the completeness of information was communicated to the researcher as well as her decision to end the interview.

Operation of the tape recorder was explained with regard to the commencement of recording, the duration of each side of the tape, and the interval to change over the tape for continuation of recording of the interview.

The level of recording was determined using the voices of both the researcher and the participant for testing purposes. The interview then proceeded on the agreement of both parties.

Three of the interviews required change-over of the tapes. During the interval these particular participants were offered refreshments which they deferred until completion of their interviews.
Continuation of the respective interviews was self-initiated by two of the participants whilst the third one was prompted by the researcher as to whether she had any other views on leadership.

3.2.9.1. **Introduction of the main theme.**

After appreciation was expressed for individual participation in the study, the main theme of the study was introduced, namely: "What are your views on leadership behaviour as a supervisor of direct patient care at a departmental level?"

Each interview was allowed to follow a course of non-directiveness. The researcher listened attentively, with interest and sensitivity, and encouraged talking by using "mm" or "uh huh" as well as nodding of the head, to a large extent. The only questions used by the researcher developed spontaneously through each interview. These were minimal and in the form of paraphrasing or referring back on issues raised by the particular participant in order to gather a wider understanding. Similarly, on a few occasions, the researcher requested examples or explanations of terms used by a particular participant. In two of the interviews, digression became evident, and the researcher used tact to steer the particular participants back to the research theme.

3.2.9.2. **Handling of data during and immediately after the interview.**

Each recorded interview was immediately played back to the respective participant, for approximately three minutes, for the purpose of identification. The cassette holder and envelope were coded in their respective presence and the tape in its holder placed in its coded envelope.

During the interview the researcher made brief notes which referred to particular points in the interview. In addition, key phrases or words were written down which the researcher used for reflecting and paraphrasing during the interview, and for the purpose of expanding on these when the field notes were to be completed. These notes were also coded appropriately and placed in the respective coded envelope.

Owing to the fatigue experienced by the researcher after each interview session, field notes for each interview situation were only completed on computer at night, and stored on the hard disc in accordance with the appropriate code of each participant (see Annexure D - example).
3.2.9.3. Discussion of field notes.

Interviews were conducted in a general atmosphere of freedom of expression and congeniality which was extremely satisfying. Preferences and non-prefences were fairly freely expressed and sometimes with emotional emphasis, especially where personal negative experiences played a role.

The general impression, and it was substantiated by a number of participants, was that they regarded their participation in the study of considerable self-value, since it afforded them the opportunity to air their views for the first time in their professional career life.

The information gathered in the field notes provided continuous support for the results, especially the emotions reflected by the participants. This underlined the authenticity of the data.

Impressions gathered by the researcher have been incorporated in the realization of the results (refer to Annexure F - Field Notes).

3.3. DATA MANAGEMENT.

In data management, the following are considered: the transcriber's role and task, the researcher as editor of transcriptions and participant involvement in the editing process.

3.3.1. The transcriber's role and task.

A very competent, diligent and trustworthy transcriber, with whom the researcher is well acquainted, was approached beforehand by the researcher, and the sealed, coded envelopes handed to her with explicit instructions to substitute all names and places mentioned during the interviews with symbols in order to ensure the anonymity and confidentiality of each participant.

Owing to the fact that the available transcription machine was out-dated and could not accommodate the micro-tapes, the transcriber resorted to verbatim transcriptions of the first four interview tapes, utilizing the tape-recorder used during the interviews. This method proved to be tedious and contributed, to a large extent, to incomplete transcriptions. A current model of the same type of transcription machine was hastily acquired facilitating the work of the transcriber, and resulting in improved transcriptions.

After each transcription was edited by the researcher and the participant concerned, it was handed back to the transcriber for word processing. The original, coded envelope was used for each
transcription with the editing date reflected on the outside.

After a second round of editing by the researcher of each interview, the transcriber typed the final version and produced four photostat copies; the originals for the researcher and the copies, one each, for the individual participants, and three independent researchers.

The final, typed version of each individual interview, comprising between ten to thirty-two typed pages (single spacing) and averaging seventeen pages per interview, was secured on floppy disks.

3.3.2. The researcher as editor of transcriptions.

Each completed transcription with its tape was handed back to the researcher in a coded and sealed envelope with the date reflected on the outside. The researcher listened to each tape whilst reading through the transcribed version. This procedure was repeated many times with eight of the transcriptions, owing to the fact that some of the participants expressed certain viewpoints in a very low tone of voice which hampered hearing. In some of the recordings traffic noise such as ambulance sirens and reverberation of vehicle engines, although far, was at times pronounced.

Each of the transcriptions was completed as far as possible and typing errors corrected. Thereafter, each transcription was edited by the participant also and returned to its coded envelope, sealed, dated and handed to the transcriber for word processing.

The final editing was done on the completed typed version and handed back to the transcriber in its coded envelope for typing of the final version.

A copy of each of the first eight transcribed interviews was placed in a single envelope with the name of the coder reflected, sealed and posted to two independent researchers for coding and categorization to enable the researcher to complete content analysis. The other two transcriptions followed later in the same manner, as described.

3.3.3. Participant involvement in the editing process.

In order to ensure validity of the collected data, the participants were approached individually to edit their own transcriptions in order to establish completeness of data.
3.4. DATA ANALYSIS.

Data analysis was done, in accordance with Kerlinger’s (1986:477-481) method of content analysis, by the researcher, a team of two independent researchers who met as a group to discuss the results and reach consensus on the categorization of data. A third independent researcher was from the black race group was approached to evaluate (verify) the results of the categorization process. The establishment of content and expert validity was done individually by two of the independent researchers on the results obtained from the unstructured interview.

3.4.1. Selection of the independent researchers.

One of the independent researchers was selected as coder on the basis of her acquisition of a post-basic degree at the same university as the researcher, her familiarity with research methods and the conducting of clinical research, prolonged immersion in a similar multi-ethnic cultural group as that being used in the study, in-depth knowledge of the phenomenon leadership, and total immersion in the course of this study.

This particular person was involved in two previous research studies conducted by the researcher and was well versed with the first two chapters of this study, having provided valuable input in terms of her knowledge on leadership.

The first contact between the coder and researcher occurred telephonically in order to arrange an appointment. Acceptance of a proposal to become the independent coder in this study was secured during a subsequent meeting.

A written protocol for content analysis was posted to the independent coder, together with a set of the ten transcriptions (see 3.3.2.). Contact between the independent coder and researcher was prohibited, except when the coder informed the researcher telephonically that a consultative meeting would take place between herself and the researcher’s supervisor to clarify protocol uncertainties.

The other two independent researchers hold M.Cur. and D.Cur. degrees respectively. In addition, one of them is a member of the black population group. Through their evaluative contributions, content and expert and inferential validity are to be established.

Arrangements were made with the black independent researcher for two meetings; the first meeting being for presentation by the researcher of the results of the categorization, together with a set of the
ten interview transcriptions; the second meeting, one week later, was for discussion of the evaluation of the results.

3.4.2. Method for content analysis.

An exposition of the method for content analysis is as follows:

3.4.2.1. Definition and categorization of the universe.

Coding was done within the framework of the universe, determined by the researcher and confirmed by the researcher's supervisor and independent researcher. The universe was defined as follows:

"Views on leadership behaviour imply how each participant perceives, interprets and describes qualities and styles of nursing leadership practice in a particular nursing service (context related)".

Consideration was given to all verbal responses or replies to the following question:

"I would like to know your views on leadership behaviour as a supervisor of direct patient care at a departmental level".

3.4.2.2. Identifying units of analysis.

In this study the unit of analysis was determined to be words.

3.4.2.3. Coding - determining main and sub-categories.

For the researcher this process proved to be long and laborious in the reading and numerous rereading of the transcriptions in order to establish assurance that all aspects of the data were objectively considered.

Each transcription was read first to gather an overview of the whole. Words or phrases which reflected the participant's view on leadership behaviour were underlined. These underlined words/phrases were interpreted and a category assigned to each in the right margin of the script at the level of the underlined word/phrase.

Each script was reread and categories clustered or grouped into headings or main categories with their respective sub-categories under each. Use was made of Roget's Thesaurus (Kirkpartrick, 1988) to find
the most circumscribed conceptual term that would affiliate with words having subsidiary contextual meaning to the particular concept.

3.4.2.4. **Quantification.**

A form, with ten vertical columns for indicating the sample frequency of category appearance, was designed to accommodate all identified categories in a vertical fashion with the columns for indicating the sample frequency of category appearance horizontally. Sufficient space was allowed between each recorded category to accommodate clustering or grouping of categories with similar meaning, as verified in accordance with Roget's Thesaurus (Kirkpatrick, 1988) (refer to Annexure F - example).

Categories, previously indicated in the right margin of each script, were extracted and entered on the form in the appropriate column. Calculation of frequencies pertaining to every category was done and the numerical value recorded in terms of the sample of N10.

The intensity of words/phrases that reflect the individual's view of particular categories was considered in terms of frequency of appearance in the particular transcript, apparent supportive reasoning and/or discussion of consequences in relation to such categories (Holsti, 1969:113, 122), together with the relative voice emphasis detected during the particular interview and recorded in the field notes. The purpose of this particular strategy was to enhance the researcher's intention (refer to 2.3.(d) in Chapter 2 with regard to ethnographic research design) to make cultural inferences from what people say, the way they act and the artifacts they use.

The headings or main categories were determined and sub-categories prioritized under each main heading in accordance with their sample frequency.

3.4.2.5. **Verification of categorization.**

A target date was arranged for a meeting between the researcher, and two of the independent researchers, in order to discuss the independent efforts and to reach consensus on the main and sub-categories extracted from the individual transcripts.

Once consensual categorization was established, the set of ten transcripts was delivered to the black independent researcher as well as a written exposition of the main and sub-categories. The researcher and this particular independent researcher met at the researcher's home one week later when approval of the presented categorization, with minor adjustment, was obtained. These adjustments entailed correction of the order of quantification among sub-categories, changing the category "discipline" to
"disciplinary procedures" and placing "knowledge of the followers" as a sub-category of "knowledgeability of the leader".

Evaluation of the categorization results was done in accordance with the unit of analysis framework from Nursing for the Whole Person Theory (refer to Annexure G - example).

3.5. RESULTS AND DISCUSSION OF RESULTS.

In accordance with the results obtained from the data analysis, five main categories constitute the enactment of leadership behaviour. These main categories are listed as follows:

3.5.1. Leadership traits/characteristics.
3.5.2. Knowledge and skills of a leader.
3.5.3. Dynamic interactive process of leadership.
3.5.4. Accountability.
3.5.5. Aim of leadership.

These categories will be outlined graphically in accordance with their most-values sub-categories. Each main and sub-category is to be defined or described in relation to the meaning such inferred category holds for the participants in terms of their colloquial vocabulary. Where necessary, reference will be made when a dictionary or Thesaurus have been consulted for clarification or categorization of concepts.

3.5.1. Leadership traits/characteristics.

These traits or characteristics are considered to be distinguishing qualities that a leader exhibits with acknowledgement from the followers in a particular leadership situation. These qualities are classified as moral, personal or social in accordance with their nature (Kirkpatrick, 1988).

These traits are presented in Table 3.1.
TABLE 3.1.

LEADERSHIP TRAITS/CHARACTERISTICS (N=10)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORAL</strong></td>
<td></td>
</tr>
<tr>
<td>Fairness</td>
<td>10</td>
</tr>
<tr>
<td>Responsibility</td>
<td>8</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>6</td>
</tr>
<tr>
<td>Consistency</td>
<td>5</td>
</tr>
<tr>
<td>Moral conduct</td>
<td>3</td>
</tr>
<tr>
<td>Good judgement</td>
<td>3</td>
</tr>
<tr>
<td><strong>SOCIAL</strong></td>
<td></td>
</tr>
<tr>
<td>Benevolence</td>
<td>9</td>
</tr>
<tr>
<td>Approachability</td>
<td>7</td>
</tr>
<tr>
<td>Helpfulness/Supportiveness</td>
<td>6</td>
</tr>
<tr>
<td>Accessibility/Availability</td>
<td>5</td>
</tr>
<tr>
<td><strong>PERSONAL</strong></td>
<td></td>
</tr>
<tr>
<td>Self-control</td>
<td>5</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>4</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>3</td>
</tr>
<tr>
<td>Courage</td>
<td>3</td>
</tr>
<tr>
<td>Perseverance</td>
<td>2</td>
</tr>
<tr>
<td>Sensibility</td>
<td>1</td>
</tr>
<tr>
<td>Intelligence</td>
<td>1</td>
</tr>
</tbody>
</table>

In order to ensure perspicuity, the classified presentation will be elaborated upon in relation to inferences made from the analyzed data. For the purpose of the discussion, the responses of five participants and more will be considered in terms of agreement on particular issues.
3.5.1.1. Moral traits/characteristics.

(Internal environment: spiritual)

These traits refer to standards of conduct respected, independent of legal or religious enforcement in its most formal interpretation, by the participants as fundamentally righteous.

a) Fairness.

The concept, fairness (N=10), receives support in favour of the qualities of neutrality or impartiality (N=10), honesty (N=4) and sincerity (N=3). Avoidance of favouritism or bias (N=10) is strongly advocated, with discrimination (N=6) to a lesser extent. The other adverse characteristics to be avoided are victimization (N=2) and manipulation (N=1) of any sort.

There is unanimous appeal for a leader to display neutrality or impartiality in all instances. Expression of the adversative form, favouritism (N=10), discloses gross personal concern and is indicated in the following extracts:

"...you'll find that, at times, there is favouritism ...that's unacceptable."

"Others are given to do things which others cannot do. I mean, wanting to be responsible for one person, giving her all the opportunities of probably developing herself, instead of giving other people the chance. You know you are favouring the certain individual because you want to see her in a certain position which is not acceptable as a leader."

"It's a problem amongst many leaders because, really, it demoralizes the other people. They become so discouraged, at times, when they look on and see what is happening ...this favouritism is killing other people, killing other people! People don't grow because of that. People don't develop because of favouritism."
The cultural link of favouritism is questioned, in one instance, as to whether it is a common occurrence amongst whites or blacks, even transculturally, but the evident conclusion is reached with the statement that "...it's all over between blacks..." which refers to the particular participant's frame of reference. In another instance, reference is made to ethnic favouritism per se:

"...we must not also have favouritism, whereby a leader will favour a person if I'm a Zulu in her department and then, if I'm a Xhosa I'll favour a Xhosa. Then we cause a lot of unhappiness and it, it will cause conflict as it happens now in the very organization of our hospital."

Discrimination (N=6) is another concept that is disfavoured, in the majority of views, in relation to the less fortunate in terms of their personality or mental endowment and category of work, such as in the following instance:

"...it is a tendency that, if a person is weaker than the others and she cannot learn as fast as the others, we would try to discriminate ...shun her. Try to accommodate her, a human being.

Don't send the sisters away because to that little, whatever, they've got there is a contribution they can make ...and you know that she is the very person who was pulled up."

b) Responsibility.

Responsibility (N=8), sees the leader being morally accountable for her actions in her line of duty.

In the same sense, it is described in the following instance:

"You are in charge of that department. You are placed there by the head, by the authorities because they spotted you, that you will be accountable at all costs and you will be directing your subordinates in the correct direction. Take that responsibility at all times, not run away from them."
Moral accountability for your actions implies that "...the leader mustn't shy away from her responsibilities..." For instance, "...if there is a problem, do not leave it to your subordinates. The problem is yours because the doctors will shout at them. As a leader you are responsible after all."

c) Trustworthiness.

Trustworthiness (N=6), is regarded as being synonymous with the qualities of reliability, dependability, faithfulness and loyalty. Synonymity was established in consultation with two references (Kirkpatrick, 1988:739,929,930; Oxford English Dictionary, 1962:483,670,1173,1696,2258) and the particular context from which inferences are made. The encompassment of trustworthiness in terms of its synonyms is best demonstrated by a number of extracts:

"Your subordinates must know that they can also rely on you. You must keep your word. That, in itself, boost the morale of the staff."

"If I go out and say I'm going to get you this and that, I must follow it up, otherwise I'm destroying my whole image. You know, at times, people lose trust in you because you missed a step ... and it's very difficult to, you know, get the trust back."

"What's the use of you to be there if you are not trusted by the very people you say you are representing? You are head of the department, of the people you are with but they don't have faith in you."

"People must be able to confide to you and they must trust you ... and then you must also be loyal. If I have said that so and so is like this ... you mustn't go about telling the whole hospital. They must have confidence in you."

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"She must be free to talk to you because she trusts you. She knows that you won't tell the next person about it because it is meant for your ears and not for the next person's ears."

"They come to you with a problem and you say, 'I'll look into your problem', look into it ...you promised."

"...if I go to her, I know I'm going to get the right answers. Even if she didn't have the right answers at that very moment, somehow, I know she is going to get me the right answers."

d) Consistency.

Consistency (N=5), refers to the constant and firm adherence by the leader to the same principles, thoughts or actions. The importance of the leader being consistent receives support from the following statements:

"As a leader stand by your word, don't change. Don't do it today, tomorrow you change. Yes, it will not be a thing that is done today to suit you and tomorrow it's something different."

"Today she says, 'Oh, hallo X, how are you?' and the next day, without cause, she just looks at you; she gives you a dirty look. She does not call you into the office to say to you, 'Look, you have done this and that.' You don't know where you are; you get confused."

3.5.1.2. Social traits/characteristics.

(Patterns of interaction)

These traits are qualities concerned with human relations and portrayed by the leader towards followers. The display of particular social traits by the leader appears to be of immense importance, in that their main concern revolves around recognition of man as a valued human being. One only has to consider the following statement:
"I'm sure everybody wants to be shown that, you know, she is existing in one way or another. I am sure each and every person is important in a way, somehow."

a) Benevolence.

Benevolence (N=9), encompasses the qualities of respectfulness (N=9), humaneness (N=8), consideration, (N=7), empathy (N=4), compassion (N=1) and kindness (N=1) (Kirkpatrick, 1988:897; Oxford’s English Dictionary, 1962:169). These particular qualities refer to the leader’s disposition to do good towards her followers.

The concept, respectfulness (N=9), implies that the leader regards or treats her followers with esteem and is explained in the following instances:

"As a leader you respect both senior and junior and the very lowest category of people you have in your department. Respect goes a long way. You must be able to come down to the level of whoever is talking to you."

"Even if a person it's the lower standard than you ...you must show some respect...if you are going to correct her, you must correct her firmly and without having to show her that she is very, very low."

The concept, humaneness (N=8) is effectively described by one participant as:

"Be human to them, in other words, be interested in their problems. See them as people who have got, you know, problems. Do not treat them like ...like products, like machines."

The concept, consideration (N=7), is seen to refer to the leader’s regard for the follower’s circumstances or feelings and is demonstrated in the following extracts:
"Put yourself in their boots. You must be with them. I'll be under their skins."

"Help the nurses as much as you can, especially, when it comes to food. I mean, you can't scrub the whole day and there is no bread when she comes there. Try to get something for her. You've got to have their welfare at heart."

"...share with me my bereavement and my grief, like a mother."

b) Approachability.

Approachability (N=7), refers to the leader's ability to project an air of openness towards her followers without them experiencing any fear of relating on social terms with their leader. The following extracts substantiate the conceptual meaning:

"A leader must be open in such a way that these people must not be afraid to come to her... it's easy for them... to come to and actually air their problems in front of that leader. People who feel free to talk to their leader, it means she understand the people."

"You should be good-natured... if your subordinate has got a problem, they must be able to come and speak to you... and you must be able, let's say, to help that person... not just chase her away."

"Subordinates, they are afraid to approach a leader because of her attitude towards her subordinates. And there are those who are approachable, that the subordinates can just say anything and then it becomes a family where everybody can voice out anything."

"I must feel I'm comfortable with her. I must feel I can talk to her, I can say what is in my mind, even if I'm cross. I want her to give me an ear so that she can view and tell me this and that because I'm also a human being... that is what I expect from my leader."
Reference is made to the leader who is unapproachable, who sees herself above ("high-almighty" attitude) the level of her followers, as seen in the following instance:

"I know all ... there is nothing you can tell me because I am your senior, I'm supposed to lead you. You can't draw me down to your level", then they won't be able to approach you because they will not know how you are going to react to their problems.

c) Helpfulness.

Helpfulness (N=6), includes the concept supportiveness and refers to the ability of the leader to supplement action or resources to enhance the efficiency of the followers as demonstrated in the following extracts:

"If a packer has a problem at home and then she brings it to the department, so the leader must be able to come to her level and understand what the problem is and be polite and gentle when talking to her."

"If they are sick or if they don't look alright, you must find out... try and help. You must be with them all, not being somebody who they are seeing there."

"If I go out and say, 'I'm going to see to that', I must follow it up otherwise I'm destroying myself, destroying my whole image."

"I need such and such. The doctor wants this and that and I haven't got it and she stands up at that very moment and, you know, attends to her."
d) Accessibility/Availability.

Accessibility or availability (N=5), refers to the leader's disposition to avail herself for the benefit of being approached by her followers. The following two examples depict the meaning this concept holds:

"You've got to have time for them. You must not always be so busy, well because you say, 'Okay, I'm coming', and you never go back to them. When they talk to you or ask for an appointment... 'I cannot, I'll see you tomorrow', and you do not make it a point to follow-up! You call me to sit down tomorrow, make sure that the appointment is there."

"... and if there are problems, definitely, you are to be there, to give help."

3.5.1.3. Personal traits/characteristics.

(Internal environment: mind - volition)

These traits are qualities inherent in, or dependent on the nature of, the self of the leader, and include self-control (N=5), assertiveness (N=3), self-confidence (N=3), courage (N=3), perseverance (N=2), sensibility (N=1) and intelligence (N=1).

a) Self-control.

Self-control (N=5), is the only significant characteristic for the leader to display and ascribes the ability to remain cool, calm and collected or composed; to have emotional stability; or to be temperate, not losing one's temper. The concept, self-control, is evident as described in the following instances:

"When I say a leader must be cool-minded. I say this even if in a crisis situation... she must not be emotional, she must remain, you know, objective and for the good of the department."
"You will find that I will think that I'm solving the problem, yet I'm causing more harm than good so that I must remain on the positive side and remain unemotional."

"There may be a doctor coming in making noise. Just clear the air, cool the atmosphere in the department. So, you must collect yourself, even if you are cross."

*There are bad times in the unit but, I think, a leader must control her temper. Each and every person has got the right to get angry but she must learn to control her temper.*

A summary of the most significant leadership traits/characteristics are depicted in Figure 3.1.

**FIGURE 3.1.**

**LEADERSHIP TRAITS/CHARACTERISTICS**

- Moral: 48%
- Personal: 8%
- Social: 44%
3.5.2. Knowledge and skills for leadership.

(Knowledge = Internal environment: intellect)
(Skills = Patterns of interaction)

These concepts refer to the theoretical and practical understanding of the total context of leadership within a particular leadership situation, in combination with the ability to enact such understanding. The requirements for leadership, in terms of knowledge and skills are graphically presented in Table 3.2.
<table>
<thead>
<tr>
<th>KNOWLEDGEABILITY (specialized)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior knowledge/Formally educated</td>
<td>10</td>
</tr>
<tr>
<td>Knowledge and understanding of followers</td>
<td>8</td>
</tr>
<tr>
<td>Knowledge and understanding of self</td>
<td>6</td>
</tr>
<tr>
<td>MANAGERIAL KNOWLEDGE AND SKILLS</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>10</td>
</tr>
<tr>
<td>Controlling</td>
<td>7</td>
</tr>
<tr>
<td>Problem-solving</td>
<td>6</td>
</tr>
<tr>
<td>Organizing</td>
<td>5</td>
</tr>
<tr>
<td>Decision making</td>
<td>4</td>
</tr>
<tr>
<td>Planning/Setting goals and objectives</td>
<td>4</td>
</tr>
<tr>
<td>Resolving conflict</td>
<td>4</td>
</tr>
<tr>
<td>OPERATIONAL (clinical) KNOWLEDGE AND SKILLS</td>
<td></td>
</tr>
<tr>
<td>Experience in the specialized field</td>
<td>6</td>
</tr>
<tr>
<td>Clinical expertise</td>
<td>3</td>
</tr>
<tr>
<td>KNOWLEDGE OF LEADERSHIP ROLE</td>
<td></td>
</tr>
<tr>
<td>Role expectancy</td>
<td>6</td>
</tr>
<tr>
<td>Sensitivity to external socio-political stressors</td>
<td>6</td>
</tr>
<tr>
<td>Sensitivity to cultural diversities</td>
<td>3</td>
</tr>
</tbody>
</table>
Knowledgeability of the leader (specialized).

(Patterns of interaction)

Knowledgeability of the leader refers to specialized knowledge at a level above that of the followers and is acquired through formal education. Then there is also knowledge and understanding of the followers and of the self, as leader, that form part of the concept.

a) Superior knowledge/Formally educated.

Great emphasis is placed on the importance of knowledge and the fact that the leader must possess superior knowledge (N=10) to that of the followers, and reference is made to the following quotations:

"Knowledge is so important. You must know because you cannot supervise anything, you can't be a leader of anything if you do not know what goes on behind."

"The leader must, if possible, know more than the subordinates do because, in that way, she will be able to provide answers."

"It is very, very important for a leader to have armed herself with education so that she doesn't remain sort of old mentality of nursing. Arm yourself for your subordinates and contributing to them with that knowledge. You must go back to school (university) by studying privately."

"You must be in the know. The leader must be in the know... although you cannot know everything. You've got to read (study). It's very, very important."
"Some of the nurses, although I know it’s the modern trend, think they’ve got better views that we have. They always got answers because they think, now in this situation, they are more educated... more flexible... know better than us."

b) Knowledge and understanding of the followers.

(Patterns of interaction)

Knowledge and understanding of the followers (N = 8), entails the leader’s personal acquaintance or familiarity with the followers in terms of their level of knowledge and experience, level of performance, aspirations and expectations, belief and value system, motivation and individuality. The following extracts are substantive:

"You have got to know the group you are working with... study the type of person... and how to deal with the type... thereby... you are able to communicate better because you know their behaviour... you know where to tread softly towards... it’s easier to tackle a problem which arises in a unit."

"View people as individuals. There are those who strike and those who, you know, give good performance... you should differentiate between the two categories and be able to know how far to go with those who are excellent and those who are poor so she can drag them up somehow and treat them as individuals, look at them as individuals, understand them."

"Eye contact... according to our culture, né, it means you are not having respect for them... education is supposed to change behaviour... a subordinate used to look down. I believe in eye contact and the minute a person does this (looks down) when she talks to me, I feel hurt and I start having my doubts. That’s one of the things that I believe in, even if I know about my culture but education change people."
c) Knowledge and understanding of self.

(Internal environment: mind - intellect)

(Patterns of interaction)

Knowledge and understanding of self (N=6) refers to the leader’s ability to look at herself objectively in terms of her character and capabilities and realize her strengths and weaknesses.

Introspection by the leader is advocated in order to realize her own strengths and weaknesses and then make the effort to correct her mistakes. The following statements provide an elaboration:

"Try to analyze yourself. What type of a leader am I?"

"... sort of introspection. Introspection will help you to find out if you have the support of your subordinates as a leader."

"... I could see that she is upset. So, I thought, perhaps my approach was wrong... I call her ... I thought she was cross but she said, 'No, I reacted like that because I was embarrassed because it was true."

"I have to look first at myself and say, 'What have I done to contribute to this... did I do enough or didn’t I do enough?. Maybe, I didn’t even do anything?’ We have to check ourselves because you might have contributed to it, not knowing that you have contributed to it."

"A leader, if she has insight, she must always be aware. She must not be shy to say 'I am wrong."

"You’ve got to try and learn to identify your weaknesses and strengths, but do not deny your weaknesses. You’ve got to try and work on it."
Managerial knowledge and skills.

(Knowledge = Internal environment: mind - intellect)
(Skills = Patterns of interaction)

Managerial knowledge and skills required for leadership, seemingly, are founded on formal education and developed through clinical application. This knowledge and skills incorporate significant aspects of communication (N=10), controlling (N=7), problem-solving (N=6), organizing (N=5), decision-making (N=4), planning or setting goals/objectives (N=4) and resolving conflict (N=4) as supplementary tools for leadership.

a) Communication.

(Patterns of interaction)

Communication (N=10), refers to the leader's manner of approach towards her subordinates (N=9) or knowing how to communicate, her ability to listen to subordinates (N=8), her establishment of formal and open channels of communication (N=8), her regard for non-verbal communication (N=2) and informal communication (N=2) as ways of receiving information from subordinates.

The leader's manner of approach (N=9) or knowing how to communicate with subordinates is considered the most important factor in establishing good communication, as indicated in the following examples:

"...being the lower categories, you must be very tactful when dealing with them because they always feel they are being taken for a ride..."

"...the way you communicate, your voice projection is also very, very important... your explanation, the way you talk, the English you use... so you've got to choose simple language."
Listening (N=8) or having "a good ear" is also considered to be one of the most important communication skills that a leader should have and is elaborated upon in the following instances:

"You must be able to listen and digest and work on what you have listened and get the main point. Listening is very important. If you don't listen, you can miss a lot of things..."

"Be a good listener. Listen to your subordinates before you even answer. Have a good ear."

"... have a hearing to whoever talks to you. You must listen. Have time... even if it's for five minutes."

The establishment of formal and open channels of communication (N=8) is regarded as a necessity for the smooth running of a particular department, seen as the leadership situation, and must consider incorporation of the environment broader than the actual leadership situation. This concept is explained as follows:

"Communicating, whatever is taking place, from the management it's also important. That's why there must be communication between the work organization from top to bottom. You must also have a two-way communication which means the people at the bottom should be given chance of communicating or raising their views or opinions, whatever they feel, to management."

"Horizontal communication is important as well, as ...we've got so many sections which are involved looking after the patient."

Two-way communication carries particular emphasis which is reiterated in the following extract:

"...the communication from up there, I expect her to communicate with me and, at the same time, that communication I mustn't keep it to myself, whatever it is. I, also as a leader in the department, of
another department, I must go and talk to my people... give them the feedback about whatever I got from my group... in order to run an institute."

b) Controlling.

(Patterns of interaction)

The controlling function (N=7) of the leader is dependent on the establishment of organizational policies in the form of standing orders (rules and regulations), departmental procedures, job descriptions and standards of practice with which the leader and followers have to be familiar, as portrayed in the following statement:

"...you must know the policies... know what then are the procedures and what are you responsibilities... job descriptions will elaborate on the activities which you are expected to carry on."

The controlling measures are viewed in terms of disciplinary procedures (N=7) with the aim of correcting the followers' behaviour, supervision (N=6), follow-up (N=3) and inspecting (N=1), and correcting the followers' behaviour when transgression of rules and regulations occurs or when individual performance does not conform with set standards.

With regard to disciplinary procedures (N=7), the general feeling is that disciplining should be corrective action executed in private and has to be effective. This is best demonstrated in the following example:

"...despite all the rules and regulations which are set up by the organization, many of us usually transgress and we need to be disciplined. This discipline should be scheduled... to correct and improve on one's behaviour. You would have respected him by having him or her privately than when you will be reprimanding in front of other people... the person will accept your advice..."
One participant feels that an appeal directed to a follower's sense of responsibility, in terms of the individual's level of professional maturity, may be an adequate form of control, as indicated in the following extract:

"...if that control is from within, if a person disciplines herself... better than external control... but then if it is not, then you will have to impose control measures..."

Various measures of control are seen in the following instance:

"You can control your staff by on-the-spot supervision. You can control them with proper communication. If you've got behavioural standards in your department, then you will use those standards to control your subordinates... they know what is expected of them. Other control measures will involve record keeping... if you've got a problem with medico-legal cases... that is a time book. Your behaviour... much will depend on your method of organization, who are your workers."

Supervision (N=6) of the followers should be done "...according to what level or knowledge or capabilities they know." This view is reiterated in the following instance:

"...strict supervision sometimes demoralizes people... sometimes people don't accept this constant supervision; every now and then you come and point out minor issues which they can do on their own. You have got to give them a free reign... they must be on their own to do things, to work out things on their own to see... whether they have got that ability."

c) Problem-solving.

(Patterns of interaction)

Problem-solving skills (N=6) are necessary for the leader to solve followers' personal and work problems. This can be gleaned from the following instances:
She must always solve their problems..."

"A person who will isolate problems..."

"...give her an ear and listen. Give her a bit of advice, even though she might be having the answer to her problem but all she needs to know from you is whether she is on the right track."

There is some feeling (N=4) that followers must be involved in solving departmental problems as in the following extract:

"...if there is a problem that can be solved in the department, to make her subordinates think critically on that."

d) Organizing.
(Patterns of interaction)

The term organizing (N=6) refers to the provision of job descriptions (N=3) for all categories of staff, the establishment of a staff structure with delegated authority and responsibility (N=2) and procedures (N=2) for task accomplishment. Only one participant refers to the leader as "...an organizer of staff and work..."

3.5.2.3. Operational (clinical) knowledge and skills.

(Knowledge = Internal environment: mind - intellect)

(Skills = Patterns of interaction)

Operational knowledge and skills refer to the leader's ability to direct or carry out an undertaking in the clinical situation where the leadership role is enacted. This concept encompasses experience in the specialized field (N=6) and clinical expertise (N=3).
a) Experience in the specialized field.

(Patterns of interaction)

Experience in the specialized field (N=6) provides a foundation for the leader to guide, support and help followers as well as to solve problems specific to the particular field. This is best demonstrated by the following extracts:

"You must have specialist knowledge in the area in which you are working because it will be difficult for you to go and supervise in an area which you do not have any experience. For a leader to be effective, you need to know the area. You must have comprehension and insight into the area you are supervising. You must know their problems. You must understand their problems."

"A good leader knows, 'Okay, this is what you do.' You see, I'm guiding them on how to do the operation, how to do the difficult case. You are then a back-up system for dealing with difficult surgeons."

"How can she manage a department when she does not know what is happening? She has got no knowledge nor insight of what is happening around her. How is she going to help you? So, definitely, you are going to be demoralized if you go to a leader and ask for help and can't get it."

3.5.2.4. Knowledge of leadership role.

(Patterns of interaction)

Knowledge of the leadership role encompasses the leader's understanding of her role expectancy (N=6), her sensitivity to external socio-political stressors (N=6) and to cultural diversities (N=3).
a) Role expectancy.

Role expectancy (N=6) refers to the expectations that the followers hold for the leadership role. This aspect, in terms of the leader's understanding thereof, is indicated in the following instances:

"One has to think of the requirements of the leader, what you are required to be as a leader. I will definitely find out about that. You must know."

"Being a leader, one must know the tasks that are to be done by her as a leader."

"We have to know how to be good leaders."

b) Sensitivity to external socio-political stressors.

Socio-political stressors (N=6) have been seen to filter into the leadership situation and affect both the leader, followers and health care delivery. Consequently, the leader has to remain sensitive in order to adapt the leadership process in accordance with the prevailing situation.

In terms of social problems, the following is evident:

"... where you have such a lot of people who are married with small babies; even sick husbands or family. They need to be taken care of."

"Her husband gave her a hot clap yesterday... she did whatever or she was found with another boyfriend... they are forever fighting with the husband; I mean, those are some of the problems that most of them are stuck with here."

Then there is the question of political stressors and the conviction of maintaining political neutrality in the health care environment as borne out by the following statement:
"We have sections whereby there are corners of people saying that they are Inkatha and corners of people saying they are ANC. That is very, very wrong in a health situation whereby we have structures politically and don't know who politicized the health services. But we are here and we have to start correcting some of the things that have infiltrated already."

A summary of the most significant aspect of knowledge and skills for leadership is depicted in Figure 3.2.

FIGURE 3.2.

LEADERSHIP KNOWLEDGE AND SKILLS
3.5.3. Dynamic interactive process of leadership. (Patterns of interaction)

This dynamic process refers to the interactive dimension between the leader and followers for goal/task accomplishment. The categories isolated in this dimension are presented graphically in Table 3.3.

TABLE 3.3.

THE CATEGORIES IN THE PROCESS OF LEADERSHIP (N=10)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUST RELATIONSHIP</td>
<td>10</td>
</tr>
<tr>
<td>INFLUENCING THROUGH EXAMPLE</td>
<td>10</td>
</tr>
<tr>
<td>PARTICIPATIVE INVOLVEMENT</td>
<td>10</td>
</tr>
<tr>
<td>DEVELOPMENT OF THE LEADER AND FOLLOWERS</td>
<td>10</td>
</tr>
<tr>
<td>MOTIVATING</td>
<td>10</td>
</tr>
<tr>
<td>Guiding/directing</td>
<td>9</td>
</tr>
<tr>
<td>Team-building</td>
<td>6</td>
</tr>
<tr>
<td>Facilitating happiness/job satisfaction</td>
<td>6</td>
</tr>
<tr>
<td>Recognition</td>
<td>6</td>
</tr>
<tr>
<td>Encouragements</td>
<td>5</td>
</tr>
<tr>
<td>CONTINUOUS EVALUATION</td>
<td>9</td>
</tr>
<tr>
<td>Follower’s performance</td>
<td>9</td>
</tr>
<tr>
<td>Setting standards/job descriptions</td>
<td>5</td>
</tr>
<tr>
<td>Leader’s performance</td>
<td>1</td>
</tr>
<tr>
<td>FLEXIBILITY OF LEADERSHIP</td>
<td>7</td>
</tr>
</tbody>
</table>
Establishing and maintaining trust relationships (N = 10) is a vital constituent of the leadership process and is initiated by the display of fairness and a sense of responsibility by a benevolent leader. The fact that trust relationships are established and maintained through mutual efforts of both leader and followers is a unanimous opinion. The foundation of these relationships is mutual trust, respect, and understanding with tolerance of personal and cultural differences.

The question of understanding personal and cultural differences, and tolerance thereof, require attention as seen in the following two extracts:

"There are so many things that divide us... there are cultural diversities, temperaments... we've got to put a mutual effort to do away with the barriers that might prevent normal interaction."

"...we need to understand each other. I need to understand you as a white... and you need to understand me as a black... we are about to build a new society, we have to go and each one of us must learn to tolerate others."

The element of reciprocity necessary for the establishment of trust relationships is reflected in the following statements:

"...it is important... to have mutual trust and faith... then you will have a very good unit."

It is also felt that a leader should make a deliberate effort to encourage interpersonal relationships to enhance group cohesion among the followers. This is illustrated in the following statement:

"You'll find that in a group of people, if there is no interpersonal relationships, there are always conflicts and there is no communication. You find that they sort of divide themselves and form groups because
Influencing through example (role-model).

Influencing through example (N=10) implies that the leader brings about change in her followers' actions or thoughts by example. Influencing is, it would appear, an intangible force that evokes admiration, envy and an aspiration in the followers to portray similar exemplary behaviour. This meaning is best described in the following instances:

"You admire her, the way she carries on her work, the way she talks to people, the way she leads other people and the way she leads you, the very person. When you look at her you wish you could be like her."

"...then I admire what she is doing, her capabilities, her work, her qualities as a leader and I would like to be like her, to act the same way she is acting, the way she manages her department. She is a role-model. I want to copy what she is doing."

"If she is exemplary to me, I will envy her... that I must feel 'I like that somebody. I must follow-up in his foot. I must be a leader myself.' That is how I view my leader."

For the leader to be exemplary, another viewpoint cautions against negative, somehow destructive, influencing which entails the following:

"...exemplary in the right way. Not exemplary with the general feeling of poor influence, you see, because 'I am a leader!'"

It is advocated, though, that positive influencing, stemming from a model of exemplary behaviour, is dependent on good interpersonal relations between the leader and followers as well as the fact that
an actively involved leader has a better opportunity to influence her followers. This fact is depicted in the following extract:

"You can only influence your followers if you've got good interpersonal relationships. You influence them because a leader... is part of the team."

The purpose of influencing finds expression in the following statement:

"A leader is a person who influences people to do a task, to reach the institution's... or departmental objectives or goals."

3.5.3.3. Participative involvement.

Participative involvement (N=10) of both leader and followers in the leadership situation carries unanimous support in order to set and achieve a common goal. This concept is best described by the following statement:

"...you have a common goal and in doing these objectives, I think you need to involve them, so it is not your thing. It is something which they also ascribe to, something which they will understand, something which they will identify with and something which they will find attainable. If you involve them, they will put all their effort into it so that it works because if it fails, they have also failed."

More specifically, one participant expresses her viewpoint in terms of preference:

"I prefer a democratic leadership where everybody is participating towards quality patient care... the leader doesn't have to impose whatever she wants her subordinates to do, meaning that everybody must give an input into whatever they are aiming at. That is everybody participates, everybody brings out suggestions towards our patient care."
I mean, you accept every suggestion coming from your subordinates... you'll come together and discuss whatever issues... from there you can sort out whatever you think it's a priority..."

In terms of leader involvement, it is felt that a leader should be in the core of things to provide her with the necessary insight and understanding. This is portrayed in the following extract:

"If a person is never exactly involved, that person will not understand the problem which those other people are experiencing because she's not in the middle of it. You must be involved! You must be there, you must see what is happening so that you must be able to guide."

Participative involvement also implies consultation between leader and followers and is eminent in the decision-making process as described by the following participant:

"What I meant by that (participative democratic leadership) was making the subordinates part of the decision-making block in the unit. They must be involved in whatever decisions that need to be taken. You've got to consult with them and talk to them, at least, talk to them and get their opinions."

Through consultation, the leader precipitates a positive response from her followers in that "...they'll help you and support you."

3.5.3.4. Development of leader and followers.

There is a strong feeling (N=10) that the leader has to be committed to teaching and that she facilitates the development of her followers (N=10), irrespective of whether they are professional or non-professional people; additionally that she, herself, has to "keep abreast", in other words, develop herself (N=9).
a) The leader as teacher.

With regard to the teaching (N=10) commitment of the leader, the following statements substantiate the feeling:

"A leader must teach. A leader who does not teach, definitely, does not except marks with her staff. Teaching on the spot; teaching in the lecture room."

"As a leader you must be a teacher. You must teach and your teaching must be a continuous programme."

"The leader is a teacher. We teach everyday of our lives. It can be formal or informal teaching which comes out. Informal teaching is when you are supervising your subordinates. Whenever you get something wrong you find which they are doing, you’ve got to correct it there and the so they know... and show them the right way of doing things... and in formal, you’ve got to prepare your lectures."

b) Development of the followers.

Development of the followers (N=10) entails, as one aspect, in-service education for all categories in view of the fact that "...people need to know that they will get something out of it." A second aspect of development refers to private studies, which a leader must encourage, with the facilitation of "...study leave where possible." Another important aspect in the development of the followers that needs to be considered is the establishment of staff development programmes in the department which is portrayed in the following extract:

"...and have programmes of staff development within the department whereby all categories can be developed..."
c) Development of the leader.

In order for the leader to facilitate development of her followers, she has to consider her own development (N=9). This is very clearly expressed in the following extract:

"She has to develop her staff, so in order to do that, she must develop herself too, to be able to keep ahead."

"You must upgrade yourself; continuous education all the time by attending all sorts of... programmes of formal education... and there is information that you read, the articles which you can read from the libraries or whatever..."

3.5.3.5. Motivating.

The concept motivating (N=10) refers to the ability of the leader to make a conscious attempt to inculcate a desire in her followers to perform optimally whilst pursuing the achievement of a common goal. These attempts include guiding (N=9), team-building (N=6), giving recognition/praise/credit/incentives (N=6), facilitating happiness/job satisfaction (N=6) and encouraging (N=5).

a) Guiding/Directing.

Guiding (N=9) her followers implies that she "...shows the right way of doing things...", that is directing them, as indicated in the following statements:

"I want my leader to be somebody who will show me the right things, the way."

In order for the leader to guide her followers, she has to be "...working with them..." as reflected in the following extract:
"Guiding your team can only be done if you are part of them, working with them. I go into the department and find that in the theatre a junior is scrubbed for a difficult procedure. For me to be able to guide her, work with her, make sure that she knows what she is doing."

b) Team-building.

Team-building (N=6) refers to the leader's ability to consciously draw her followers together in terms of their association with a common goal and their collective efforts towards achieving that goal. This concept is elucidated as follows:

"We can only build up when you work with them, when you are always with them, when you've got feeling for them... you are always there when they need help... to support them."

The expectations the leader has of an ideal team are explained as follows:

"You want them to work as a team, as a group. The group that will be able to settle in where it's absolutely necessary... which will be able to help each other... that will have the whole unit as their unit... that will be proud of their unit... that will be able to accommodate anybody within their group, working with anybody... that is well orientated..."

And the purpose of team-building is spelled out in the following extract:

"We only attain these goals and objectives through your team... you need to set standards to be attained... so your team must be built to attain these goals..."
c) Recognition.

The concept, recognition (N=6), constitutes two aspects, namely praising or credit and incentives. Recognition refers to the leader's acknowledgement of contributions made towards the department by her followers. Whereas praise/credit is considered as verbal expression of appreciation, incentives are seen as concrete and evident results of such appreciation. This idea is explicated in the following examples.

In terms of praise, as one aspect of recognition, the following statements hold true:

"I feel subordinates should also know when they are good. They should be told, 'You are doing well here'..."

"And then you must keep on praising them, if she has done very well. You mustn't keep your praise inside... you must tell them... then you will find that the atmosphere is all right."

The fact that praise has to be realized in a concrete and evident form is explained in the following extract:

"You've got to give praise where it's due and incentives. By incentives you've got to recognize the contribution which people are making to your unit and... you'll recommend them for promotions, for merit-rating... incentives to improve themselves... they will contribute positively towards your department..."

"When you are a leader, you must always motivate your staff. You must write reports about them so that they can be promoted... make some competition on work production, those who produce a lot of packs... give them some presents... thank them in whatever improvements they do in the department."
d) Facilitating happiness/job satisfaction.

Facilitating happiness and job satisfaction (N=6) has a direct impact on the followers' attitude towards their work, especially in departments where heavy workloads are to be accomplished. Optimal leadership and job satisfaction appear to go hand-in-hand and reference can be made to the following statements:

"A leader should be somebody which must create an atmosphere which is suitable for everybody, a happy atmosphere."

"I don't care how heavy the work is... I must be happy and I will do that work, you know, because I am happy... and if I am pushed around like the person who does not know, who cannot think, then I am not happy at work and my work can't be good, it won't be."

"...for a subordinate to sort of melt to a leader, it is a leader who should somehow... give that relaxing atmosphere around... building that for her own self because one day if she is in a bad mood. She'll get diluted... that is good for her heart."

"As a leader, be happy yourself, be happy yourself!"

e) Encouraging.

Encouraging (N=5) her followers refers to the leader's ability to give her followers confidence to undertake something and to provide the necessary assistance in support of such undertaking. This concept is best explained by the following examples:

"Encourage people to put things together for themselves without you getting involved and you might be there as a person who guides them."
"You see that there are some potentials... you can encourage them by teaching them, by giving them assignments."

"...be there to encourage the subordinates to cooperate with one another."

"You are the one who actually encourages people to improve themselves for different positions by studying."

3.5.3.6. Continuous evaluation.

Evaluation (N=9) refers to the leader's ability to determine whether the followers' performance conforms to set standards, to provide feedback on results of the evaluation and to provide constructive guidance where corrective action is required. Evaluation of followers' performance (N=9) is considered to be either informal, through continuous observation of followers' performance, or formal, in terms of periodical measuring of performance against set standards (N=5).

Evaluation should also consider followers' performance in terms of goal achievement (N=1) and the leader's performance as such (N=1).

a) Follower's performance.

The continuity of evaluation on an informal basis is indicated in the following statement:

"There are many things you can observe as you walk around; the staff doing wrong things, not that you are out to look for that but as you are taking your rounds... and you are evaluating and correcting on the spot... face-to-face evaluation, continuous evaluation."
In formal evaluation, which could be periodical, measurement of performance is subject to certain prerequisites as described in the following instance:

"...you will be basing your evaluation on the standard which you set for them. You do not evaluate them on what you think they... how you think they must behave, meanwhile they are not aware that is what you expect from them."

"...you evaluate time and again, and as you evaluate them you do not criticise, you do not condemn but you have got to use their mistakes as a learning experience... whenever they make mistakes, you've got to realize that... there is a problem that needs to be addressed and try not... personalize problems, 'I think this is happening because so-and-so... is this type of person, that is why she is doing this'."

b) Setting standards/job descriptions/procedures.

The prerequisite for valid evaluation is for the followers to know what is expected of them, therefore the setting of standards and provision of job descriptions and procedures (N=5) form the basis of any evaluation procedure. Substantiation for the validity of evaluation comes from the following quotation:

"...you need to set a standard, a standard of behaviour, for instance, you've got to work out how you want certain things done so that every single member in the unit knows what is expected of them."

3.5.3.7. Flexibility of leadership.

Flexibility of leadership (N=7) implies that leadership is not a rigid entity and that the leader should adjust her style of leadership in accordance with the situation that prevails. In the leadership situation the level of professional maturity of the followers (N=10) is the major determinant of effective leadership behaviour. To a lesser degree, the existence of a state of emergency (N=3) may overrule the conventional.
a) Professional maturity of the followers.

It has been said that the enactment of leadership behaviour is dependent on the level of professional maturity of the followers. Professional maturity could be considered on a continuum, having a low level of professional maturity in relation to the inexperienced follower at one end, and a high level of professional maturity, in relation to the very experienced follower, at the other end of the continuum. Graphically, it is envisaged as in Figure 3.3.

FIGURE 3.3.
CONTINUUM OF PROFESSIONAL MATURITY IN RELATION TO THE PROFESSIONAL EXPERIENCE OF FOLLOWERS

<table>
<thead>
<tr>
<th>INEXPERIENCED</th>
<th>VERY EXPERIENCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW LEVEL</td>
<td>HIGH LEVEL</td>
</tr>
</tbody>
</table>

This continuum of professional maturity is best described as follows:

"...you need to assess the level at which your followers or your subordinates are at; their professional maturity, the level of experience. There's a number of factors that you need to take into account before you decide on your leadership behaviour because what and how much they know, how they behave themselves, their motivation, their experience, their level of performance will guide you in the type of leadership you will have to follow in order to guide them."

Evidently, leadership needs to be flexible in terms of the follower's level of professional maturity, for instance:

"...if they are inexperienced then you are going to be with them all the time, show them what to do and how to do things. But as they get used to doing the things the way it was decided and determined in the unit, then you sort of let go and look and lead."
Consequently, the leader has "...got to cater for different types, all types..." of followers in a particular leadership situation.

b) Emergency situation.

An emergency situation (N=3) demands that the person with "...expert knowledge..." directs actions, as seen in the following instances:

"If you are in an emergency where you find that you as a leader is the one who is having expert knowledge of whatever is to take place... for the patient's life sake... give directions when you are the one who has the knowledge more than the others."

"...either be a crisis or a situation which will need a leader to act promptly, as at times, without imposing so much on the subordinates... not giving, I mean, instructions like an autocratic... and not expecting to get a reply... something back from the subordinates."

Gathering from the facts that are evident, it could be assumed that leadership adjusts itself between three styles; participative (N=10), directive (N=9) and supportive (N=6) leadership.

A summary of the most significant concepts (categories constituting the process of leadership) is illustrated in Figure 3.4.
3.5.4. Accountability.

(Internal environment: spiritual)

To be accountable (N=8) for one's actions in one's line of duty, responsibility for the leadership role has to be accepted unconditionally, whether it concerns the self or shared ownership.

3.5.4.1. Self.

Acceptance of responsibility for the leadership role (N=8) is implied by the following statements:

"...with her own tasks, I mean all the jobs that she asks, she is assigned to do... that is taking responsibility of leading the unit that she is working in... taking responsibility that all the work that she is doing, it's done perfectly and taking responsibility that the department is running smoothly."

"A leader must be responsible. You must be accountable for your deeds. Put your best forward. You must be accountable for your duties."

From these perspectives accountability is derived as a consequence of accepted responsibility and hence becomes a personal concern.
3.5.4.2. **Shared ownership.**

Shared ownership \((N=3)\) in terms of accountability implies that accountability is shared by those people who participate in leadership for successes and failures and is demonstrated very aptly in the following instance:

"If you involve them in any way, they will put all their effort into it so that it works because if it fails, they have also failed."

One can therefore assume that when accountability is shared, it serves as a motivating factor towards goal achievement.

3.5.5. **Aim of leadership.**

(Pattern of interaction)

The aim of leadership focuses on a common goal, quality patient care \((N=5)\) and is portrayed as follows:

"You must not forget about the organization... that whatever we are doing in the whole of the organization will be quality patient care."

Realization of the goal is dependent on effective leadership where the leader is the influential figure through exemplary behaviour, facilitating an environment conductive to participative involvement, personal and professional growth and job satisfaction.

3.6. **CONCLUSIONS DRAWN FROM THE RESULTS.**

After completion of the data analysis by the researcher and the two independent researchers (see 3.4.2.5.), the following conclusions with regard to effective leadership behaviour were drawn:

* Knowledge and skills for leadership determine the efficacy of leadership.

* Effective leadership is dependent on effective communication.

* Discipline exercised by the leader influences professional growth and development.
* Leadership develops as a result of professional experience.

* Trust relationships between the leader and followers is related to unbias, non-favouriting and consistent conduct of the leader.

* Exemplary behaviour enacted by the leader develops leadership behaviour in the followers.

* Effective leadership and job satisfaction are interrelated.

* The level of the followers' professional maturity determines the style of leadership selected by the leader.

* Involvement of both the leader and followers in the leadership process fosters shared accountability.

3.7. **DATA EVALUATION.**

**a) By participants.**

A meeting with all participants was arranged in order to present the results to the group and discuss any issues of mutual concern evolving from the presentation. One participant could not attend in view of a death in her family which caused her departure from town.

The results were met with a tremendously positive response from the participants, ensued by a lively discussion with enthusiastic participation by each individual. When explanations were requested by the researcher on certain issues, seemingly dissimilar to viewpoints reviewed in the literature, very interesting explanations were offered which eventually received group agreement.

On the question by the researcher as to why planning and organizing were not considered important in the managerial knowledge and as skills component for leadership, the feeling was that these two particular aspects to them had connotations of authoritarian management. They were never allowed to participate in planning and organizing and were always expected only to carry out instructions. In the same context, assertiveness in a follower was frequently mistaken for aggressiveness, by an authoritarian supervisor.
b) By independent researchers.

The results and conclusion drawn from the results were verified by two independent researchers.

3.8. SUMMARY.

In this chapter the realization of the method and results of the unstructured interview were discussed, conclusions were drawn from the results, and the data evaluated. In the next chapter, realization of the method and results of the collecting of an occupational life history are to follow.
CHAPTER 4
THE OCCUPATIONAL LIFE HISTORY:
REALIZATION OF THE METHOD AND RESULTS

4.1. INTRODUCTION.

In this chapter a detailed description is given of the second of the two methods of data collection, namely collecting occupational life histories, which forms part of the ethnographic approach to investigate the total context of leadership behaviour, as viewed by the sample of black professional nurses in this study.

Explication of this method will comprise data collection, data management, data analysis, results and discussion of results, conclusions drawn from the results as well as the ascertained influence of their occupational life histories on their views of leadership behaviour, and data evaluation.

4.2. DATA COLLECTION.

4.2.1. Implementation of the method.

The aim of collecting occupational life histories is to gather each participant's own interpretation of her occupational life experiences without sacrificing spontaneity of self-accounts (Denzin 1970:235; Dobbert, 1982:146).

During the first reading of the questionnaires, nine of the participants were contacted by phone in order to clarify uncertainties in respect of omission on their behalf to affirm or negate a particular question but, nevertheless, giving the necessary motivation when requested.

The collecting of occupational life histories commenced after the completion of all ten interviews as the first method of data collection.

An appointment was made with each of the participants at their convenience. Appropriately coded questionnaires were handed out and verbal directions given as to the completion of the questionnaire. A time limit of one week was proposed, with all participants accepted and complied. A coded envelope was supplied with each questionnaire.
After completion and the retrieval of all the questionnaires, which were individually handed back to the researcher, a further appointment was made with each participant, in order to obtain permission allowing the researcher access to their personal files in order to triangulate the data obtained from their individual occupational histories. The purpose of the request was explained and written consent obtained. (see Annexure I - example). In addition, permission was obtained from the nursing authorities of the particular health institution to draw the personal employment files of the ten participants.

4.2.2. Triangulation.

The personal particulars (Section 1.1. to 1.6.) on each completed questionnaire were verified. Personal characteristics (Section 5.), commonly occurring in all the available performance evaluation reports of each participant were noted on each individual questionnaire.

Particular reference made more than once from different evaluators, to participants with above-average leadership qualities, was recorded, as well as the date of such reference in relation to their individual years of professional experience. Significant portrayal of leadership behaviour was indicative in the reports of three participants (N=3) in relation with a high degree of professional experience (>10 years).

Responsibility as a moral trait/characteristic (see Chapter 3:49), received significant emphasis in the reports of all the participants (N=10) whereas benevolence, as social trait/characteristic (see Chapter 3:52), was evident in the reports of the majority of the participants (N=7).

4.3. DATA MANAGEMENT

The completed questionnaires were all handed back to the researcher in their respectively coded and sealed envelopes. These envelopes remained sealed till the discussion of the results of the data from the unstructured interview was completed. This protocol was followed in order to prevent any bias from the researcher's side.

Where omission's by the participants or doubt in the researcher's mind occurred as to the appropriateness of the content of certain answers, notes were reflected in the adjacent margin. Owing to the fact that all questionnaires were fairly adequately completed, minimal consultation was required from each participant. Consequently, telephonic contact with the participants was decided upon. Nine participants were contacted through an intermediate person and a request forwarded for these
participants to phone the researcher at their convenience. One participant, at home, was directly contacted by the researcher. All participants obliged when the researcher asked whether they would agree to provide information over the phone and data collection was completed within a few days.

4.4. DATA ANALYSIS.

4.4.1. Method.

Comparative analysis by theme, as structured in the questionnaire, was done. The purpose of this method was to reach ethnographic generalizations through the discernment of similarities and differences between the participants in order to provide a balanced picture (Ellen, 1984:250). For greater illumination and to enhance inferential validity, a logical analytic approach will determine the logic of any judgement of events and behaviours that underlies the account of the individual occupational life history.

4.2.2. Results and discussion of results.

The results obtained from the data analysis follow the sequence of questions that appear in the completed questionnaires. In the discussion of the results, inferences will be made from what the participants say in order to build an understanding of their culture from their particular perspective on learned experiences.

4.4.2.1. Personal particulars.

The personal particulars of the participants encompass their age group, highest school educational standard, basic and post-basic nursing qualifications, acquisition of a nursing degree, present involvement in formal education, and experience in their present position as senior professional nurses. Nevertheless, the mean age reflects a high degree of chronological maturity among the participants.

a) Age.

The frequency distribution of the different age groups of the participants has been obtained. This is reflected in Table 4.1. The mean age for the participants has been determined as 52.7 years although two of the participants are due for retirement in the near future. Nevertheless, the mean age reflects a high degree of chronological maturity among the participants.
TABLE 4.1.

AGE DISTRIBUTION OF PARTICIPANTS

<table>
<thead>
<tr>
<th>AGE</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>46 - 50</td>
<td>4</td>
</tr>
<tr>
<td>51 - 55</td>
<td>3</td>
</tr>
<tr>
<td>56 - 60</td>
<td>3</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

b) Highest school standard.

The majority of the participants have a standard ten or matric and total five (N=5) and two (N=2) respectively. The other three (N=3) are in the possession of a standard eight of whom two of the participants are near retirement and the other one is well advanced in her formal educational studies. One can therefore regard the participants, collectively, as having an adequate school educational background for their leadership development. The trend of higher education among black women is a dominant feature of black urbanization (Becker, 1974:180). Refer to Table 4.2.

TABLE 4.2.

HIGHEST SCHOOL EDUCATIONAL STANDARD AMONG THE PARTICIPANTS

<table>
<thead>
<tr>
<th>EDUCATIONAL STANDARD</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANDARD 8</td>
<td>3</td>
</tr>
<tr>
<td>STANDARD 10</td>
<td>5</td>
</tr>
<tr>
<td>MATRIC</td>
<td>2</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

All the participants commenced their nursing training after having obtained their standard eight certificate. The seven participants (N=7) who obtained their standard ten or matric certificates did so after having completed their post-basic training for the Diploma in Operating Theatre Nursing Science, approximately sixteen years (fourteen to twenty years) after completion of their basic training as nurses.
c) Basic and post-basic nursing qualifications.

All ten participants (N=10) are in the possession of the two basic nursing qualifications, namely the Diploma in General Nursing and the Diploma in Midwifery, as well as the post-basic qualification, the Diploma in Operating Theatre Nursing Science which equip them well for their area of specialization. One of the participants (N=1) possesses an additional four qualifications which include the Diplomas in Ophthalmic Nursing Science, Community Health Nursing Science, Nursing Administration and Education. Another participant (N=1) is in the possession of an additional two qualifications, namely the Diplomas in Community Health Nursing and Nursing Administration. There is also one participant (N=1) who holds a Diploma in Intensive Care Nursing Science as an additional qualification. Refer to Figure 4.1.

FIGURE 4.1.

BASIC AND POST-BASIC QUALIFICATIONS

<table>
<thead>
<tr>
<th>QUALIFICATIONS</th>
<th>SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General nursing</td>
<td>10</td>
</tr>
<tr>
<td>Midwifery</td>
<td>10</td>
</tr>
<tr>
<td>Theatre nursing</td>
<td>10</td>
</tr>
<tr>
<td>Ophthalmic nursing</td>
<td>1</td>
</tr>
<tr>
<td>Community health</td>
<td>2</td>
</tr>
<tr>
<td>Intensive care</td>
<td>1</td>
</tr>
<tr>
<td>Nursing education</td>
<td>1</td>
</tr>
<tr>
<td>Nursing administr.</td>
<td>2</td>
</tr>
</tbody>
</table>

93
d) Graduates/Degree in nursing.

One participant (N=1) has obtained a BA Cur. degree from part-time studies, majoring in Nursing Administration and Community Health Nursing Science.

e) Involvement in formal study.

Five participants (N=5) are presently involved in formal education, near completion, on a part-time basis at degree level. One participant (N=1) is busy with a BA Cur. Hons. degree in Community Health Nursing, four (N=4) with a BA Cur. degree of whom three are majoring in Nursing Administration and Community Health Nursing whilst one is majoring in Nursing Education and Community Health Nursing with a view to acquiring the qualification in Nursing Administration in due course. This trend among the participants is in pace with their advocated requirement of a formal knowledge base for leadership, knowing more than the followers (see Chapter 3:59) although it is somewhat delayed in terms of their mean age and professional experience.

Five participants (N=5) are not participating in formal education at present. Three of these participants (N=3) indicate that they intend future formal education in nursing. One participant, who is holding a post-basic qualification in Intensive Care Nursing Science, would like to study Nursing Administration. Another participant, who has Nursing Administration and Community Health Nursing Science to her credit, intends to study Nursing Education. The third participant gives no indication of exact future degree intentions. The other two participants in this particular group have no intention of any future formal education in nursing as both are on the verge of retirement. Nevertheless, 60% of the participants are involved in or have been exposed to leadership development at a formal level, which is advantageous to their supervisory roles. Refer to Table 4.3. for a portrayal of the graduated, those involved in formal education and those who are not.

TABLE 4.3.

<table>
<thead>
<tr>
<th>CONTINUING FORMAL EDUCATION</th>
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<tbody>
<tr>
<td>GRADUATED</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>5</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
</tbody>
</table>

N 10
Of the five participants who are presently involved in formal education, all of them (N=5) would like to continue after having obtained their prospective degrees, including the participant who is busy with her B.Cur. Hons. degree. This trend is reflective of their belief of a leader to be committed to continuing education and self-development in order to fulfil the teaching role for the development of the followers, and advocated by them in the process of leadership (see Chapter 3.75).

The motivation for continued formal education finds favour (N=3) in "...keeping abreast..." with modern developments and eventuates in the following extract:

"Leadership needs knowledgeable, capable individuals who are expected to impart their knowledge to subordinates, thus continued education is essential."

One participant (N=1) who is studying for a higher degree wants to be "...involved in community development, especially in the rural areas..." and for this purpose she needs higher education and research background.

f) Experience in present position as senior professional nurse.

The frequency distribution of the years of experience of the participants in their present position as senior professional nurse has been determined. Refer to Figure 4.4. The mean experience is determined as 14.2 years. This is indicative of a high level of clinical experience and expertise (professional maturity).

Consequently these participants, as followers, expect of their leader to have "...specialist knowledge in the area..." where leadership is to be enacted in order to be effective (see Chapter 3.67). In terms of their own evident professional maturity, they would also expect of the leader to adjust her style of leadership (flexibility - see Chapter 3.81) and allow them to share leadership hence the emphasis they place on participative involvement of both leader and followers in the leadership situation (see Chapter 3.73).
4.4.2.2. Pre-career development.

The dimension, pre-career development, considers the reasons for choosing nursing as a career, whether anybody influenced or prompted the decision to take up nursing, and whether they had a good self-image when they embarked upon nursing.

a) Reasons for choosing nursing.

In five of the participants a need (N=5) developed from childhood to care for others (N=1), to serve and be of some use to the community (N=2), to help the sick and suffering (N=3) and those needing advice and guidance in their plight (N=1), and to be a servant of God for his people in need (N=1).

The need to care for others evolved from the joy and love experienced as a child when "...tending to other injured and sick children" and magnified as motive to choose nursing as a career.

The need to serve the community, in one instance, developed from experiencing the tragic consequences of "...witchcraft that was rife in the African community..." with the subsequent need to "...discourage the belief that sickness was due to witchcraft..." and thus to set out on a career in nursing in order "...to promote health."
The need to help the sick and suffering originated from an intense emotional experience of suffering family members “...thus I found myself joining the nursing profession.”

The image of nursing (N=3) was an important motivating factor to follow in a similar career. The nurses of thirty to forty years ago set an apparent impressive example by displaying the highest standards in appearance and conduct, and helpfulness towards people so that immense respect was generated for them in the community. The impact that the image of nurses had on the impressive minds of the participants as children is substantiated in the following instances:

“I had always admired the image of nurses in uniform and working amongst people. I envied the respect nurses received and the relation they had with the community.”

“Nurses were always clean, they smelled fresh, hair clean and well combed, face made up, shoes clean and polished, walk brisk and businesslike. Later I realized that they were able to help people. If you had a wound or pain, you would go the clinic where the nurse would clean your wound or give you something for pain and your problems would go away.”

Nursing as a career was considered a convenient option (N=4), both in terms of financial gain and its availability as a career for blacks who could not complete their schooling. This option of conveniency is elaborated upon in the following extracts:

“It was the only easy available profession for a black excluding teaching.”

“As a child at school, I had always wanted to serve and be of some use to the community. There were three careers... I chose nursing... because I had to drop out and go to look for a job to get some funds for school.”

A summary of the reasons for choosing nursing as a career is depicted in Figure 4.3.
b) Influence on choice of nursing as a career.

Seven participants (N = 7) were influenced or prompted by somebody to choose nursing as a career. Three of these participants had aunts who were nurses but a grandmother and neighbour respectively also played a role in the choice that two of them made. One participant was influenced by her mother and class teacher, one by her teacher’s wife (a nurse) and for another one, the local priest made the necessary arrangements for her training. For another participant, the actual nursing care she experienced and observed as a child “...sparked a flame of love for nursing in me.”

For three participants (N = 3), nobody played a role in their decisions to embark upon a nursing career; merely their inner all-inspiring need to be of service to the community. This is best portrayed in the following extracts:

“Choosing nursing came from inner feeling of wanting to help the sick, the suffering...”

“...to help my community...”

“As a child at school, I had always wanted to serve...”

From the foregone perspective, one detects a strong underlying Christian philosophy among the participants which guided their choice of nursing as a career and, consequently, influences their focus on quality patient care as the aim of leadership (see Chapter 3:84). At the same time, they may expect
of the leader a value system congruent with their own belief system in order to realize their aim. If one reviews the traits/characteristics which they perceive to be evident in a good leader (see Chapter 3:46), then one may assume that some relationship exists that would influence the trust relationship between the leader and followers as an important element in the leadership process (see Chapter 3:70).

c) Self-image at onset of nursing career.

On the question whether the participants had a good self-image when they came nursing, eight participants gave affirmative answers (N=8) whilst two participants negated (N=2).

A positive self-image found a basis in self-confidence (N=6) and in an imaginative picture of the self (N=3). The results are depicted in Table 4.4.

TABLE 4.4.

<table>
<thead>
<tr>
<th>SELF-IMAGE</th>
<th>F</th>
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<tbody>
<tr>
<td>POSITIVE</td>
<td>8</td>
</tr>
<tr>
<td>NEGATIVE</td>
<td>2</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
</tr>
</tbody>
</table>

Those participants who had a self-confident attitude, provide the following explications:

"My standard of education, especially the fact that I came from an illiterate community. My culture had a great influence on my self-image. In my culture every human being is unique, his norms and values must be respected."

"I was young, reasonably intelligent and motivated. I could achieve whatever it is I set my mind to achieving and I had a strong support system."

"I had confidence in myself and still have. I had self-respect which I still have and have been trustworthy all the way before entering the nursing profession."

"While doing my secondary school, volunteers, to go for two weeks orientation at a nearby hospital, was
arranged between the hospital and the school and I had been amongst pupils who did orientation lessons and activities at the hospital during school holidays.

"I am a loving person who wants to be with people, who always, at all times, wanted to help other people. I thought to myself that I would make it in nursing."

A positive self-image, founded on an imaginary picture of the self as a nurse (N=2), is explained in the following statements:

"I imagined myself been a good nurse during and after training.

"Imagined myself in a white uniform and cap, caring for very ill and needy patients and regarded as an important person in the community."

"I imagined myself being a qualified nurse."

The two participants (N=2) who negated having a good self-image when they started their nursing career, submit the following reasons:

"It took me some time to adjust myself to nursing as it was not my first choice. But with motivation and encouragement from parents, priests and matrons, I ended up accepting nursing as a career and that is when I develop, what you call, good self-image."  

"When I first came to nursing I was afraid of the unknown, I was not sure whether I would complete training as a nurse. I had no confidence in myself. In the wards I was afraid of sick patients. I would not touch the dead patient but as the months went by, I gained my confidence and liked nursing."

4.4.2.3. Past career life course.

In the dimension, past career life course, several questions were posed. These dealt with whether or not they set themselves an aim at the onset of their career, which nursing personalities had the most positive, as well as the most negative, influence on them in their career, when in their career they became aware that good nursing leadership is necessary, whether nursing as a career has changed their concept of leadership, whether they regard a nursing manager equivalent to a nursing leader in terms of their career experience, and historical or past events that had an important influence upon them in their career which could have altered their life and life chances.
a) Aim set for self.

Four participants (N = 4) set their aim at providing total patient care "...that patients whom I have helped nurse became whole again, live a normal life..." and is also exemplified as follows:

"My aim was to help members of the public in dealing with problems they encountered in their day-to-day living; problems that are related to health, poverty and illness."

Three participants (N = 3) aimed at qualifying as professional nurses whilst one participant (N = 1) intended only to work for a year or two in order to be financially capable of completing her schooling and pursue a career in medicine. Two participants (N = 2) set their aim at personal achievement in terms of senior positions in nursing, as one participant remarks that she wanted "...to better my position as a leader in the field I choose to be."

From the foregone perspectives, one gathers that only two participants set some career-ambitious aims with aspirations of becoming leaders in their fields of choice. One could assume that 'the need to serve' may have had an impeding influence on self-enhancement, in a more ambitious sense, and perhaps the willingness to envision their future in nursing in a much wider perspective. This assumption is derived from the participants' late commitment to formal education in relation to their mean age and nursing experience.

A summary of the aims the participants set for themselves at the onset of nursing is reflected in Figure 4.4.

**FIGURE 4.4.**

**AIM SET FOR SELF AT ONSET OF NURSING CAREER**

<table>
<thead>
<tr>
<th>Aim Set for Self</th>
<th>(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing total patient care</td>
<td>4</td>
</tr>
<tr>
<td>Qualifying as a professional nurse</td>
<td>3</td>
</tr>
<tr>
<td>Work for 1 - 2 years, further schooling</td>
<td>1</td>
</tr>
<tr>
<td>Senior positions in nursing</td>
<td>2</td>
</tr>
</tbody>
</table>
b) Most positive influence on career by a nursing personality.

Five participants (N=5) refer to the nursing manager (white), in charge of the department where they are presently working, as the nursing personality who had the most positive influence on them in their individual careers. The following comments are explanatory:

"...available at all times and willing to help subordinates sort out their problems (department)... who would build on their strengths and help them sort out their weaknesses. A leader who would not punish subordinates because they fail to conform."

"She is a dynamic person. She has worked so hard to bring our unit to the high standard of what it is today, resulting in high patient quality care, good management and good interpersonal relationships. As the result most staff members are upgrading themselves applying for post-graduate courses."

"...involves her subordinates in discussions, decision-making and activities... gives responsibility with authority. She is sensitive to the needs of patients, nursing staff and doctors... gives herself time to listen and advise when there is need. She plans and puts plans into action. She organises her department, controls and co-ordinates the efforts of all who are involved in patient care. She teaches and develops her staff."

"...handling any situation which presents itself at any times. The patience she practises, the knowledge she has is beyond questioning at times. Practices open communication enabling every individual to participate in whatever plans or decisions are made. She recognises well-earned activities and encourages more by giving praise where one deserves it."

"She is alert at all times and gives herself time to attend to the needs of the department. She is open to her subordinates who are free to confide in her. She adapts to the changing needs of the department. She is keen to impart with her knowledge at all times."

Three participants (N=3) refer to individual matrons (white) who had the most positive influence on them in their respective careers. One participant refers to the matron in charge of her training hospital, having "...had all the attributes of a good leader." Another participant refers to a theatre matron who made a lasting impression on her as a young professional nurse:

"She showed love to everybody, she was caring and was ready at all times to help... I wished I could be like her."
The last participant in this group refers to a matron of a mission hospital who had "...good interpersonal relationships with members of the community..." and "...was respected by the community." She continues to say that:

"She was flexible and adapted herself with different age groups. She often attended Sunday schools for children, girl guides and church gatherings, as well as participating in welfare and professional activities."

One participant (N=1) was influenced by a theatre sister (white) during her training to become a theatre nurse as well. She looks upon this person in the following manner:

"She was very tidy and clean... looked beautiful in her uniform. Very artistic when assisting with an operation, seemed to know all the needs of the surgeon... educative... soft spoken and proud of her work."

The last participant (N=1) refers to a tutor in her first year of training who "...inspired me by her positiveness in life... and her knowledge."

From the foregone perspectives, one gathers that positive influencing by a nursing role-model has a profound and timeless effect on the attitudes of followers, inspiring them to pursue the portrayal of similar behavioural patterns. Furthermore, the participants' perspectives on leadership behaviour is directly related to their experiences of perceived effective leadership enacted by a nursing role-model.

A summary of the results is depicted in Figure 4.5:

**FIGURE 4.5.**
MOST POSITIVE INFLUENCE ON CAREER BY A NURSING PERSONALITY
c) Most negative influence on career by a nursing personality.

Five participants (N=5) refer to chief professional nurses (or matrons) (4 blacks) as having had the most negative influence on them in their careers. Three of these participants make reference to one specific chief professional nurse, and one participant refers to a chief professional nurse in the department where she is working. The other participant refers to a matron she had encounters with during her training.

In the first instance, where the three participants refer to one particular chief professional nurse, the following motivational statements are made:

"Autocratic leader... does not involve staff in decision-making except when there are problems... does not accept the suggestions. Has both 'halo effect' and 'horns effect'. Has negative attitude towards private studying people. Gives responsibility without authority. No time to listen but to be listened at."

"She is a selfish person who is not motivated to studies which could better her conditions. She is always confused and this brings confusion in the department because she is an autocratic leader. She favours those she likes and unfortunately she cannot hide this. She likes to be hero-worshipped. She is less bothered about what is happening in the department except for her private life which she does on duty."

"A leader who tramps on others to get what she wants. How she gets it, who she hurts, it does not worry her that much. Practises favouritism openly without consideration of other members of staff. Delegates responsibility but withholds authority... no one grows. When she puts on 'horns' on one, that individual will never thrive."

In the second instance, where reference is made to a senior person in the particular department where she is working, having a negative influence on her career, the participant remarks as follows:

"Has poor interpersonal relationship, non-supportive to subordinates who are always struggling on their own, lacks confidence in decision-making... always unnecessarily critical about other people and not making effort to be in the know, except about her job which she was promoted for."

The participant who had negative encounters with a matron (white) during her training, comments as follows:
"Harsh and very strict. Could not give an ear, a nurse to her was always wrong. Introduced hard punishment eg. taking of an off-duty or day-off, even night-off. Those days we used to get only one night-off or day-off a week. Matron used never to speak to junior personnel, except when reprimanding or scolding you."

Four participants (N=4) refer to individual sisters in charge of different wards (blacks) during their nursing training as having had the most negative influence on them in their respective careers. One of these participants considered resignation at the time owing to the cruelty and ethnic favouritism displayed by one particular charge-sister which nearly led to her own expulsion. Two participants refer to individual sisters in charge of wards who set bad examples as senior personnel and expound as follows:

"She was a terrible person - selfish, running away from responsibility at all times, not knowing what was happening in her unit... criticize negatively."

"She disapproves of everything that anybody can suggest. Whatever she does is right, she would not listen to people's problems. Her decision is final... she is also ill-mannered."

Severe disciplinary action executed by one charge-sister on the account of "...guilty until proven innocent..." took the form of a "...kangaroo court..." system and one participant continues as follows:

"This encouraged dishonesty and forgery, and total neglect of patient care eg. if a patient was unable to produce sputum, to save her skin, the nurse would cough into the sputum mug."

One participant (N=1) refers to a nursing auxiliary (black) who worked for years at a clinic in the community and elaborates as follows:

"She used to talk about nursing negatively by saying, for example, that girls are not supposed to lay the dead and to nurse the critically ill patients because it makes young girls to loose respect for their elderly as they wash the sick and see their private parts."

From the foregone perspectives, it is evident that the participants' strong emphasis on the leader trait of fairness with the avoidance of favouritism and discrimination (see Chapter 3:48) is founded on their individual personal experiences of a nursing personality whose non-exemplary behaviour has had a profoundly negative influence on them as followers (N=9), resulting in ineffective leadership as far as trust relationships, work performance and job satisfaction are concerned.
The results are depicted in Table 4.5.

**TABLE 4.5.**

<table>
<thead>
<tr>
<th>NURSING PERSONALITY</th>
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<tbody>
<tr>
<td>CHIEF PROFESSIONAL NURSES (1 white)</td>
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</tr>
<tr>
<td>CHARGE SISTERS (individual)</td>
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</tr>
<tr>
<td>AUXILIARY NURSE</td>
<td>1</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

d) **Awareness of the necessity of good nursing leadership.**

Two participants (N=2) indicate that they became aware, right in the beginning of their nursing career, that good leadership is necessary in nursing, that "...patients in a ward that did not have good leadership and supervision did not get quality care..." and that "...without good leadership nursing would not be nursing."

Another three participants (N=3) profess to have been already qualified, as young professional nurses, when they became aware of the importance of good leadership. Two of these participants were subjected to situations where there was a lack of good leadership which had a profound effect on the subordinates and one participant recalls the following:

"Subordinates were unhappy, absenteeism was high and many people resigned. Favouritism was rife. There were no incentives, no promotions."

In contradiction, one participant experienced the effects of good leadership during that time with regard to its motivation, increased productivity and self-confidence among the subordinates.

Five participants (N=5) realized that good leadership was necessary in nursing when they became charge nurses themselves and had to "...practise all abilities of leadership... in handling conflicts which occur daily and having to supervise different characters of different cultures and beliefs and also different levels of education...", as one participant remarks.
If one considers that these participants qualified in General Nursing between 23 and 36 years ago (on average 28.8 years) and that they have been in their present positions as senior professional nurses between 6 and 23 years (mean of 14.2 years), then it would seem that if professional mobility has been extremely slow. Also, the development and realization of any leadership potential among them seems to have been somewhat impeded, especially when the awareness of the necessity of good nursing leadership (role-models) already existed, in some instances, as far back as at the onset of their careers.

The results are depicted in Table 4.6.

### TABLE 4.6.

<table>
<thead>
<tr>
<th>WHEN AWARE</th>
<th>F</th>
</tr>
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<tbody>
<tr>
<td>ONSET OF CAREER</td>
<td>2</td>
</tr>
<tr>
<td>YOUNG QUALIFIED NURSE</td>
<td>3</td>
</tr>
<tr>
<td>CHARGE NURSE (self)</td>
<td>5</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
</tr>
</tbody>
</table>

e) Has nursing changed the participants’ self-concept of leadership?

Seven participants (N=7) affirm that nursing as a career has changed their individual self-concepts of leadership. The reasons for affirmation are diversified. One participant draws a comparison between the culturally inherited leadership role (chieftainship) with which she was originally familiar, and the acquired leadership role in nursing. Whereas another participant used to view leadership “blindly” before she came nursing, realization and understanding of leadership evolved as she made progress in her nursing career and she continues that:

"...a successful leader is one who leads his/her subordinates with understanding, considers the uniqueness of individuals and should acquire certain leadership qualities."

Another participant became aware, through nursing, that
participative leadership is the most essential element of leading people and that continuous education plays an important role for staff development..." and that "...leadership is not conferred by the position that one holds but is enhanced by the potentials and abilities that one displays, and motivation."

Three participants (N=3) negate the possibility that nursing as a career has changed their concept of leadership. For one participant leadership must be a "light" irrespective of where it shines. For another participant, "...to be assertive without being aggressive..." does not have to pertain to nursing. The last participant maintains that the qualities of good leadership never change.

From the foregone perspectives, the majority of the participants imply that their views on leadership have undergone a transformation and if one considers their efforts of self-development and their expectations of a leader to teach and develop her followers (see Chapter 3:74) then one can assume that their views on leadership have been transformed by professional growth and development.

The results are summarized in Figure 4.6.

FIGURE 4.6.

CHANGE OF SELF-CONCEPT OF LEADERSHIP BY NURSING

![Pie chart showing change of self-concept of leadership by nursing, with 7 participants in favor and 3 against.]
f) Nursing manager's equivalence to a nursing leader.

Seven participants (N=7) affirm that a nursing manager is equivalent to a nursing leader. The following explanations are offered in support of their respective views:

"In my experience, a nursing manager is equivalent to leadership. In any organization one finds a hierarchy of some sort and at every level there is a leader, thus a nursing service manager is a leader with broader responsibilities and views."

"If one is a nursing manager, one is also a leader because a nursing manager without knowledge and almost all the qualities in leadership is no manager."

"I regard a nursing manager as a pilot. Without a pilot a plane cannot fly. I do not imagine a unit without a manager. The four broad areas of responsibilities will relapse, that is patient care, management, personnel development and teaching, not excluding research."

"A nursing manager has to acquire good leadership qualities. She is the one who plans, organises and delegates responsibilities in order to achieve the goals of the department. She leads and works with her subordinates and gets work done by her subordinates by leading them through it and remaining accountable."

"In her position as a manager she is able to initiate and encourage good leadership behaviour in her subordinates. She establishes direction and leads. She should be able to evaluate her subordinates using a recognised evaluation tool and promote proper placement of personnel."

"A nursing manager is equivalent to a nursing leader because she is manager of a group of people who at the same time being their leader because she is leading this group of people. She guides the group, working with the group."

"A manager is active within an institution which functions within a large environment and is answerable to the top level. To a certain extent the nursing manager is equivalent to a nursing leader because she is involved in the decision-making of the running of the institute, planning work delegation and economy. The manager is also involved in the administrative activities, organisation and policy determination."

Three participants (N=3) do not regard a nursing manager as equivalent to a nursing leader. They provide the following motivational answers:
"In my opinion, a nursing manager is responsible and mostly involved in planning, organizing, leading and control, whereas a nursing leader may be a leader in a particular sphere or specific situation, for example, a leader can be detected in relation to some kind of potentials he possesses and yet fails short of management responsibility."

"The two interrelate, although the manager is more on the administrative pedestal whereas a leader works with her group, influencing them all the time to achieve the set objectives."

"A nursing manager is more experienced than a nursing leader. Nursing manager will make policies in the department and the nursing leader will carry them out together with her staff. The nursing manager must see that the set standards laid down by the institution are carried out by the nursing leaders and their subordinates."

Although the general viewpoint is that a nursing manager is equivalent to a nursing leader, one gathers from the perspectives that they do make a differentiation between the two concepts, inasmuch as that the leader's role expounds beyond that of the manager, but it is evident that the leader and manager roles are considered to be integrated and that one can assume that an interdependency exists between effective nursing management and effective nursing leadership. Consequently, one can also assume that their perception of a nursing manager's equivalence to a nursing leader influences their views that a leader must have certain managerial knowledge and skills for effective leadership (see Chapter 3:62).

The results are depicted in Table 4.7.

**TABLE 4.7.**

<table>
<thead>
<tr>
<th>EQUIVALENCE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>7</td>
</tr>
<tr>
<td>NO</td>
<td>3</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
</tr>
</tbody>
</table>
g) The influence of historical events on the individual's career.

Nine participants (N=9) affirm that historical or past events have had an important influence upon them in their careers, altering their lives and life chances, whilst one participant (10%) feels that there were none of significance.

For three participants (N=3) the introduction of opportunities for continuing education was of historical significance. One participant, in particular, benefited inasmuch as that "...continuous education made me aware of different leadership styles and I gained understanding and insight into the whole concept of leadership." Another participant sees the upraising of blacks into senior positions, whether in the nursing profession, the South African Nursing Council and Association or in the corporate section, as additional events of significance.

Two participants (N=2) consider their promotion to senior professional nurses and taking charge of a particular department as significant events in their career lives.

Three participants' (N=3) respective involvement in intricate surgical procedures is regarded as having had an important influence upon them in their individual careers.

One participant was involved with a patient in the Resuscitation Unit who was admitted as a stabbed chest case but the diagnosis of a stabbed heart was delayed till the patient, who seemed satisfactory, collapsed and was rushed to be operated upon. She continues:

"His life was saved. I realised then that I should further my studies in order to be more knowledgeable in order to make quick diagnosis and save lives."

Involvement of one participant in the separation of Siamese twins, having had to deal with serious complications during the final separation procedure whilst the world media awaited the outcome, explains the effect of this event on herself as follows:

"When the last stage of the operation was completed, there was such joy. I could not help but cry with jubilation, thanking God for the guidance he gave the surgeons. This taught me that God is great and He will remain great."

Another participant recalls the opportunity to have witnessed oesophageal surgery in Hong Kong as being an event of great significance for herself and she continues as follows:
"Teaching my colleagues and subordinates what I learnt, all these made me feel good inside and gave me job satisfaction more than ever."

For one participant (N = 1) her "...placement in theatre had a definite influence on my career direction." She continues in the following vein:

"The autocratic leadership style of the time did not help. You had to do as you were told or face the consequences of your actions. Theatre was not popular then and once in, you were trapped."

The last participant (N = 1) feels that no historical or past event was of any importance to her in her career.

From the foregone perspectives, opportunities for self-fulfilment that have arisen in the past seem to have had the most impact, leading to professional growth and development, expectations of promotion to senior nursing positions and a high degree of job satisfaction through tangible recognition of individual abilities. One can therefore assume that opportunities for self-fulfilment are related to motivation of the followers (see Chapter 3:76).

The results are depicted in Table 4.8.

**TABLE 4.8.**

<table>
<thead>
<tr>
<th>EVENTS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION OF CONTINUING EDUCATION</td>
<td>3</td>
</tr>
<tr>
<td>BLACKS IN SENIOR POSITIONS</td>
<td>1</td>
</tr>
<tr>
<td>PROMOTION TO SPN</td>
<td>2</td>
</tr>
<tr>
<td>INVOLVEMENT IN INTRICATE PROCEDURES</td>
<td>3</td>
</tr>
<tr>
<td>PLACEMENT IN THEATRE</td>
<td>1</td>
</tr>
<tr>
<td>NONE</td>
<td>1</td>
</tr>
</tbody>
</table>

* N = 10
The dimension, cultural values, addresses the participants' consideration of the basic values of the nursing society gathered from their career experiences, whether their nursing career has contributed to any change in their cultural beliefs, and whether their cultural beliefs have any influence of their role as supervisor in a nursing service department.

a) Basic values of their nursing society.

From their individual career experiences, the following are considered as basic values of their particular nursing society:

Respect for the value and worth of human life (N=10) is considered the most important value which "...provides the nurse with guidelines to examine one's role in contemporary society... helps one to examine what actions we should take on our caring profession... as to the care for man in his totality, i.e. as a social, cultural and religious being, and to understand his social, physical and mental health needs and problems."

This important value finds further expression in that people are seen as unique (N=2), that one recognizes the views of, and the good in, others (N=1) as well as their individual cultural values and norms (N=3), and that human dignity is maintained at all times (N=1).

Patient care (N=7) entails that care is rendered as follows:

- "...the patient/community must come first..." (N=1),
- "...irrespective of colour, race or creed..." (N=1),
- "...patients' rights to be protected..." (N=1),
- "...patients' needs are understood and met..." (N=1),
- "...correct treatment and care is given..." (N=1),
- "...to maintain health and preserve life..." (N=1),

even when it means that "...the nurse sacrifices for the patient when needed..." (N=1).

A good nursing image (N=7) is portrayed in exemplary behaviour "...that will draw young ones into nursing..." (N=1) and in honest and faithful practice (N=3), showing respect (N=7) and tolerance (N=1) towards others, creating harmony (N=1) and encouraging good interpersonal relations (N=3). Mentoring "...the up-and-coming young nurses..." (N=1) and "...education of all categories involved with patient care..." (N=1) complete the picture.
From the foregone perspectives, one gathers that the values of the participants nursing society reflect a close relationship with the basic Christian philosophy and have to be demonstrated in their behaviour towards their colleagues, and their patients as the main focus of their professional existence. One can therefore assume that a nurse's value system determines her behaviour as a professional towards others and the quality of patient care she would provide.

b) Nursing's influence on the participants' cultural beliefs.

Eight participants (N=8) affirm that their nursing careers have contributed to some change in their cultural beliefs, whilst two participants (N=2) negate any change in their cultural beliefs. Refer to Table 4.9.

**TABLE 4.9.**

<table>
<thead>
<tr>
<th>NURSING'S INFLUENCE</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>8</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>N</td>
<td>10</td>
</tr>
</tbody>
</table>

The participants who indicate that their nursing career has changed some of their more rigid cultural beliefs, make reference to those beliefs, such as traditional healers and medicine (N=5), dietary taboos (N=3), literacy (N=2) and male dominancy (N=1), that have undergone change. Refer to Figure 4.7.
With regard to the beliefs in traditional healers and medicine, the change is evident in the following examples:

"As a member of the black community I have lost some of my cultural beliefs, like going to traditional healers. Especially my family now consult doctors for their ailments and they are immunized to prevent diseases."

"Most blacks are educated nowadays and they are no more going to witch doctors for treatment but go to scientific doctors because they are aware of the diseases... of germs and bacteria around their environment... no more drinking of water from rivers which are infested with bacteria... going for immunization to prevent disease."

"Nursing has made me to gain insight in relation to my traditional beliefs... for example, traditionally when a child has diarrhoea and vomiting, an enema is given with the belief to wash away poison which is dangerous as it worsens the condition... Traditionally women do not eat food such as eggs, chicken and milk..."

"When we grew up in our society we were told girls should not eat eggs because something terrible would happen on the day of her marriage. But when I came to nursing, eggs are said to be a good source of protein and very good for growing children."

"After entering into the nursing profession, I got married and independent of my parents’ beliefs... of witch doctors and traditional medicine... we practise Christianity."
"To be in the nursing profession, one gains knowledge health-wise and be able to study other people's cultural practices... means a change in lifestyle, behaviour changes, attitude also controlled and modified. One becomes exemplary in one's everyday life... influence... change in diet habits, literary level and dominancy of the male. One learns that man is a product of the past and present."

"We Tswanas have no rigid cultural beliefs. As such, we have been able to change in order to suit the changing circumstances, which are advantageous to nursing."

The two participants (N=2) who indicate that nursing has not contributed to any change in their cultural beliefs, offer the following statements:

"It has always been the practice in my family to be kind to those less fortunate, to respect life and property, and to share with those that do not have. In nursing, I have always wondered, if the basis of our practice is not built on the ideal, how do you nurse if you do not have the resources to see your nursing activities through?"

"I still believe in my customs as a black nurse, for example, the black culture does not allow people to take out organs from a dead person for transplant."

From the foregone perspectives, it is evident that nursing as a career has effected change in the belief systems of the majority of the participants as members of the nursing profession, in terms of acculturation (abandonment) and deculturation (adaptation). Organ donation, indicated as one of the cultural taboos, is a major concern, for the medical profession as a great need for organ transplantation as a life-saving procedure which cannot be met.

c) Influence of cultural beliefs on supervisor role.

Seven participants (N=7) think that their cultural beliefs influence their role as supervisor, although two participants maintain that the influence is limited. Affirmation is portrayed as follows:

"To a certain extent, for example, respect for human life from my cultural beliefs."

"If you are senior to an elderly person, it becomes difficult to reprimand her because culturally they are taken as people with wisdom... they are our teachers of cultural norms and values."

"My cultural beliefs influence my role... I gained insight to respect every man's culture and his human dignity."
"Dealing with the lower categories, especially male because in our culture males always think that they are superior to females in spite of the level of education."

"I believe in the dignity of man, rich or poor."

"As a supervisor, one belongs to the society and one makes the society... consider other or one’s subordinates’ cultural beliefs because they are the same as one’s cultural beliefs, though they differ here and there."

Three participants (N=3) think that their cultural beliefs do not influence their role as supervisor. They make the following statements:

"What I practise in nursing has nothing to do with my cultural beliefs. I practise nursing as it is written in the books."

"I am a Tswana by birth and have very few cultural beliefs that can hinder or have a negative influence on me as a supervisor..."

"If I’m going to put my cultural beliefs to influence my role as supervisor, I must also expect my subordinates to behave likewise. This may lead to some sort of conflict somewhere along the line. Having adopted Western civilization, our behaviour and attitudes have also changed towards our nursing profession. Education has guided us towards uniformity. Even though we have different cultures, which as a supervisor does not influence my role so much, one can encourage culture being recognised towards nursing patients, respecting their beliefs, know their thinking and how they interpret health."

From the foregone perspectives, one can assume that cultural beliefs may have a detrimental effect on the controlling function of the supervisor (see Chapter 3:62) when dealing with elderly or less-educated male subordinates, resulting in ineffective control or conflict.

The results are depicted in Table 4.10.
4.4.2.5. Personal characteristics.

This dimension considers the influence of their personality, only, on their role as a supervisor in a nursing service department.

a) Influence of personality on supervisor role.

All ten participants (N=10) think that their individual personality influences their role as supervisor in a nursing service department. One participant states this quite categorically:

"My personality will always influence my role as a supervisor because what I project as a leader of a group, is my personality."

Another participant remarks as follows:

"One's personality should set an example to her followers... one must have the qualities of a good supervisor... try and live to her word... cheerful... a hard worker who jointly participate in the working environment."

Two participants describe their own personality in terms of their supervisory roles as follows:

"Because of, my patience in working with other people, my willingness to help at all time, good interpersonal relationships and good powers of observation, I think my personality has influenced my role as a supervisor a great deal."
"I am a kind person and I am aware that people consider me soft and submissive. I therefore guard against people taking advantage of me. I prefer to facilitate leading, in other words, I do not like to put obstacles in my leader’s way, but I can be assertive without being aggressive."

One participant maintains that a supervisor must have good interpersonal relationships and therefore must "be approachable... good mannered... a person who can listen... have logic answers and must be loyal."

The other participants provide the following statements:

"My personality must be acceptable by the team, meaning that I must be approachable, a good listener and accommodate every individual in their plight."

"Self-respect in order to gain the respect of others. Good behaviour and good attitude. Respect for other people’s beliefs."

"I am a character that changes with the situation to reach my objectives. I am a situational person."

"Treating juniors with respect... politeness... correcting mistakes, showing them you do not resent or hate them... listening to their requests and help when necessary."

"My personality influenced my role as a supervisor... for I gained insight that for the smooth running of the department, good human relations, co-operating, motivation, participation of all categories and discipline should be our ultimate goal for effective patient care."

From the foregone perspectives, it can be assumed that a person’s personality (traits/characteristics) influences the effectiveness of her supervision/leadership.

4.4.2.6.  Future career life course.

This dimension considers the career position into which they project themselves within stipulated time periods.

a) Five year projection.

Six participants (N=6) see themselves being in the post of chief professional nurse in five years’ time, although one participant feels that a term of two years would be more appropriate, especially in view
of the fact that she has been in her present position as senior professional nurse for eighteen years and that she has been developed for promotion.

Another two participants who have been in their present positions for twenty-three and fourteen years respectively, support their individual projections as follows:

"...but because of experience, productivity and the long period in the nursing career, it is my wish to get a slight elevation from the present status."

"The responsibility taken during those years with authority where it was necessary, making decisions which meant saving a patient's life... sacrificed time and leave and all that, was never recognized by any authority."

The five year-projections of the other four participants (N=4) are verified: ranging from retirement, seeing herself in the same position with dwarfed hopes for promotion, being a researcher and teacher, and having attained the position of a nurse manager.

b) Ten year projection.

Seven participants (N=7) would have been past retirement age in their nursing careers. Two participants (N=2) project themselves to be in nursing manager's posts, whereas one participant (N=1) would like to contribute towards "...addressing the knowledge deficit that is existing amongst health consumers." She sees herself "...involved in planning and implementing health nursing practice and care."

c) Fifteen year projection.

One participant (N=10) would like to see herself in a chief nursing service manager's through "...improving my standard of education furthermore... by so doing, one will better one's career...".

From the foregone perspectives, it is evident that high expectations prevail in terms of promotion to higher positions for those participants who will still be in the pre-retirement stage in the five-year projection phase. Noticeable dejection in relation to promotional opportunities is also diplomatically expressed and it can be assumed that it points to the system of racial segregation that caused the pooling of nursing expertise in some health institutions at the expense of hardly any promotional
opportunities, whereas a lack of adequate nursing experience has been observed to exist among nurses who hold senior positions in general.

The ten-year projection phase sees only three participants aspiring for nursing leadership roles whereas one remains in the fifteen-year projection phase to continue her pursuit in receiving recognition as a nursing leader.

4.5. CONCLUSIONS DRAWN FROM THE RESULTS.

After completion of the data analysis and discussion of the results, the following conclusions were drawn:

- The participants are a very experienced group of senior professional nurses, hence their professional experience influences their views on leadership behaviour.

- Their level of education influences their views on leadership - in this group there are one graduate and four participants nearing completion of their graduate studies.

- Formal post-basic education develops leadership - there is significant representation of professional development in the group.

- The group's individual value systems have influenced their choice of nursing as career and contributed to the values of their nursing society.

- Nursing role-models have exerted a strong influence on their views of leadership - white role-models are significant.

- Clinical education enhances leadership development in the followers.

- Effective nursing management and effective nursing leadership are interrelated.

- The congruency of value systems influences the trust relationships between leader and followers.

- Personality traits in the leader influence the effectiveness of leadership.
The pooling of very experienced professional nurses without adequate opportunities is a result of a system of racial segregation that prevailed in the health services.

4.6. DATA EVALUATION.

4.6.1. By the participants.

Evaluation of the results from the collection of occupational life histories concurred with that of the results from the unstructured interviews.

These results were accepted with great interest and a very positive response. Lively discussions evolved and the researcher felt free to ask for some explanation on one perceived controversial issue which evoked participation from all the participants.

On the question as to why the influence of white nursing role-models was unanimously indicated, two explanations were offered.

Some of the participants (N=4) did their nursing training in mission hospitals where their superiors were white nuns, hence the reference to white role-models. One could also assume that this experience has had some influence on their Christian philosophical viewpoints.

The second aspect mentioned in respect of white role-models, is that they felt that blacks abuse power when placed in positions of authority.

According to the group, culturally everything was shared in their society with the exception of power, since this was the chieftain's inherited prerogative. Hence, other members of the same society were never taught about power-sharing and, subsequently, did not know how to deal with it when given power, so that the reversion to nepotism and favouritism are methods of security.

But, the general view was that the black belief system has to change. The "how" is not clear since higher education has not taught blacks how to use power.

The results were therefore verified as a true reflection of their views.

4.6.2. By independent researchers.

The results and conclusion drawn from the results were verified by two independent researchers.
SUMMARY.

In this chapter an exposition was given of the realization of the method and results of collecting an educational life history, the ascertained influence of their occupational life history on their views on leadership behaviour, was indicated, as well as conclusions drawn from the results of this method. In the next chapter, the literary control will be dealt with.
CHAPTER 5

LITERATURE CONTROL:
DISCUSSION OF RESULTS IN ACCORDANCE WITH RELEVANT LITERATURE AND RESEARCH

5.1. INTRODUCTION.

In this chapter the results of the study are discussed in relation to relevant literature and appropriate research studies for control purposes. Reviewed literature and research studies will be classified within an international and national frame of reference, respectively, and are portrayed in Tables 5.1 and 5.2 at the end of this chapter.

In view of the fact that two methods of data collection have been utilized in this study, differentiative literature control of the results of the two methods is to be employed. Any new knowledge generated from the study is to be emphasized.

5.2. LITERATURE CONTROL: RESULTS OF THE UNSTRUCTURED INTERVIEWS.

5.2.1. Leadership traits/characteristics.

From the results of the data analysis, traits or characteristics are distinctive qualities perceived and adjectively labelled by the participants to be evident in a good leader and these are portrayed in a specific and preferable mode of conduct or behaviour that enhances the leadership process. (see Chapter 3:46). In this regard Al-Kandari, (In: Marriner-Tomey, 1993:104-105) maintains that certain characteristics are admired and expected in a leader by the followers which gives the leader credibility.

The foregone perspective has to have a sound foundation and can only be established through logic interpretation of the available literature and is attempted henceforth.

5.2.1.1. The significance of leadership traits/characteristics.

If one looks at Schilbach’s (1983:32-40) review of numerous research studies on leadership from a trait perspective, one finds that different researchers had identified a vast number of leadership traits over the years so that Jennings had to conclude in 1961 that, in spite of a half-century of research, no set of qualities could be produced to distinguish between leaders and non-leaders. Bevalas (1960), on the other hand, had ascribed the reasons for this failure to the unreliability of the measuring
earlier on and, most importantly, that the variegated lists of traits were merely verbalizations of the individual viewpoints of researchers who had asked renowned leader figures to identify their own traits. According to Robbins (1980), three of the limitations inherent in the trait theories were that the need perspective of the followers had been ignored and that researchers had failed to clarify the relative importance of various traits for effective leadership. Robbins further reflected that, although the traits possessed by most leaders had been specified, the same traits had also been found among a large number of non-leaders. Nevertheless, a number of research studies had shown that a significant correlation existed between certain leadership traits and leadership efficacy. Some of these studies are those of Hollingworth (1926), Stogdill (1948), Ghiselli (1963), Fiedler & Neuwese (1963), Dunnett (1967) and Davis (1972). Even these correlation studies had not convinced all. Preference seems to have been given to the particular conduct or behaviour patterns expectant from a leader in a leadership position with the implication that the leader is only one element in a greater and complex whole (Schilbach, 1983:32-40).

From a nursing perspective on the trait approach, Kotzé (1974:31,34-49) rejects the assumption that a leader is born and that leadership is merely a result of the leadership traits possessed by a leader. In her belief that leadership is an interpersonal partnership between the leader and her followers towards task accomplishment within a particular leadership situation, she nevertheless refers to the character and personality of the leader and a thread of inferences to particular contextual characteristics, considered as prerequisites to effective leadership, can be detected in her writings on leadership.

The participants in Nel's (1993:99,168-171) study on leadership emphasized the importance of particular personality characteristics in a leader in relation to the identification of potential leaders and the development of their personalities. They continued to say that some of the brilliant nursing leaders, who are competent and intelligent, lack development of their leadership qualities and the necessary attention to their leader traits/characteristics. Although Nel quotes from Steyn & Uys (1988:215-217), as to the influence of these characteristics on the leader's decisions, and that the role of these leader characteristics had to be considered within the total context of the leadership situation, she, extraordinarily, diverts and explores leadership styles, only to conclude her literary control with a review of leader integrity. If her participants valued leader characteristics as important, since she has indicated that on more than one occasion, then one expects some elaboration on this particular aspect of leadership.

Searle (1986a:313-314) not only refers to the leadership characteristics needed by a professional practitioner as suggested by Lancaster & Gray (in: Lancaster & Lancaster, 1982:93), but provides her
own experiential perspective of what she considers essential characteristics for the nursing leadership role.

Douglass & Bevis (1983:342-343) maintain that one should look more closely at "...characteristics that will influence a leader's ability to perform the role of manager effectively..." therefore consideration should be given to the factors of group and work situation as well. This perspective has found supportive evidence that certain leader qualities do denote success as leader-manager.

If one considers that all these nursing references view leadership characteristics from a leader's perspective, whether philosophical or experiential, disregarding the followers' perspective, then cognisance should be taken of the results derived from the latter perspective, since the assumption is that comprehension would add to the knowledge base of leadership and also facilitate preparation of the followers for leadership roles as suggested by Douglass (1984:19).

5.2.1.2. The origin of leadership behaviour.

Leadership has an origin. It originates from an inner belief system - "...what she believes about others and herself..." - that provides meaning and guides actions. This statement is supported by Kotzé (1974:44-60) and Douglass & Bevis (1983:179). More specifically, Porter & Lawler's theory of motivation (Vogt, Cox, Velthouse & Thames, 1983:114-116) regard traits as part of the value system of a person and that they have a direct effect on the individual's performance. One can therefore assume that these traits or characteristics are considered as mediatory - the intermediate linking factor between the leader's value system and his mode of conduct or behaviour - thus effecting the realization of the leader's value system through leadership conduct or behaviour. This idea could be illustrated as follows:

FIGURE 5.1.

TRAIT LINK BETWEEN VALUE SYSTEM AND BEHAVIOUR

SUCCESS/ EFFECTIVE

VALUE . TRAITS/ CHARACTERISTICS LEADER CONDUCT/ BEHAVIOUR

FAILURE/ NON EFFECTIVE
The statement of Douglass & Bevis (1983:37) that the value system of a person is part of his/her personality, gives support to the foregone assumption, and if one looks at this statement carefully, there are very pertinent aspects to consider.

According to McNally (in: Hein & Nicholson, 1986:101-103) values are internalized beliefs important to each individual and are organized into systems according to their relative importance to the particular individual. These values are learned principles - internalized through one's association with fellow human beings - accumulating and adapting in accordance with one's life experiences. Through self-management the individual rearranges and regulates her principles to order (Kotzé, 1979:131; Muller 1993). This ensures that an integrated personality emerges which realized behaviour in concurrence with the individual's belief system.

From a sociological perspective (Steyn & van Rensburg, 1985:56-69), personality is seen as the product of socio-cultural formation, self-expression and the individual's unique experiences. Kotzé (1974:53) speaks from a phenomenological frame of reference in which personality is seen as a dynamic extension of the person of man and has the potential for development, that is man's personality can be built beyond its normal limitations (Drucker in: Kotzé, 1974:29). This expansion of the personality is concerned with growth and development of the moral (spiritual) dimension so that the individual's level of spiritual maturity is reflected in the leader's philosophy, attitude and behaviour patterns (Muller, 1993a; United Bible Societies, 1989:246-249).

5.2.1.3. Justification of classified leadership traits.

In terms of the leadership traits or characteristics that were depicted in the results of the data analysis, classification to establish some order is deemed necessary.

a) Moral traits.

Those traits or characteristics that connaturalize as fundamentally righteous, have been termed 'moral' traits/characteristics. The most significant of these have been established as being that of fairness, responsibility, trustworthiness and consistency (see Chapter 3:48).

The concept, fairness, encompasses the qualities of neutrality or impartiality, honesty and sincerity. (see Chapter 3:48) Impartiality of the leader is considered to be the most significant trait with the emphasis, in this respect, placed on the avoidance of favouritism as the most destructive quality in a leader.
"It's a problem amongst many leaders... it demoralizes the other people. They become so discouraged, at times, when they look on and see what is happening... this favouritism is killing other people, killing other people! People don't grow because of that."

Discrimination is also seen here as an adverse quality (see Chapter 3:49).

"...it is a tendency that, if a person is weaker than the others and she cannot learn as fast as the others, we would try to discriminate... shun her. Try to accommodate her, a human being."

Ethnic prejudice and discrimination seem to be issues of concern, especially in relation to the ethno-heterogenous context in which this study was conducted (see Chapter 3:49).

"...we must not also have favouritism, whereby a leader will favour a person if I'm a Zulu in her department and then, if I'm a Xhoza I'll favour a Xhosa. Then we cause a lot of unhappiness and it, it will cause conflict as it happens now in the very organization of our hospital.

Kotzé (1974:46-47,93,108) refers to the leader as having to have a character of integrity and a personality that reflects an integration of beliefs and behaviour, in other words, behaviour consistent with one's philosophy. She makes reference to the leader as a person who must be worthy of respect, honest towards herself and others, fair and sincere. Epstein (1982:16) also talks about values of morality and integrity as prerequisites for good leadership. According to McNally (in: Hein & Nicholson, 1986:102), moral values are instrumental, mostly to interpersonal behaviour and competence and she mentions honesty as an example.

Kotzé (1974:47,87) issues a subtle warning against leader preferences and prejudices being harmful to human dignity and, later on, she makes reference to promotion procedures in particular. Vogt et al (1983:130-131) maintain that favouritism and discrimination violate the safety needs of individuals and have a detrimental effect on the fulfillment of their feeling of belonging and love needs as well as their esteem needs (that of job satisfaction, achievement, recognition, status and advancement). According to Epstein (1982:168) "...a supervisor who play favorites..." is a problem that contributes to ineffectiveness of followers in their respective jobs.

Middlebrook (1974:506) maintains that leaders who have attained power will use a number of strategies to maintain that power, such a buying of loyalty from certain members of their group.
through favouritism or in the case where members are dependent on the group and cannot leave, the leader may use intimidation as a power tactic.

From sociological references, the problems of favouritism and discrimination are found to have ethnocentric connections and, for apprehension of its manifestation in a nursing service society, will henceforth be explored.

In an ethno-heterogenic society which is synonymous with the South African racial society, differentiation is primarily based on homogenous cultural characteristics (Cilliers & Joubert, 1966:259-265). In relative undifferentiated societies, the ascription of particular roles is effected in terms of kinship and not merit, giving rise to the concept of ethnic solidarity which is characterized by a strong cohesive kinship bond. According to the authors, a result of this ascribed solidarity is that one often finds, in large and more differentiated societies (ethnic heterogenous societies), ethnic membership has become of greater importance than the kinship principle. From racial and ethnic differences, conceptions, opinions and attitudes emerge in favour of members of one’s own racial or ethnic group to the detriment of other groups. This is prejudice that often materializes into discrimination "...which entails overt action in which members of a group are accorded unfavourable treatment on the basis of their religious, cultural (ethnic) or racial membership..." (Vander Zanden, 1979:296).

From the sociological perspective, one can assume that the potential for ethnic favouritism and discrimination exists in an ethno-heterogenous nursing society. In relation to the nursing perspective, the assumption is that favouritism and discrimination have detrimental effects on work performance and job satisfaction, and are destructive forces in any ethno-heterogenous nursing leadership situation as can be inferred from this particular ethnographic perspective.

The concept, responsibility as a moral trait, implies that the leader acts responsibly in line with her role functions at all times (see Chapter 3:49).

"You are in charge of that department. You are placed there by the head, by the authorities because they spotted you, that you will be accountable at all costs and you will be directing your subordinates in the correct direction. Take that responsibility at all times, not run away from them."

Concurring with this statement, Searle (1986a:133) states that a leader must have a deep sense of responsibility and, at the same time, be aware of the results of her actions. According to Stogdill (in: Douglass & Bevis, 1983:343), responsibility implies a leader’s willingness to accept the
consequences of decisions and actions..." Kotzé (1974:44), in turn, links responsibility to man's conscience and to his moral dimension.

The concept, *trustworthiness*, implies that the leader's displayed integrity and ability to preserve confidentiality, keep her word and be attentive to followers' needs, can be relied or depended upon to such an extent that confidence is placed in her as a leader (see Chapter 3:50).

"People must be able to confide to you and they must trust you... and then you must also be loyal. If I have said that so and so is like this... you mustn't go about telling the whole hospital."

"Your subordinates must know that they can rely on you. You must keep your word. That, in itself, boosts the morale of the staff.

These statements are supported by Douglass (1984:157) who further maintains that reliability of the leader also considers acceptance of "...the consequences of actions taken, whether they are successes or failures."

According to Searle (1986a:135), trust is concerned with perceived professional competence and morality, "...her integrity and her awareness of her role and functions within the legal and ethical parameters of her practice."

Yura, Ozimek & Walsh (in Hein & Nicholson, 1986:83) maintain that trust is one of the essential elements in the establishment of good interpersonal relationships between the leader and followers.

For a leader to show consistency implies that she constantly and firmly adheres to the same principles, thoughts and actions in order to alleviate confusion among followers (see Chapter 3:51).

"As a leader stand by your word, don't change. Don't do it today, tomorrow you change. Yes, it will not be a thing that is done today to suit you and tomorrow it's something different."

"Today she say, 'Oh, hallo X, how are you?' and then the next day, without cause, she just looks at you; she gives you a dirty look. She does not call you into the office to say to you, 'Look, you have done this and that.' You don't know where you are; you get confused."

In this respect, Epstein (1982:70) issues a warning as to the relative frequent inconsistencies that exist among profession beliefs and principles on the one hand and current leadership behaviours
on the other hand. She proposes that a deliberate effort should be made to clarify values and make a connection between one's values and behaviour.

Kotzé (1974:91,95) supports consistency in the leader, in that the consistent use of authority is seen to be absolutely essential for setting an example and for the development of followers. Gillies (1989:557-560), in turn, values consistency of the leader in terms of administering discipline and refers to McGregor's "hot stove" principles for appropriate disciplinary action that includes immediacy, indiscrimination and dispassion.

From the foregone discussion on moral values one can assume that these moral values are related to the spiritual dimension of man, guarded by his conscience and form the basis of all professional and interpersonal behaviour (Kotzé, 1974:44; Searle, 1986a:135; Muller, 1993a; Oral Roberts University: Anna Vaughn School of Nursing, 1990:136,142).

b) Social traits.

In terms of those traits/characteristics that facilitate human relations and are perceived to be embedded in the recognition of man as a valued human being, the classification of 'social' has been assigned. Here, the most significant trait/characteristic is considered to be that of benevolence, the umbrella-term to group all those qualities that intend goodness towards mankind, such as respectfulness, humaneness and consideration as the most dominant qualities. The other traits/characteristics in this category, of consequent importance, are approachability, helpfulness/supportiveness and accessibility/availability of the leader (see Chapter 3:51-55).

"As a leader you respect both senior and junior and the very lowest category of people you have in your department. Respect goes a long way. You must be able to come down to the level of whoever is talking to you."

"Be human to them, in other words, be interested in their problems. See them as people who have got, you know, problems. Do not treat them like... like products, like machines."

Recognition of man as a valued being has a profound Judeo-Christian foundation and the qualities of respectfulness, humaneness and consideration, categorized as benevolence, originate from the Second Commandment (Matthew 22:39), have extensive support in the Proverbs of Solomon and flow consistently through the teachings of the New Testament (United Bible Societies, 1989:33).
According to Yura, et al (In: Hien & Nicholson, 1986:83) respectfulness is, next to trustworthiness, the most essential element for the establishment of good interpersonal relationships and the leader communicates her respect for her individual followers by word and manner.

To be humane, implies that the leader regards her followers as people, in other words, treating the individual as an end in herself and not as a means "...only to the smooth running of the institution..." quoted by Mackenzie (In: Kotzé, 1974:95).

For a leader to be considerate towards her followers, she has to "...put yourself in their boots. You must be with them. I'll be under their skins...", in order to increase understanding and acceptance of her followers. The statement by Epstein (1982:178), that a leader should put herself in her followers shoes, coincides with the foregone perspective for understanding the followers' particular circumstances and feelings. According to Tappen (1983:48), consideration refers to relationship-oriented behaviours, such as the leader finding time to listen to followers, doing personal favours for them, building trust and showing respect for the individual followers.

The concept, approachability, that implies the leader's projection of an air of openness towards her followers without any feeling of fear (see Chapter 3:53).

"A leader must be open in such a way that these people must not be afraid to come to her... it's easy from them... to come to and actually air their problems in front of that leader. People who feel free to talk to their leader, it means she understand the people."

According to Tappen (1983:8-12) an open environment facilitates communication, influencing, and assumes a pattern of regularity and predictability. In Vogt et al (1983:78) reference is made to openness as a quality of Japanese management practices which liberates the hierarchical caste system resulting in the building of honesty in interactions.

Helpfulness or supportiveness refers to the ability of the leader to supplement action or resources to enhance the efficiency of the followers (see Chapter 3:54).

"If they are sick or if they don't look alright, you must find out... try and help. You must be with them all, not somebody who they are seeing there."

"If a packer has a problem at home and then she brings it to the department, so the leader must be able to come to her level and understand what the problem is and be polite and gentle when talking to her."
This quality in the leader, as seen by Tappen (1983:111) as a consequence of effective communication. A leader who is trustworthy and a good listener paves the way for effective emotional support. According to Tappen, lending assistance to a follower during a time of crisis will help her back to normal functioning.

"I need such and such. The doctor wants this and that and I haven't got it and she stands up at that very moment and, you know, attends to her."

According to Douglass (1984:127) the supportive leader makes provision in terms of the availability of adequate space, equipment and physical environment that will be supportive of nursing care. In Nel's (1993:66) study, nursing service managers view supportive leadership as essential and give an indication that a leader, who has chosen a person and entrusted the execution of a particular task, is obliged to provide the necessary support to that person.

Accessibility or availability of the leader implies that the leader should be with her followers "...giving assistance, teaching, counsel, and evaluations where necessary..." (Douglass & Bevis, 1983:271) and not distancing herself to lead from a remote position. Leadership is, after all, an interpersonal partnership between the leader and followers (Kotzé, 1974:50). These perspectives are in support of the leader who avails herself to the benefit of being approached by her followers, as indicated in the following statement:

"You've got to have time for them. You must not always be so busy, well because you say, 'Okay, I'm coming', and you never go back to them. When they talk to you or ask for an appointment... 'I cannot, I'll see you tomorrow', and you do not make it a point to follow-up! You call me to sit down tomorrow, make sure that the appointment is there" (see Chapter 3:55).

From the foregone perspectives on the social traits expected to be portrayed by a leader, one can assume that the leader's social traits reflect her philosophy of the followers as valued human beings and that the evident display of these traits is an essential patterns of interaction (Oral Roberts University: Anna Vaughn School of Nursing, 1990) for the establishment and maintenance of the leadership process between the leader and followers.

c) Personal traits.

From the results there is little consideration for any personal (egoistical) traits/characteristics in a leader, nevertheless, the self of the leader has to be addressed in terms of followers' perceptions.
and these traits/characteristics have been termed 'personal'. Self-control of the leader is the only significant personal trait/characteristic considered by the participants (see Chapter 3:55).

"When I say a leader must be cool-minded, I say this even if in a crisis situation... she must not be emotional, she must remain, you know, objective and for the good of the department."

"There are bad times in the unit but, I think, a leader must control her temper. Each and every person has got the right to get angry but she must learn to control her temper."

According to Douglass (1984:154) it is each person's choice to express or conceal emotion and the right degree of intensity for a message would determine the effectiveness of communication. It is therefore the leader's prerogative, says Douglass, to "...decide not to show fear or frustration and to communicate in a matter-of-fact, unemotional manner while working with an emergency or crisis situation."

Hence, self-control is seen as part of the volitional dimension of the mind that concerns the act of choosing or willing (Oral Roberts University: Anna Vaughn School of Nursing, 1990).

One of the most universally acclaimed characteristics, which has been regarded as essential in a leader, is that of intelligence. This fact is evident from the review on the trait approach to leadership which was conducted by Schilbach (1983:32-40). In the results of this study though, intelligence receives little acclaim (N=1). (see Chapter 3:47). In contradiction, the results show that a leader has to have superior knowledge, preferably formally acquired (see Chapter 3:57), so that one assumes that the question of the leader needing to have intelligence may have been an oversight.

Another personal leader quality that receives considerable support in nursing literature is that of assertiveness, but is not favoured (N=3) in the results of this study (see Chapter 3:47).

Douglass & Bevis (1983:363) describes the concept as follows:

"Assertive behaviour is maintaining a balance between passive and aggressive behaviour. Assertive means expressing one's positive and negative beliefs and reactions openly without infringing on the rights of others. The assertive person makes choices about how, when, where, who, and why actions are taken. Assertiveness is being in control of what happens to oneself, of making requests and having needs met, and being able to refuse compliance with unrealistic demands or requests."

From the study of Nel (1993:68, 151-152), nursing service managers place considerable emphasis on
assertiveness as an important aspect of nursing leadership and management, especially within an interdisciplinary team context.

According to Rawnsley (in Hein & Nicholson, 1986:118) a leader cannot be assertive on a professional level "...without the knowledge base and sound judgement that are essential to professional accountability. This is professional competence." In other words, one can assume that there is a direct relationship between assertiveness and professional competence of a leader.

From the results of this study it can be assumed that an unawareness exists among the black nursing supervisors as to the value of assertiveness in the leadership role.

5.2.2. Knowledge and skills for leadership.

The results of the study indicate that the leader must have theoretical and practical understanding of the total context of leadership within a particular leadership situation, in combination with the ability (skills) to enact such understanding. (see Chapter 3:57). Knowledge for leadership is seen as part of the intellectual dimension of the internal environment and the enactment of leadership skills as patterns of interaction in relation to the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990).

From a nursing perspective, Tappen (1983:71-72) says that "...knowledge and skills are basic requirements for leadership..." and she maintains that they must consider leadership per se and nursing practice in general.

5.2.2.1. Knowledgeability (specialized).

Knowledgeability of the leader is seen as specialized, in the sense that it pertains to person-orientated knowledge, that is the leader’s formally-acquired professional knowledge base, her knowledge and understanding of her followers and herself as a person. (see Chapter 3:59).

a) Superior knowledge/Formally educated.

According to the participants, "...the leader must know more than the subordinates..." because "...you cannot be a leader of anything if you do not know what goes on behind..." so that "...you must go back to school (university) by studying privately" (see Chapter 3:59).

Tappen (1983:73-74) maintains that a leader should have adequate knowledge and skills for leadership
and must take responsibility for her own education. At the same time, she warns that a leader with too much knowledge and skills may not be effective in leading a group as the knowledge gap may be too big, unless the leader is willing to communicate on the same level as the group. To her mind, a leader who is not too far ahead of the group she is leading, is the most effective.

Kotzé (1991:2) and Muller (1993a) concur that formal education for leaders is essential in view of the modern knowledge explosion, technological advances, and the quest for equality and empowerment among the black population in our country. All these factors have brought a complexity of problems to the nursing leadership situation that can only be solved with the aid of a competent leader and effective leadership.

Searle (1986b:34) maintains that professional education for leaders will provide preparation of "...professionals who are able to think constructively and objectively; who are able to challenge and explore; who are able to solve problems and predict outcomes, who understand the concepts of self-development, responsibility and accountability...". From Nel's (1993:132) study it is evident that effective nursing leaders are educated and knowledgeable and therefore comfortable with other participants in the health services.

From the foregone perspectives, it is evident that a sound knowledge base through formal education is essential for effective leadership.

b) Knowledge and understanding of followers.

According to the participants, the leader must

"...view people as individuals. There are those who strike and those who give good performance... you should differentiate between the two categories and be able to know how far to go with those who are excellent and those who are poor so you can drag them up..."

and as another participant says,

"...thereby you are able to communicate better because you know their behaviour... you know where to tread softly towards... it's easier to tackle a problem which arises in a unit." (see Chapter 3:60).
From the above extracts it is assumed that knowledge and understanding of the followers will determine the style of leadership, enhance communication and assist problem-solving.

Douglass & Bevis (1983:350) is in agreement that knowledge of the competency level of the followers will determine the style of leadership chosen by the leader. Kotzé (1974:86), in turn, sees knowledge of the follower’s ability within an evaluative context for leadership development whereas Vogt et al. (1983:161) says that "...unless a supervisor understand and appreciates the values of employees, effective supervision will not be possible."

The relationship between knowledge and understanding of the followers and enhancement of communication finds support from Tappen (1983:103). Using the communication skill, attending (observing non-verbal behaviour and listening carefully), encourages a follower to express thoughts and feelings and the leader begins to appreciate the person's individuality and understand her better.

In the event that knowledge and understanding of followers will aid problem-solving, Rutkowski & Rutkowski (1984:272) advise that departmental problems should be presented during staff meetings "...in such a manner that employees sense the manager's personal identification with their needs..." and participation of the group encouraged to solve the problem. In a similar fashion, Douglass (1984:176-177) talks about integrative problem-solving where "...individuals look for a resolution they all will want to accept..." to openly solve a problem that has caused conflict amongst the group.

c) Knowledge and understanding of self.

The leader's ability to look at herself objectively implies that

"...you've got to try and learn to identify your weaknesses and strengths, but do not deny your weaknesses. You've got to try and work on it."

Another participant remarks that "...introspection will help you to find out if you have the support of your subordinates as a leader" (see Chapter 3:61).

According to Tappen (1983:76-79), self-awareness is a means by which the leader can increase her effectiveness, that is "...knowing yourself as a thinking, feeling being interacting with an ever changing world." Through self-awareness the leader to facilitated in evaluating her abilities.
realistically, thereby recognizing the strengths she has to build upon and at the same time identifying areas in which she needs improvement.

5.2.2.2. Managerial knowledge and skills.

a) Communication.

From the results of this study, good communication is regarded as the most important skill for a leader, carries tremendous weight, and is emphasized throughout by all participants.

Tappen (1983:80) regards communication as being "...at the very heart of leadership..." as it is "...the essential means through which leadership is accomplished." According to Yura et al (in: Hein & Nicholson, 1986:81) communication is the inherent means by which the components of the leadership process can be realized.

Communication is seen to encompass the leader's manner of approach towards her subordinates, her ability to listen and her establishment of formal and open channels of communications, as the most important elements (see Chapter 3:62).

The leader's manner of approach implies

"...the way you communicate, your voice projection is also very, very important... your explanation, the way you talk, the English you use... so you've got to choose simple language."

When talking to the lower categories, one participant remarks that

"...you must be very tactful when dealing with them because they always feel they are being taken for a ride" (see Chapter 3:62).

From the foregone perspectives, the leader's manner of approach could be compared with Douglass' (1984:153-154) concepts of encoding and transmitting of messages in her communication model (1980). She sees encoding as "...translating the message into words, gestures, facial expression, and other symbols that will communicate the intended meaning to the receivers..." and warns that all these verbal, non-verbal and symbolic means of communication are subject to socio-cultural influences which can cause communication difficulties. Transmitting, in turn, refers to the channel used in communication of which speech and gestures are appropriate in the above instance.
Listening is seen as another most important communication skill for a leader to possess (see Chapter 3:63).

"You must be able to listen and digest and work on what you have listened and get the main point. Listening is very important. If you don't listen, you can miss a lot of things."

In this regard, one has to return to Douglass' model of the communication process to draw on the element of decoding where the leader receives, perceives and interprets the follower's message into meaningful information. Understanding the follower is the key issue but the decoding process is affected by the leader's experiences (especially in an ethno-heterogenous leadership situation), personal symbolic interpretation, expectations of what she would or would not like to hear and mutual understanding of the intended meaning of the message transmitted. Douglass further advocates that, particularly in a leadership situation where the followers are of varied levels of education and experience, the leader has to learn "...how they think, feel and characteristically respond in a variety of nursing situations" (Douglass, 1984:155).

Formal and open channels of communication.

Particular emphasis has been laid upon two-way communication from the highest to the lowest levels of the organizational hierarchy (see Chapter 3:63).

"Communicating, whatever is taking place, from the management it's also important. That's why there must be communication between the work organization from top to bottom. You must also have a two-way communication which means the people at the bottom should be given chance of communicating or raising their views or opinions, whatever they feel, to management."

According to Tappen (1983:81) the leader has to use those channels of communication that are available and, at the same time, create new channels when needed to ensure adequate flow of information between people. DiVincenti (1989:279) advocate a formal communication system that will transmit information vertically and horizontally, allowing information to flow freely in all directions with feed-back and follow-up. Vogt et al (1983:84-85) indicate that one of the prerequisites for team-building is the adequate conveyance of necessary information through formal communication channels.

From the foregone perspectives one can assume that effective leadership and effective team-building are dependent on effective communication.
b) Controlling.

The controlling function implies that the leader must facilitate control (establish policies, procedures, job descriptions and standards of practice) and maintain control (disciplinary action, self-discipline and supervision) constructively (see Chapter 3:64).

"...you must know the policies... know what then are the procedures and what are your responsibilities... job descriptions will elaborate on the activities which you are expected to carry on."

According to DiVincenti (1989:285), employees must know the policies and rules for employee conduct on the job and be aware of the standards against which their performance will be measured. Any non-compliance with established and known standards, violation of rules and regulations or insubordination require disciplinary action as a method of control to provide safe patient care and, at the same time, help employees to grow.

"You can control your staff by on-the-spot supervision. You can control them with proper communication. If you've got behavioural standards in your department, then you will use those standards to control your subordinates."

With regard to on-the-spot supervision, Gillies (1989:382) offers support in the form of simple observation of a subordinate whilst executing a particular task, lending assistance with a particular task or demonstrating a certain procedure/technique whilst working with a particular person. The question of proper communication as a method of control finds continuation in what Gillies continues to say, that should the supervised nurse require correction or instruction it must be held in private to preserve the patient's faith in the subordinate and, at the same time, secure the subordinate from humiliation.

But, communication as a method of control also finds favour with Douglass (1984:156) who sees feedback in the communication process as a vital control measure for determining whether or not instructions have been understood and carried out.

Gillies (1989:381) considers an official job description and associated performance standards as a control model to evaluate the performance of subordinates which implicates a necessity and not an off-chance commodity.
Disobedience or transgression of any prescribed standards for professional performance has to be dealt with in a constructive manner, aiming at improving behaviour.

"...despite all the rules and regulations which are set up by the organization, many of us usually transgress and we need to be disciplined. This discipline should be scheduled... to correct and improve on one's behaviour. You would have respected him by having him or her privately than when you will be reprimanding in front of other people... the person will accept your advice..."

An adequate form of control is advocated by one participant for the professionally matured follower in that the leader directs an appeal to the follower’s sense of responsibility (see Chapter 3:64).

"...if that control is from within, if a person disciplines herself... better than external control... but then if it is not, then you will have to impose control measures..."

DiVincenti (1989:284,286) maintains that a leader can elicit in followers a willingness or a want to voluntarily conform to rules and regulations without fear of punishment for disobedience. These she sees as positive or constructive disciplines. She is also of the opinion that most mature subordinates tend to respond to positive leadership and they "...can be counted on to exercise a considerable degree of self-disciplines."

According to the Theory Y of McGregor (in: Vogt et al. 1983:122), the assumption is that the average person will learn to accept and also seek responsibility under favourable conditions and will exercise self-direction and self-control whilst pursuing objectives to which they feel committed.

There is a strong feeling that supervision of the followers should be done "...according to what level or knowledge or capabilities they know" (see Chapter 3:65).

"...strict supervision sometimes demoralizes people. They must be on their own to do things, to work out things on their own to see... whether they have got that ability."

Gillies (1989:380) regards supervision as one of the principal leadership behaviours, not restrictive but a facilitating process to inspect work in progress in order to correct poor performance without punishment. She maintains that the intensity of supervision should be adjusted, from close supervision for the inexperienced to relaxed supervision for the more experienced subordinates to allow the development of greater self-reliance and assertiveness in the latter group.
If one peruses over the foregone perspectives of the participants on the controlling function of the leader, justification for their point of view seems evident. Seen futuristically, however, these perspectives could be considered as too narrow and simplistic in relation to what is required for optimal goal achievement in the contemporary leadership milieu.

Muller (1993b:43) provides the necessary principles of control suitable to contemporary dynamic nursing management which expounds far beyond the boundaries of the above-mentioned restricted perspective. These principles include management independence to exercise quality control; financial independence and accountability to manage the nursing budget; proactive control; through effective planning, problem prevention, policy making, personnel management and the setting of standards; continuous or active control by means of monitoring systems and reactive control which relate to the establishment of remedial programmes.

One can also argue that control seen at the grass root level of nursing practice, which is real, may very well show considerable difference to that of theoretical propositions which describe the ideal. From a personal perspective, progress is only evident when the gap between the ideal and the real is minimized through deliberate efforts, thus effecting planned change in relation to changed perspectives to accommodate contemporary requirements.

c) Problem-solving.

A leader is "...a person who will isolate problems..." or "...must always solve their problems" (see Chapter 3:65).

"...give her an ear and listen. Give her a bit of advice, even though she might be having the answer to her problem but all she needs to know from you is whether she is on the right track."

From the foregone participant perspectives, there seems to be the assurance that the leader is able to isolate problems, with the term, isolating, implying that the leader uses a deliberate and thoughtful way to deal with a situation in which some sort of difficulty is created. There also seems to be a unilateral demand placed on the leader to solve certain of the followers' problems which may in actuality implicate some of the followers' dependency on the leader. On the other hand, there is another indication that the leader is required to fulfil a more accompanying role towards the independence of the followers to solve their own problems.

In terms of the leader isolating problems, as seen in the previous perspectives, Gillies (1989:424) states that proper problem identification results in the generation of adequate problem solutions. According
to Lancaster & Lancaster (1982:147), problem-solving and decision-making are closely related concepts since the right decisions have to be taken on the best solutions to solve problems. For effective problem-solving and decision-making, specific knowledge of basic principles and procedures has to be actively applied in the clinical situation, for which purpose specific skills are required. Tappen (1983:133-141) also points to the interrelatedness of these two skills, but adds that the leader requires critical thinking - "...questioning, open-minded approach..." - to solve problems adequately.

If one compares the literary viewpoints with those of the participants, the latter seem rather simplistic and more supportive towards those with personal problems. If one considers that the operating theatre department is a very complex environment and highly subject to technological advances and change, then skills in problem-solving and decision-making should be considered with higher regard in the leadership process.

d) Organizing.

The fact that the leader is "...an organizer of staff and work...", receives approval from only one participant (see Chapter 3:66). Loose elements of the organizing task are elicited, such as the provision of job descriptions, the establishment of delegated authority and responsibility in relation to a staff structure, and departmental procedures.

None of the literature on leadership considers organizing as an element of the leadership process. What is considered as an important task for the leader, is for her to establish an organizational climate within the organizational structure that will contribute to the effectiveness of leadership. That is an organizational climate in which leadership will be flexible and if participative leadership is encouraged, motivational rewards and incentives are provided, consideration and support are given to followers (Moloney, 1979:109; Vogt et al, 1983:204-208).

5.2.2.3. Operational (clinical) knowledge and skills.

Experience in the specialized field in which leadership has to be enacted was identified as one of the prerequisites for effective leadership (see Chapter 3:66).

"You must have specialized knowledge in the area in which you are working because it will be difficult for you to go and supervise in an area which you do not have any experience. For a leader to be effective, you need to know the area. You must have comprehension and insight into the area you are supervising. You must know their problems. You must understand their problems."
Another perspective addresses the consequences in the event of lack of such expertise.

"How can she manage a department when she does not know what is happening? She has got no knowledge nor insight of what is happening around her. How is she going to help you? So, definitely, you are going to be demoralized if you go to a leader and ask for help and can't get it."

According to Douglass & Bevis (1983:368), knowledge and clinical competence of the leader is directly related to feelings of security in subordinates regarding the appropriateness of nursing activities and time-and-energy expenditure for themselves and others. These leaders can evaluate procedures more aptly and are more innovative in contriving better ways and means for task accomplishment.

If one considers the American perspective of the basic requirements for a nurse manager and her deputy in a large, complex operating theatre department, one sees from Groah (1983:40-45) that the emphasis is on a combination of formal education (Master's degree) and experience (five years) in the specialized field "...with skills, knowledge, and abilities essential to the successful performance of the duties assigned to the position." Here, successful performance is seen as implying competence.

Hence, if one wishes to ponder for a moment on the concept of competence of the leader, then one has to review what has been said by Searle (see 5.2.1.3. (a)) and Rawnsley (see 5.2.1.) on the cause-and-effect relations of competence and which comments are very apt.

According to Searle (1986a:135), trust is directly related to perceived competence and morality in the leader. Perceived competence implicates the follower's viewpoints which, in turn, mirror their expectancy of a leader's capability in a particular leadership situation. Should that particular leadership situation be profoundly influenced by technological and scientifically-oriented challenges creating complex problems, such as in an operating theatre department, and the leader does not meet the expectations of her followers, she will be considered ineffective as a leader with subsequent detrimental effects that will extend far beyond the leadership situation. Her morality alone will not be sufficient to create the mutually willing interpersonal partnership (Kotzé, 1974:36) that is so necessary for effective leadership.

Rawnsley (In: Hein & Nicholson, 1986:118), again, says that competence of a leader is founded on an adequate knowledge base and sound judgement from which assertiveness evolves. If one looks at sound judgement, then one has to consider Tappin (1983:139-140) who maintains that the
ability to judge is an important element of the critical thinking process of the leader that guides her when dealing with complex human relations issues, or working in, or with, very complex systems.

From the foregone perspectives on leader competence, one could draw some relations and these are depicted in Figure 5.2.

**FIGURE 5.2.**  
CAUSE-AND-EFFECT RELATIONS OF LEADER COMPETENCE

MORALITY

SOUND KNOWLEDGE BASE

CLINICAL EXPERIENCE

Muller (1993b:27) shows concern in respect of the changing composition of the nursing manpower, in that a progressive shortage of professional nurses is experienced, but, more seriously, that emerging unit managers are young and inexperienced requiring support systems in order to be effective. This picture of the global nursing situation is very contradictory in comparison with that which is portrayed in this study, considering that a combination of clinical expertise and experience is very evident and may be representative of what is prevalent in the larger institutional setup.

5.2.2.4. Knowledge of leadership role.

The perspectives of the participants consider the leader's understanding of her role expectancy as important as her sensitivity to external socio-political stressors (see Chapter 3:67).
a) Role expectancy.

"We have to know how to be good leaders."

"One has to think of the requirements of the leader, what you are required to be as a leader. I will definitely find out about that. You must know."

These statements show obligation and intent, but have a superficial quality in relation to the following definition of role expectancy and the factors that influence this concept.

Hein & Nicholson (1986:355) define role expectations (or expectancy) as identified "...attitudes, behaviors, and knowledge required and anticipated of the person who assumes the role."

According to Douglass & Bevis (1983:348-352) there are three factors to consider in relation to role expectancy. These factors are: the leader’s perception of what is expected of her, the followers expectations of the leader, and the situational requirements of or expectations from the leader.

The leader’s expectations of the leader are influenced by their knowledge base, competency, attitudes and needs, consequently expectations will be varied and individualized, calling for adaptivity or flexibility in the leader.

The followers’ expectations of the leader are influenced by their knowledge base, competency, attitudes and needs, consequently expectations will be varied and individualized, calling for adaptivity or flexibility in the leader.

Elements in the leadership situation also influence the leader’s role expectancy which Fiedler (in: Douglass & Bevis, 1983:351) has identified as the leader’s effectiveness (determined by the followers) and power acquisition, structure gradation of tasks to be accomplished (e.g. high structure tasks in specialty care areas such as the operating theatre department), and whether power positions are centralized or decentralized, thus having a disempowering or empowering effect on the leader’s position as manager.

From the participants’ perspectives the influence of the leadership situation on the leader’s role expectancy is not considered and seems incongruent with the much emphasized expectations of participative involvement in the leadership process or delegation of responsibility with authority to the competent followers (see Chapter 3:68).
Relationships encompassing leader role expectancy are identified and depicted in Figure 5.3.

**FIGURE 5.3.**

**LEADER ROLE EXPECTANCY RELATIONSHIPS**

**LEADER PERCEPTION**

**FOLLOWERS’ EXPECTATIONS**

**SITUATIONAL EXPECTATIONS**

From the foregone perspectives of the participants, one perceives that a superficial understanding of the leadership role is projected and that this understanding could be expanded upon in leadership development programmes.

b) **Sensitivity to external socio-political stressors.**

Social problems or personal crises affect the efficiency of performance in the work situation. If one considers that social problems among urbanized black people are considerable (van der Merwe, van der Merwe & de Necker, 1991:105), then the leader has to have good observational skills to detect any altered performance or behaviour in her followers and try to ascertain the reasons for that alteration (Douglass & Bevis, 1983:375). Knowing her followers will facilitate the detection of altered behaviour and having established trust relations between herself and her followers will facilitate the handling of the distressed follower's problems and, at the same time, precipitate the making of timeous arrangements to prevent disruptions of patient care.

The problems of political stressors have escalated since 1986 with the first major "May Day" stay-away (Africa Insight, 1986:117). Whereas political activities infiltrated the health services covertly at the time, they became progressively more overt, as seen in the statement by one of the participants that "...we have sections whereby there are corners of people saying that they are Inkatha and corners of people saying they are ANC." With the politicizing of the health services, unresolved strike action and fear of victimization have placed additional stress on all the non-striking staff members who were still required to maintain some degree of quality emergency patient care.
Douglass & Bevis (1983:374) maintain that an observant leader who is sensitive to others should encourage open discussions about individual differences and similarities in order to promote understanding among the leader and followers. No mention is made in any international and national literature on leadership of the political stress factor and hence greater consideration is needed in order to prevent strike action among professional nurses.

5.2.3. The dynamic interactive process of leadership.

The process of leadership refers to the continuous patterns of interaction between the leader and followers in pursuit of common goal achievement. These patterns of interaction occur between the internal and external environment of each individual participating in the leadership process, in accordance with the Nursing for the Whole Person Theory (Oral Roberts University: Anna Vaughn School of Nursing, 1990).

The process of leadership is considered to be dynamic in view of the fact that "...change occurs from the point of goal determination to the point of goal achievement" (Yura et al in: Hein & Nicholson, 1986:78). Change affects values, attitudes, behaviour, work performance and knowledge in both the leader and followers as key elements in the leadership process owing to the interactive patterns between the internal and external environments of the role players (Lancaster & Lancaster, 1982:26-29; Moloney: 1979:93-99).

Although the concept of change has not been addressed in any way by the followers, aspirations and expectations for growth and development have been expressed with emphasized regularity. These aspirations and expectations serve as bases for the inclusion of the elements that would constitute the leadership process through which common goals and effective leadership would be realized.

5.2.3.1. Trust relationship.

A trust relationship between leader and followers is initiated by the displayed moral traits of fairness and responsibility, and the all-encompassing social trait of benevolence, identified in the leader towards her followers (see Chapter 3:70). This trust relationship becomes a reciprocal effort, "...to have mutual trust and faith..." and "...we need to understand each other... each one of us must learn to tolerate others." These are the essentials for maintaining the established trust relations (see Chapter 3:71).
"There are so many things that divide us... there are cultural diversities, temperaments... we've got to put a mutual effort to do away with the barriers that might prevent normal interaction."

Douglass & Bevis (1983:374) maintain that barriers to understanding and relating, such as the cultural diversities and temperaments mentioned previously, are not insurmountable. Talking freely about differences in cultural or ethnic backgrounds can prevent conflict. If lack of understanding is openly admitted it will provoke further exploration that will lead to trust. Epstein (1982:154) also states that some form of self-disclosure, as well as the expression of empathy, and listening on the part of the leader, will enhance the establishment of trust.

According to Douglass (1984:90), the leader who is secure in her value system can relate positively to followers or others whose values may differ from her own. When she communicates an atmosphere of trust and respect to her followers, they usually reciprocate by responding with a positive and confident attitude.

The condition for a sustained trust relationship between the leader and followers, though, depends on a mutual willingness to accept one another's values. Jones & Thibaut (in: Douglass, 1984:90) add that if congruency of values exists between the leader and followers, relations between the two parties will be very satisfying.

From both the participants' perspectives and the literary viewpoints, one can assume that effective leadership is dependent on mutual trust relationships that result from effective communication, mutual tolerance and congruent value systems. The term, relating, is ascriptive in terms of the leadership process of Yura et al (in: Hein & Nicholson, 1986:83).

5.2.3.2. Influencing through example.

Influencing through example carries unanimous support and, appears through findings to provoke admiration, envy and aspiration in the followers to portray similar exemplary behaviour (see Chapter 3:71).

"...then I admire what she is doing, her capabilities, her work, her qualities as a leader and I would like to be like her, to act the same way she is acting, the way she manages her department. She is a role-model. I want to copy what she is doing."

Vance (in: Hein & Nicholson, 1986:53) regards influencing as "...a dynamic, felt force..." that "...causes an effect, a change, an impact."
Hamilton (in: Hein & Nicholson, 1986:149) sees a role-model as a person "...whose demonstrated skills and techniques, personal organization of values, philosophical beliefs and attitudes, and overall style and behavior is viewed by another and contrasted with his own performance." She continues to say that a role-model is considered as a standard of excellence from which the followers may learn, imitate, or to identify with. Learning from a role-model apparently occurs from the follower's daily observation of the leader's behaviour (Halstead in: Marriner-Tomey, 1993:118).

Halstead (in: Marriner-Tomey, 1993:117) states that a role-model who is seen by her followers as competent, credible, successful, of high standing and socially attractive, will probably exert greater influence on those who observe her.

Hamilton (in: Hein & Nicholson, 1986:150) issues a warning that role-modeling fosters imitation of behaviour rather than self-development of leadership in the followers and, hence, sees it of value in the early part of a follower's career. Mentorship is considered the more appropriate way of developing future leaders, since there exists no ideal role-model, with the exact combination of professional competence, an integrated value system and personal lifestyle, whom professionally immature followers can emulate.

From the foregone literary perspectives, the inference is drawn that influencing through role-modeling is more effective in professionally immature followers whereas leadership development in professionally mature followers is dependent on effective mentorship. In terms of the participants' perspective, the literary perspectives are contradictory. It could be assumed that mentorship, in its totality, is not understood or that feelings of insecurity exist where the leadership role is concerned. Both of these aspects may have to be addressed in future development programmes.

The term, influencing, is confirmed as a component of the leadership process of Yura et al (in: Hein & Nicholson, 1986:84).

5.2.3.3. Participative involvement.

Participative involvement evolves as a concept having more than one meaning. Participative involvement implies that the followers must be involved in common goal setting, that decision-making must be in consultation with all the followers, and that the leader must be involved in the core of operations in order to gather the necessary insight and understanding (see Chapter 3:73).

"...you must have a common goal and in doing these objectives, I think you need to involve them, so it is not your thing. It is something which they also ascribe to, something which they will understand,
something which they will identify with and something which they will find attainable. If you involve
them, they will put all their effort into it so that it works because if it fails, they have failed.*

Participative goal-setting is advocated by Vogt et al (1983:227) in the same sense as that of the
participant’s perspective, in that participation greatly influences the outcome of the product (patient
care) and the followers’ commitment to goal achievement. Douglass (1984:93) also feels that, if
followers are involved in goal-setting, they are more willing to work towards the goals they have
accepted in the first instance.

"They must be involved in whatever decisions that need to be taken. You’ve got to consult with them..."

According to Vogt et al (1983:74) participative decision-making involves the sharing of information and
power with followers who will be affected by the decisions. Such involvement of the followers means
that they will spend time and energy in developing the best alternatives and will take responsibility for
these decisions.

"If a person (the leader) is never exactly involved, that person will not understand the problem which
those other people are experiencing because she’s not in the middle of it."

Tappen (1983:69,91) warns that a leader will only be effective in the eyes of the followers if they
perceive her to be identifying with them and having their best interests in mind. Working with followers
could take the form of bringing followers together as a group in meetings to discuss plans, find
solutions to problems, ventilate feelings and share information, or in providing support systems by
actual assistance with tasks in the clinical situation and rendering emotional support or facilitating
access to other means of psychological support. According to Douglass (1984:138), to process of
supervising requires that the leader be present in the area of action. For a leader to be available (see
Chapter 3:73) means that she must be ready and willing to be in the mainstream of activities to lend
assistance, teach, advise on problems and evaluate performance.

From the foregone perspectives, it can be assumed that effective leadership is dependent on
participative involvement of the followers in goal-setting and decision-making in matters that concern
them, and leader involvement in the totality of the leadership situation. Participative involvement can
be compared with the deciding component in Yura et al (In: Hein & Nicholson 1986:81) leadership
process.
Development of the leader and followers.

The development of the leader and followers is seen as a dynamic component of the leadership process to facilitate growth and development of all the role-players in their mutual pursuit to achieve their common goal (see Chapter 3:75).

a) The leader as teacher.

There is a strong feeling among the participants that "...a leader who does not teach, definitely, does not except marks with her staff." Teaching must be seen as a continuous programme, as "...it can be formal or informal teaching which comes out" (see Chapter 3:74).

Epstein (1982:3) sees teaching as one of the essential functions of the leader. Through teaching followers are helped to grow and realize their potential. Kotzé (1974:151,154) also feels that growth and development of the followers is a priority issue in leadership, which requires of the leader that she be a teacher.

b) Development of followers.

Informal development of the followers is advocated by Hamilton (In: Hein & Nicholson, 1986:143-153) to take the form of mentorship which would "...facilitate and expedite the maturation of future nurse leaders." Since she maintains that role-modeling is less effective in helping the more mature professional nurses, similar to the participants in this study, to gain positions of leadership, authority and power, mentorship would provide the learning of real life management and leadership through encouragement of clinical growth and application of theoretical knowledge. Vance (In: Hein & Nicholson, 1986:54) is in agreement that mentorship in nursing could be an "...exciting, effective way..." to develop leaders. McDaniel (In: Marriner-Tomey, 1993:23) concurs with Vance's belief, in that she feels that the follower's self-esteem and confidence is enhanced when the leadership role is delegated under mentorship of the transformational leader.

Development of leadership among followers through a formal approach is advocated by Kotzé (1991:5) and Muller (1993b:43).

Two of the commitments of the leader, as seen from the participants' perspectives, are "...to develop her staff, so in order to do that, she must develop herself too, to be able to keep ahead" (see Chapter 3:75).
Vogt et al. (1983:160) maintain that personal and professional growth and development are only possible from within the individual, therefore it is difficult to grow without having some picture of oneself. Feedback from others could provide one with such a picture but is normally withheld, rather left unsaid, or gossiped about. It is advocated that individual strengths and weaknesses are explored and goals set for growth and development. The leader, through, has the responsibility to set an example and, at the same time, provide a climate conducive to the personal and professional growth of her followers.

c) Development of the leader.

Moloney (1979:164) feels that leadership is a life-long process. Formal education, though, will gradually increase the complexity and the depth of leadership knowledge which a leader would require. On the local front, Nel (1993) has recently developed a model for leadership development of nursing service managers for that purpose.

At a more informal level, Moloney (1979:176) says that a leader could benefit from watching more seasoned leaders when analyzing problems and reaching important decisions. Attendance of lectures, forums and professional meetings, and reading widely on subjects related to the profession, are some opportunities which would also facilitate development.

Vance (In: Hein & Nicholson, 1986:53) sees that involvement in and support of higher education for leadership development are becoming increasingly more important in order to provide influential leaders "...with sharpened intellectual skills..." to set the nursing profession on course for the future. Moloney (1979:106) states that if a leader wants to remain qualified for her position, she must keep abreast of "...the issues, forces, and trends that affect nursing and be fully aware of newer approaches and styles of leadership."

From the foregone perspectives, it is evident that effective leadership is realized through common goal achievement which is dependent on the continuous development of the leader and facilitated development of the followers as a secondary goal. Hence, the development of the leader and followers compare with the facilitating component in the leadership process of Yura et al. (In: Hein & Nicholson, 1986:86).

5.2.3.5. Motivating.

In motivating the followers, the leader finds ways and means to instill a desire in her followers to perform optimally in the pursuit of a common goal. The most motivating factors, considered by the
participants, are those of guiding or directing, team-building, giving recognition and providing incentives, facilitating happiness in the working situation, or job satisfaction, and the giving of encouragement (see Chapter 3:76).

a) Guiding/Directing.

Considerable emphasis has been placed upon guiding or directing the followers, and is seen by the participants as showing "...the right way of doing things..." and to show the way. More specifically, to guide is to "...make sure that she (the follower) know what she is doing." This implies that the leader has to be "...working with them."

Guiding or directing is an integral part of the leader's involvement in the mainstream of nursing activities as indicated by Douglass (1984:138) in the section on participative involvement (refer to 5.2.3.3.). The value of leader involvement is closely related to her guiding function which encompasses assistance with necessary requirements, teaching procedures, relaying knowledge, supervising insecure followers, offering advice in problem situations and evaluating followers' performance in an informal manner. Guidance of followers is seen as an important motivational factor because it facilitates growth which relates to the esteem needs of the individual follower.

b) Team-building.

The participants' perspectives on team-building is related to the operating theatre department that constitutes different units of two or more operating theatres, and with each unit representing some speciality surgery, such as orthopaedic or general surgery, as an example. Then there are also teams of nurses specializing in anaesthetics or recovery room (post-anaesthesia) care. Against this background, the purpose of team-building is seen as an effective means of attaining goals.

"We can only attain these goals and objectives through your team" therefore "...you want them to work as a team, as a group... that will have the whole unit as their unit... that will be proud of their unit... that will be able to accommodate anybody within their group, working with anybody... that is well orientated... which will be able to help each other."

"You can only build up (a team) when you work with them, when you are always with them, when you've got feeling for them... you are always there when they need help... to support them."

According to Vogt et al (1983:80-81), groups with high levels of trust and agreement among the members allow for united efforts which minimize the occurrence of conflict. The question of why
conflict handling is not considered to be an important skill for leadership (see Chapter 3:77) may very well find support in the effectiveness of the individually established team approaches in a particular departmental leadership situation where many teams may exist. One can refer here to Bales & Salter's (In: Steyn & Uys, 1988:218-219) views on role differentiation which manifests in a group situation in respect of task accomplishment functions, for goal achievement on the one hand, and socio-emotional functions to maintain the group, on the other.

In a participative leadership situation, supervisors or team leaders are the key pins "...to bring about movement, to train the untrained, to motivate the unmotivated, and to energize, support and provide growth opportunities for subordinates" (Vogt et al 1983:78-79).

c) Recognition.

Recognition is seen as giving praise when a follower has done very well. Praise also has to be realized in a concrete form for greater significance in terms of professional experience levels (see Chapter 3:77).

"You've got to give praise where its due and incentives. By incentives you've got to recognize the contribution which people are making to your unit... you'll recommend them for promotions, for merit-rating... incentives to improve themselves... they will contribute positively towards your department."

Recognition is important for the individual's self-esteem and finds support in all the theories of motivation (Vogt et al, 1983:107-129).

d) Facilitating happiness/job satisfaction.

It is felt that a leader should create a happy atmosphere and be happy herself because "...for a subordinate to sort of melt to a leader, it is a leader who should somehow... give that relaxing atmosphere around." In a department where the workload is very heavy, a happy atmosphere can make all the difference, in that "...I must be happy and I will do that work, you know, because I am happy" (see Chapter 3:78).

According to Lancaster & Lancaster (1982:410), the expression of appreciation with warmth and sincerity is essential for the building of confidence and self-esteem in followers. Similarly of value, is the giving and receiving of compliments which will enhance affirmation of each other and build an atmosphere of collaboration. Positive reinforcers, such as these, lessen the effects of stress resulting in better work performance.
Moloney (1979:109) maintains that a healthy working climate is one that encourages collegiality and participation, since it considers an appropriate leadership style, motivational rewards and incentives, and consideration and support displayed towards the followers.

e) Encouraging.

Encouragement by the leader provides the necessary confidence in her followers for independent undertaking as part of their personal and professional development, such as "...to improve themselves for different positions by studying" (see Chapter 3:79).

Kotzé (1974:102-104) is in agreement that encouragement strengthens a follower's intentions of growth and development and is noticed in a positive attitude that portrays loyalty, enthusiasm, co-operation, pride in her work, dedication and diligence.

From the foregone conclusions, one can assume that motivating ensures the followers' continuous pursuit of common goal achievement which will result in effective leadership. Motivating is considered to be comparable with the influencing component in the leadership process of Yura et al (In: Hein & Nicholson 1986:84).

5.2.3.6. Continuous evaluation.

Continuous evaluation of the followers' performance on an informal basis is considered to be most important. Formal evaluation against set performance standards is considered with less importance (see Chapter 3:80).

a) Followers' performance.

An informal approach to the evaluation of followers' performance is advocated by the participants. It is seen as a means of observing, evaluating and correcting as an immediate, face-to-face action, when required, and on a daily basis.

Tappen (1983:262) is in agreement that informal evaluation with feedback is an important component of leadership. She sees informal evaluation as a continuous process which occurs "...often and whenever it is needed..." during work activities and also forms an integral part of team function. Seeking and providing feedback must be constructive in order to promote growth and improve performance. Douglass (1984:203) views informal evaluation as consisting of the observation of work performance, incidentally confronting a follower face-to-face, noting responses offered by a follower
during meetings, or noting reactions of other people towards a follower.

Periodic, formal evaluation has to consider set standards which are known to the followers. Feedback needs to be constructive in order to be of any value (see Chapter 3:80).

"...as you evaluate them you do not criticize, you do not condemn but you have got to use their mistakes as a learning experience... there is a problem that needs to be addressed and try not... personalize problems, 'I think this is happening because so-and-so... is this type of person, that is why she is doing this'.'

Formal evaluation is carried out in accordance with an explicit structure on a once or twice a year basis. Both Tappen (1983:262) and Douglass (1984:202) are in agreement that this form of evaluation is inadequate to provide the continuous guidance for behavioural change that is so effectively accomplished by the leader's daily interactions with her followers.

Douglass (1984:202-203) warns against concentrating on the follower's faults or labelling followers, because of their destructive effects. On the other hand, Tappen (1983:263) maintains that a 'well done' evaluation is a motivating force that promotes job satisfaction.

b) Setting standards.

From the participants' perspectives, evaluation is considered valid if the followers know what is expected of them and for which they require job descriptions, procedures and behavioural standards (see Chapter 3:81).

In this regard Tappen (1983:382) regards job description as the basis for preparing a set of objectives to be reached within a given period of time. Douglass (1984:200-201) agrees on job description but adds procedures as well. She feels that success criteria should be added to the behavioural objectives.

From the foregone perspectives, continuous evaluation serves as a facilitating component in the leadership process towards growth and development, change and goal achievement (Yura et al, In: Hein & Nicholson, 1986:86).
5.2.3.7. Flexibility of leadership.

Although much emphasis has been placed by the participants on participative leadership (see Chapter 5:147), which is understandable in terms of their high levels of professional experience, they nevertheless see a great necessity for the leader to exercise flexibility of leadership in relation to the level of professional maturity of the followers and the prevailing situation, referring to the state of emergency and related task accomplishment (specific to the operating theatre department) (see Chapter 3:81).

The collective participant perspective, advocating flexibility of leadership in relation to the followers' level of professional maturity, finds representation in Hersey & Blanchard's situational leadership theory (1982) which is regarded by Muller (1989:59-60) as the most appropriate leadership approach for the South African nursing situation. A directive style of leadership is seen to be employed towards the immature follower, but as the maturity of the followers increases, the leader's behaviour should become less directive and more supportive to eventuate into independency of the mature follower who is able, self-confident and willing to accept responsibility (Muller, 1989:59-60).

From the participants' perspectives, professional maturity has been considered to be on a continuum, ranging between low and high levels of maturity in relation to the inexperienced and very experienced followers on either end of the continuum (see Chapter 3:81).

"...you need to assess the level at which your followers or your subordinates are at; their professional maturity, the level of experience. There's a number of factors that you need to take into account before you decide on your leadership behaviour..."

This continuum, depicting professional maturity, finds support from Moloney (1979:114), Douglass, (1984:26), Kotzé (1991:4) and Muller (1993a) which all seem to reflect the situational leadership approach of Hersey & Blanchard in terms of the follower's level of maturity.

For the inexperienced follower, the participants' perspectives advocate that "...you are going to be with them all the time, show them what to do and how to do things." This implies that the inexperienced follower is dependent on guidance for effective work performance and that a directive style of leadership would be appropriate, as suggested by Hersey & Blanchard earlier.

Muller (1993a) sees the inexperienced follower as being dependent on guidance as well, and she advocates a transactional and transformational form of leadership where the leader provides guidance, specific to task accomplishment, in exchange for expected performance from the follower. This...
exchange relationship is, seemingly, short-lived and exists at the onset of leader-follower interaction. The concept of transactional leadership, was first described by Burns in 1978 (McDaniel in Marriner-Tomey, 1993:22-23).

"But as they get used to doing things the way it was decided and determined in the unit, then you sort of let go and look and lead."

This statement from one participant implies that, as the followers become more experienced and less dependent, leadership has to take on a more coaching and supportive form of behaviour until delegated participative leadership is considered in relation to the individual follower's ability, self-confidence and willingness to accept responsibility, as suggested in Hersey & Blanchard's situation leadership approach.

Burns' transformational leadership approach (McDaniel in Marriner-Tomey, 1993:22-23) adds another dimension to the leadership process which implies that transformation occurs, affecting both the leader and follower after the transactional phase has terminated. Transformational leadership is ascribed to leader-follower engagement in which a leader and follower(s) "...raise one another to higher levels of motivation and morality..." so that an identical "...level of human conduct and ethical aspiration..." emerges from the transformational process. McDaniel (in Marriner-Tomey, 1993:23) indicates that the transformational leader uses articulation and role-modeling to influence the followers towards the attainment of higher shared goals in preference to self-interest goals so that the followers acquire a level of "...autonomous self-regulation..." which inspires them to surpass all expectations of previous performance. At that stage of follower development, the leader assumes a mentorship role; but, autonomous self-regulation implies empowerment, accountability and responsibility in relation to own professional practice which Boeglin (in Marriner-Tomey, 1993:92-93) sees as self-governance.

For the experienced followers, "...you have got to give them a free reign... they must be on their own to do things, to work out things on their own..." (see Chapter 3:81) which implies that they want to be independent from the leader and take part as leaders in the leadership situation, therefore their aspiration for self-governance is a reality to consider as an outflow of effective leadership.

From the foregone perspectives, it is possible to incorporate both the situational leadership approach and the more contemporary leadership approaches in relation to the levels of maturity and dependency of the followers which is depicted in Figure 5.4.
According to Yura et al (in: Hein & Nicholson, 1986:79) power and flexibility are inherent elements in the leadership process. If one considers Gillies' (1989:407) definition of power, "...the ability and willingness to influence the behaviour of others to produce certain intended effect...", then it is evident that the leader who employs directive or transactional leadership towards the inexperienced follower, exerts some degree of power to effect expected follower performance. As the maturity of followers increases, so does their personal power, which is proportional to their self-concept and self-esteem, as well as their social power, which is derived from interaction with others in the leadership situation, whether they are peers, subordinates or the leader, as such (Gillies, 1989:408-409). Hence, empowerment of the follower, forms an integral part of coaching/supportive or transformational leadership as indicated by Boeglin (in: Marriner-Tomey, 1993:93). Should empowering of followers come to pass under mentorship of the leader, the use of destructive power tools, such as favouritism and discrimination, associated with leader insecurity (since sharing of power means disempowering of the leader) may be eliminated to a large extent.

One can therefore assume that effective leadership aims to effect participative leadership or self-governance or independence in the professionally mature follower. Thus, flexibility of leadership is seen as a facilitating component of the leadership process (Yura et al in: Hein & Nicholson, 1986:86).
In view of the process of leadership, one can assume that effective leadership is dependent on the collective outcome of each of the components of the leadership process, comprising relating through trust relationships, deciding through participative involvement, influencing through role-modeling and motivating, and facilitating through the development of the leader and followers, continuous evaluation of the followers’ performance, and flexibility of leadership.

5.2.4. Accountability.

Acceptance of responsibility for the leadership role, in terms of self or shared ownership, is the condition indicated by the participants’ perspectives of being held accountable for one’s actions in one’s line of duty. That is “...taking responsibility that the department is running smoothly...” where the self is accountable and, in the case of specifically inferred shared ownership, “...if you involve them in any way, they will put all their effort into it so that it works because if it fails, they have also failed” (see Chapter 3:83).

Epstein (1982:80) maintains that the concept of shared decision-making and subsequent shared accountability is a universally accepted principle. In participative leadership, it has been indicated that decision-making has to be shared. This implies that, not only knowledge contributions, but also implementation and stewardship evolves (Magers in: Marriner-Tomey, 1993:77). Therefore, the leader alone is not solely accountable, whether she is a team leader, unit leader or departmental leader, but that the team or group shares that accountability.

5.2.5. Aim of leadership.

The aim of leadership is perceived by the participants to be that of effecting quality patient care as the organization’s main goal (see Chapter 3:84). This perception could be seen to coincide with Moloney’s (1979:3) implication of a once-accepted managerial axiom that cost-effective production under a traditionally ‘strong’ leader used to be the main organizational goal, often at the cost of the people involved. But, if one considers the strength of objections against autocratism in the leader (see Chapter 3:62,71,76 and Chapter 4:101) from the collective participant perspectives, then the ‘strong’ leader approach will not suffice. The assumption could still be made that the participants’ commitment to the organizational goal supersedes their personal goals, but once consideration is given to the results of their career histories (see Chapter 4:94), then one comes to realize that the organizational goal is congruent with their personal goal, indicated as the provision of quality patient care.
Within the wider context of participant perspectives, it is evident that an effective leader is considered to be both task (organizational goal) orientated and people (personal goals) orientated. This collective perspective is congruent with the views of Maloney (1979:3), Gillies (1989:372), and Douglass (1984:5). Tappen (1983:65-71) is more specific, in that the aim of leadership should be to realize environmental (organization), group and personal goals (of both the leader and followers).

5.3. LITERATURE CONTROL: COLLECTING AN OCCUPATIONAL LIFE HISTORY.

In the context of this study, life experiences would refer to the dimensions of both the personal and professional life experiences of the individual, whether she is a leader or follower.

5.3.1. Personal particulars.

The personal particulars of the participants give one a closer look at the age group and experience levels in supervisory roles, initial and subsequent school education, basic and post-basic nursing qualifications which prepare them for their area of nursing specialization, and involvement of formal education in preparation for leadership roles (see Chapter 4:92).

From the results of this study, it is evident that the average age of the participants is 52.7 years, indicative of chronological maturity, and that they are very experienced senior professional nurses having an average of 14.2 years experience in their present positions.

In accordance with Douglass' (1984:4) belief that leaders, especially of informal groups, usually arise in view of their age, seniority and special competencies, these very mature and experienced nurses would carry the respect of subordinates from a black cultural perspective, in that one has to "...respect the elderly..." (see Chapter 4:114) and thereby exert their influence as supervisors which could be positive or negative in nature, depending on how they handle empowerment (see Chapter 3:81). Moreover, in view of their vast experience, both in a specialized department (on average more than 20 years) and as supervisors (criterion for sample selection is 5 years or more), they would be consulted for guidance on matters in which their competency is well known.

The influence of high school, professional and formal education, as another variable, with subsequent liberation from a culturally subservient role to acceptance of some Western cultural beliefs, especially among blacks, is evident in change of cultural value systems (Smith & Uys, 1991:33; Becker, 1972:180).
Although they all commenced their careers with relatively low school educational standards (Standard 8), 70% of them completed their high school education, on average, sixteen years after having obtained their basic qualification in nursing.

One of the reasons for the relatively low school educational level could be ascribed to the inadequate facilities for black schooling and the inequality of the educational system that prevailed with the emphasis on schooling along ethnic lines in the 1950's (Love & Sederberg, 1990:310). The other reason was indicated by some of the participants to be of socio-economic nature (see Chapter 4:94).

What prompted these participants to pursue the completion of their highest school education so late in their professional careers is the fact that a matric qualification became a necessary requirement for nursing education on basic and post-basic level with the promulgation of the Nursing Act No. 40 of 1978 and they had to establish credibility for themselves in terms of their own educational level (informal discussions with the sample population).

These participants are well qualified for their area of specialization, operating theatre nursing, in holding the post-basic qualification of the Diploma in Operating Theatre Nursing Science in addition to their two basic nursing qualifications. No South African literature is available for comparison. The American operating room nursing situation places more emphasis on formal education and experience in the field than a specific nursing qualification for the area of specialization, as one gathers from Groah (1983:16, 45) that the certification examination for operating room nursing, under the auspices of the American Operating Room Nurses organization, is a voluntary undertaking. This particular certificate is not a prerequisite for an operating room supervisor's post.

The fact that 60% of the participants are involved or have been exposed to leadership development on a formal educational level, not only gives them the necessary professional preparation to enact leadership roles, but has influenced their views on leadership behaviour to a large extent. If one considers that the intention are there for another three participants to acquire exposure to formal leadership preparation, then the collective picture of the level of leadership preparation, in terms of clinical experience and formal education, far surpasses the global nursing picture of unit managers, as depicted by Muller (1993b:27).

5.3.2. Pre-career development.

In the pre-career developmental phase one gets a closer look at the reasons offered in the selection of nursing as a career, who were influential in the choice they made and the kind of self-image they possessed when they embarked on a nursing career (see Chapter 4:94).
The fact that 50% of the participants chose nursing as a career, in view of a need to serve their fellow-man in one or other way, is seen by Hughes (in: Hein & Nicholson, 1986:10) in association with religious beliefs "...to fulfil the Divine command." If further consideration is given to the fact that 30% of the participants have chosen nursing as a career in lieu of the public image of the nurse as virtue personified (Hughes in: Hein & Nicholson 1986:7), and that 70% of these participants were influenced by other nurses, or a priest, in their choice, one can rightly assume that these professional nurses view the practice of nursing from a considerably Judeo-Christian philosophical frame of reference. Hence, one can account for the high regard these participants have for evident moral traits/characteristics in a leader.

The fact that 80% of these nurses considered themselves as having a positive self-image when they started nursing could have a strong connection with their Judeo-Christian belief system, as well as the family and other social support systems which they indicated as having contributed to their self-confident attitudes. On the aspect of self-image, Jordaan & Jordaan (1984:672) say that a person's interaction with the significant others in his life is the determinant of his self-image and is based on acceptance or rejection by the significant others. A positive self-image implies that a person has relatively consistent positive feelings about herself and is certain of her value as a person. One can therefore assume that the experience of safe and secure nurturing had established a positive self-image in the majority of the participants.

5.3.3. Past career life course.

In their past career life course, one gets a closer look at the aims they set for themselves at the onset of their careers, the influence that significant nursing personalities had on them, whether positive (role-model) or negative, and when in their careers they became aware of the value of good nursing leadership. There are also the questions of career influence on their concept of leadership, their perception of the nursing manager and nursing leader equivalence from what they have experienced, and the influence of historical (past) events in their careers that could have altered their life and life chances.

In terms of the aims they set for themselves, McDaniel (in: Marriner-Tomey, 1993:26-27) says that a vision of the future gives direction to action. One has to analyze the past and present to be able "...to formulate a comprehensive view of the possible." One's vision has to find expression in behaviour committed to that vision.

If one looks at the aims the participants set for themselves at the onset of their careers, only two participants envisaged themselves to be in senior positions in nursing, which means their visions of
the future extended beyond the completion of their basic training. One of these two expresses her aspirations to become a leader in her field and that she had intentions to prepare herself in order to realize her vision. For the greater number of participants the realization of their need to serve, the very reason why they have chosen nursing as a career, finds the aim they set themselves to be exactly that, without any visions of self-importance. One wonders whether this aim of simplicity personified was not responsible for their late commitment to self-development.

If one considers that the nursing manager, in charge of the department where they are presently working, has had the most positive influence as a role-model on the majority of the participants (see Chapter 4:100), one can draw two assumptions. Firstly, from the results it is evident that seven of the eight participants embarked on completing their Standard 10/Matric qualifications after the appointment of this particular nursing manager in their department. Subsequently, the same number had commenced formal educational studies of whom one acquired a BA Cur. degree and one a Diploma in Nursing Administration whilst four participants are near completion of their respective degrees. One can therefore assume that self-development of followers is directly related to the influence of a role-model. Secondly, the importance attached to the influence of the role-model in the process of leadership is directly related to the followers experience of such a role-model.

In terms of the nursing personalities who have had the most negative influence on the participants in their respective careers (see Chapter 4:102), the emphasized negative traits/characteristics, such as favouritism and discrimination, are reflected in the behaviour patterns portrayed by these particular nursing individuals and directly observed by the participants. At the same time, disapproving aspects of leadership, gathered from their negative experiences, have been contrasted as propitious elements of effective leadership.

Another observation made is that, in all instances of positive influencing by a role-model, a white nursing personality was identified and in most instances of negative influencing, a black nursing personality has been implicated. Both aspects were qualified during the evaluation meeting with the participants as a group (see Chapter 4:120).

Of particular interest is their reflection that blacks do not know how to handle power, which they maintain stems from their cultural background. The chieftain was the only power figure and nobody else was socialized with power management. This is indeed confirmed by Bekker (1991:126-129) that the chieftain of an ethnic tribe is the hereditary paternal leader who has sole power. With urbanization, though, this tribal concept has been extended to the appointment of representatives to act on the behalf of the chieftain, with certain delegated authority, in the various black communities. As urbanization of black people became more established, ethnic identification became less pronounced.
so that feelings of identity as a black have become more favourable.

If one considers that urbanization, education and nursing as a career have contributed to cultural change (see Chapter 4:113) and that nurses with vast experience in senior positions of authority must have learnt how to deal with power, then childhood experiences have to be, somehow, disregarded. The only variables that could be deduced as of significance where power is concerned, are the individual's self-concept and self-esteem which determine her personal and social power which she derives from frequent, qualitative interactions with significant others (Gillies 1989:408-409). Should the followers be more educated than their leader, as indicated by different participants (see Chapter 4:102) her self-concept and self-esteem must be affected, hence her personal power. Should this particular person in a leadership position, in addition, not display good interpersonal relations with her followers as indicated (see Chapter 4:102), then her social power is inadequate. This means that she is left with positional power only, and to compensate her feeling of disempowerment, she uses destructive power strategies, such as favouritism (see Chapter 5:158) to buy loyalty (Middlebrook, 1974:506).

The fact that most participants realized the importance of good leadership only when they became charge nurses themselves seems to indicate a lack of preparation for senior or supervisory positions and that it is a question of being 'thrown into the deep end', so to speak, and learning the leadership role through a hit or miss approach. The latter aspect may be more significant if one sees their leadership learning within the context of their total years of experience of 28.8 years since qualification and, particularly, their average experience of 14.2 years in their present positions as senior professional nurses. This aspect on leadership finds support from Vogt et al (1983:191) that "...much of leadership is learned by imitation, hit or miss, or an imitation of a mentor..." to which Marriner (1984:148) adds support with "...little emphasis on teaching leadership." Obviously slow upward mobility and impedimental leadership development may have been responsible for some disillusionment in terms of aspirations not being realized, leading to stagnation, lack of interest and lack of growth (Vogt et al, 1983:24). This could account for the much delayed surge, in the latter end of their careers, towards self-development.

The question of whether or not a nursing manager is equivalent to a nursing leader; differentiation is based on the fact that these roles are integrated but that the leader's role extends beyond that of the manager's (see Chapter 4:102). The integration of the roles has led to the assumption that an interdependency exists between effective nursing leadership and nursing management which will, consequently, influence the participants' views on leadership behaviour. This statement is supported by Douglass (1984:5) in that "...effective nurses are those who blend the qualities of both leaders and managers, having followers who are willing to be influenced by them and who understand and apply the principles of management to practice."
Historical or past events have had a motivating influence upon the participants in their career. These events have been associated with opportunities for self-fulfilment such as the introduction of continuing education with the pursuit of growth realization and development, and tangible recognition of individual abilities as the most significant. Both these variables are esteem-related in Maslow's need hierarchy and motivational factors according to Herzberg's motivational maintenance model (Vogt et al. 1983:129). The participants' aspirations for growth and development account for the high regard they have for development of the leader and followers in the leadership process (see Chapter 5:150-151). This regard also applies to the fact that they emphasize the leader's responsibility to facilitate job satisfaction (see Chapter 5:153).

5.3.4. Cultural values.

These cultural values relate to what is considered to be the basic nursing values of their particular nursing society, change in cultural values as a result of the influence of nursing, and the influence of their cultural beliefs on their role as supervisor in the operating theatre department.

It has already been indicated that the reasons offered for their choice of nursing as a career are religious in nature (see Chapter 5:162) so that the main aims they had set for themselves at the onset of their careers (see Chapter 5:162) are of similar nature. Hence, their consideration of moral values as being the basic values in their nursing society is a matter-of-fact consequence.

In considering whether or not nursing has had any influence on the participants' cultural beliefs, one has to look at life experiences within the professional nursing dimension. If "...values evolve and mature as experiences evolve and mature..." (McNally in: Hein & Nicholson, 1986:103), then variables that are indicative of maturity, such as age and professional experience (especially in senior nursing positions), would be contributory to gradual change in an individual's cultural belief system, as so rightly indicated by the participants.

According to Douglass & Bevis (1983:180), pooling of the individual value systems of the leader and followers generate a new belief system, characteristic of the particular leadership situation, which influences goal setting, prioritizing and commitment to goal attainment. It could therefore be assumed that deculturation takes place within a nursing leadership situation and is a prolixious process.

In terms of the personal dimension and the influence of cultural beliefs on their supervisory role, life experiences are considered to be culture-bound and reflect the complex whole of ideologies (interactional meaning, values and norms), behaviour patterns (meaningful actions and reactions of people) material possessions (meaning of concrete cultural objects) of the individual as member of a
particular society (Steyn & van Rensburg, 1985:32-35). Subsequently, one could assume that the cultural experiences of each participant, as part of her value system, would influence her role as a supervisor or leader. The fact that 70% of the participants confirm this assumption, is proof that a positive relationship is established.

5.3.5. **Personal characteristics.**

The fact that it has been unanimously indicated that their personalities influences their role as supervisor establishes a direct relationship with the identification of leadership traits/characteristics described and substantiated by literary references (see Chapter 5:122).

5.3.6. **Future career life course.**

From the projections that have been made in terms of their future career life course, high expectations with regard to promotion are evident and so is disillusionment in relation to the slow upward mobility they have experienced. One somehow detects a long-standing passive acceptance of the situation which may be interpreted as non-assertiveness. This could account for the minimal value they have attached to assertiveness as a personal trait/characteristic of a leader (see (see Chapter 3:46). During the evaluation interview of the group (see Chapter 3:85), this issue of assertiveness was habitually regarded as aggressiveness by authoritarian superiors and hence, passive behaviour became a form of self-protection.

The assumptive relationship between passivity and non-assertiveness finds affirmation in Rawnsley’s paradigm of behavioural responses and pathways (in: Hein & Nicholson, 1986:116-117). She maintains that passivity or non-assertiveness is one of the ‘flight’ responses in self-protection to deal with anger and anxiety resulting from conflict situations with authority. All the protective responses are subject to certain individual (personality) beliefs, or previous experience and environmental (context, group norm or supportive others) variables.

If one considers that a number of the participants expressed their gratitude regarding the opportunity given them to express their views on leadership during the unstructured interviews, one gets the impression that they prefer to be reactive rather than proactive.

According to Rutkowski & Rutkowski (1984:234), reactive behaviour is usually ascribed to managers whereas proactive behaviour is considered to be leader-related. McDaniel (in: Marriner-Tomey, 1993:23), on the other hand, sees transactional leaders to be reactive (reactors) and transformational leaders to be proactive (doers) and innovative.
### TABLE 5.1. INTERNATIONAL LITERATURE SOURCES

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5.5. REFINING OF METHODS AND RESULTS: SIMILARITIES AND DISSIMILARITIES (NEW KNOWLEDGE GENERATED FROM THE RESULTS).

From the discussion of the results of both methods for data collection, in combination with a literary control, the following similarities and dissimilarities in terms of leadership behaviour were established:

5.5.1. Similarities.

* The classification of leadership traits/characteristics has been confirmed. There is evidence that comprehension of these traits will add to the knowledge base on leadership as well as facilitate the preparation of followers for independent leadership roles.

* Perceived leadership traits by the followers are mediatory between the leader's value system and leadership conduct or behaviour.

* The influence of the personality on the supervisory (leadership) role is directly related to the leadership traits identification process.

* Moral values are related to the spiritual dimension of man, guarded by his conscience, and forms the basis of all professional and interpersonal behaviour.

* The potential for ethnic favouritism and discrimination in the leader-follower relationship exists in an ethno-heterogenous nursing society.

* Favouritism and discrimination in the leader-follower relationships have detrimental effects on work performance and job satisfaction, and are reciprocal.

* Social traits reflect the leader's philosophy as to the value she ascribes to the followers as human beings and are displayed as essential patterns of interaction.

* A sound knowledge base through formal education is essential for effective leadership.

* Knowledge and understanding of the followers determines the style of leadership, enhances communication and assists personal and professional problem-solving.

* Knowledge and understanding of self enables the leader to evaluate her followers realistically in terms of their strengths and weaknesses.
Effective leadership and effective team-building are dependent on effective communication.

An interrelationship exists between effective nursing management and effective nursing leadership.

The morality, knowledge base and clinical experience determine the professional competency of the leader and influence the effectiveness of leadership.

Effective leadership is dependent on mutual trust relationships between the leader and followers that result from effective communication, mutual tolerance and congruent value systems.

Effective leadership is dependent on
- participative involvement of the followers in goal-setting and decision-making;
- leader involvement in the totality of the leadership situation.

Effective leadership is realized through common goal achievement which is dependent on the continuous development of the leader and facilitated development of the followers.

The leader's motivating function ensures the followers' continuous pursuit of common goal achievement.

Effective leadership is dependent on the collective outcome of each of the components of the leadership process comprising relating through trust relationships, deciding through participative involvement, influencing through role-modeling and motivating, facilitating through the development of the leader and followers, continuous evaluation of the followers in terms of goal achievement, and flexibility of leadership.

In participative leadership, accountability has shared ownership or stewardship.

The followers' commitment to the organizational goal is congruent with their personal goal for quality patient care.

5.5.2. Dissimilarities (New knowledge generated from the results).

A feeling of disempowerment among black professional nurses in leadership positions may lead to the use of destructive power strategies, such as favouritism in buying loyalty from their
followers as a form of self-empowerment. This phenomenon may not be race-related.

* The feeling of disempowerment among black professional nurses is related to reduced personal power owing to being the less-educated in a leader-follower relationship, and reduced social power as a result of poor interpersonal relationships with the followers. This may not be race-related.

* Unawareness exists among black nursing supervisors as to the value of assertiveness in leadership behaviour. The unawareness is related to cultural and career-related experiential influences.

* Most black professional nurses commenced their nursing career with a positive self-image as a result of relatively constant positive feelings about themselves and a certainty of their value as a person.

* A negative relationship exists between the positive self-image of black professional nurses at the onset of their nursing career and their non-assertiveness in leadership positions.

* Passive or non-assertive behaviour in black nursing supervisors may be a self-protective response against conflict with the authorities.

* A difference exists between the operationalization (the real is narrow and simplistic) and the theoretical (the ideal is contemporary and optimal) dimensions of the controlling function of the leader.

* A negative relationship exists between the influence of the leadership situation on the leader's role expectancy and the expectations of participative involvement in the leadership situation, hence understanding of the leadership role expectancy is inadequate.

* Change in the leadership environment, as a result of the leadership process, is not directly considered among aspirations and expectations for growth and development.

* Nursing as a career has influenced the self-concept of black professional nurses on leadership (deculturation).

* Slow upward mobility and impedimental leadership development among black professional nurses may result in disillusionment in terms of unrealized aspiration leading to stagnation,
lack of interest and lack of growth and development.

* Nursing as a career has changed a number of cultural beliefs among black professional nurses so that a significant degree of Westernization is evident.

* Expectant sensitivity of the leader to external socio-political stressors is a contemporary issue with no literary support.

* Conflict handling is not considered as a function of leadership. Conflict is regarded as an integral part of daily life with no effective methods for resolution seen as yet.

* The level of leadership preparation in the operating theatre department, in terms of clinical experience and formal education, far surpasses the global nursing picture of unit managers.

* This is the first study of nursing leadership from an ethnographic perspective in South Africa.

5.6. SUMMARY.

In this chapter, a literary control of the results of the unstructured interviews and collected occupational life histories has been conducted and discussed, and similarities drawn and dissimilarities depicted as new knowledge generated from the collective results of the research methods.

In the final chapter, conclusion will be drawn, recommendations made and guidelines established for leadership development, in relation to the findings in the study.
CONCLUSIONS, RECOMMENDATIONS AND GUIDELINES
FOR LEADERSHIP DEVELOPMENT IN THE
OPERATING THEATRE DEPARTMENT
BASED ON AN ETHNOGRAPHIC PERSPECTIVE

6.1. INTRODUCTION.

The purpose of this chapter is to review the study in its totality, to discuss the collective results in view of the first two objectives of the study, to formulate conclusions and recommendations consequential to the results, and to realize the third objective through the establishment of guidelines for leadership development in the operating theatre department.

6.2. REVIEW.

6.2.1. Preamble.

The present health care environment is very representative of the contemporary technological revolution and poses greater challenges for effective leadership in order to improve health care delivery. Effective leadership has to be learnt in order to be appropriate. One cannot expect that traditional approaches in leadership would still suffice in this ever-changing environment. At the same time, improved health care delivery cannot be effected unless the care givers show professional growth and development equal to the demand of the environment.

The widespread recognition of the need for improved leadership in nursing has been a monotonous refrain for too long without the necessary constructive action to address the need where its evidence is the greatest, namely the nursing service situation. To add to this perspective, one also has to consider the South African nursing situation with its ethno-heterogeneity and the meagre knowledge and understanding that exists of the fast-growing black nursing population in terms of their leadership development in general.

In view of the fact that nursing leadership from an ethnographic perspective has not been researched in this country, information gathered from such a study should benefit the professional as a whole, even if this particular study serves the purpose of need identification for the development of leadership.
among the unit managers in the operating theatre department as a strategy for personnel management planning.

6.2.2. Objectives of the study.

This research was conducted for the realization of the following objectives:

- To investigate the views of black professional nurses, in an operating theatre department within a nursing service, on leadership behaviour from a micro-ethnographic perspective.

- To ascertain the influence of their occupational life history in terms of their views on leadership behaviour.

- To formulate guidelines for leadership development for black professional nurses in the operating theatre department in accordance with the findings of the study on their ethnographic perspectives in relation to their occupational life histories.

6.2.3. Research design and method.

This study was conducted within the theoretical framework of the Nursing for the Whole Person Theory. The research design constituted the aspects of context, exploration and description.

By means of an ethnographic approach, two methods of data collection were employed in order to give a meaningful description of the cultural-ethnic and professional frame of reference for the interpretation of leadership behaviour by the senior black professional nurses. The unstructured interview and a structured questionnaire for collecting an occupational life history were used as methods for data collection.

A simple random probability sampling method was employed which realized in ten participants and theoretical saturation of the data.

Kerlinger's method for content analysis was employed for the data from the unstructured interviews, verified by three independent researchers (one black) and evaluated by the participants. The occupational life histories were comparatively analyzed and the logical analytic approach used to determine the influence of these occupational life histories in relation to their views on leadership behaviour. The results were evaluated by two independent researchers and the participants themselves.
Reliability measures (see Chapter 2:18) were adhered to and inferential validity attained through triangulation (see Chapter 2:20,22).

6.2.4. Results.

6.2.4.1. Views on leadership behaviour.

The main concepts that constitute the enactment of leadership behaviour were seen to be leadership traits/characteristics, knowledge and skills of a leader, a dynamic interactive process of leadership, accountability, and the aim of leadership (see Chapter 3:46,57,69).

The leadership traits, seen to be distinguishing qualities that the leader exhibits in a particular leadership situation, were classified as moral, social and personal in nature (refer to Table 3.1). Strong emphasis was placed on the morality of the leader, with the quality of fairness being uppermost, and also social traits, of which benevolence in the leader received the most support. Personal traits in the leader were considered as of secondary importance, with the well-acclaimed quality of assertiveness in the leader falling quite short for much consideration.

Knowledge and skills for leadership, seen to be the theoretical and practical understanding of the total context of leadership within a particular leadership situation, were determined to be knowledgeability (specialized) of the leader, with the main emphasis on superior knowledge acquired through formal education; managerial knowledge and skills, of which communication exceeded all other components; operational knowledge and skills, with experience in the specialized field of necessary importance; and knowledge of the leadership role, with role expectancy and the leader's sensitivity to external socio-political stressors of equal importance (refer to Table 3.2).

The dynamic process of leadership, seen as the interaction between the leader and followers for goal/task accomplishment, was established with components, equally valued as most important (refer to Table 3.3). These components were seen to be trust relations between the leader and followers; influencing through example (leader as role-model); participative involvement of the leader and followers in the leadership situation; development of the leader and followers; and motivating, with guiding/directing (showing the way) of the followers as the most significant motivating factor. Continuous evaluation, with particular emphasis on the follower's performance, was seen as essential for goal achievement. Flexibility of leadership, in relation to the followers' level of maturity, received a lesser degree of approval, rounding off the components in the process of leadership.
Accountability for one's actions was seen to be dependent on the acceptance of responsibility for the leadership role, whether as an individual or in shared ownership through participative involvement (see Chapter 3.73.83).

The aim of leadership was seen to focus on the common goal of providing quality patient care and facilitated by all the components constituting the leadership process (see Chapter 3.84).

6.2.4.2. The occupational life histories and their influence on the participants' views on leadership behaviour.

From the personal particulars of the participants, the group reflects a high degree of chronological maturity with a mean age of 52.7 years which is a contributing factor to their level of professional maturity (refer to Table 4.1.). Together with their high school educational level, (refer to Table 4.2.) accomplished about sixteen years after having completed their basic nursing education; their qualifications in their area of specialization (operating theatre department) (refer to Figure 4.1.); their involvement in formal education on a part-time basis (refer to Table 4.3.); and their vast clinical experience (of an average of 28.8 years with a mean of 14.2 years in their present positions as senior professional nurses) (refer to Figure 4.2.), these participants are well equipped for the enactment of leadership roles at unit and departmental levels. This comprehensive background of the participants would definitely have had a considerable influence on their views of leadership behaviour required in a particular leadership situation such as the operating theatres.

In their pre-career development phase, it has been found that strong religious beliefs influenced their choice of nursing as a career (refer to Figure 4.3.); that nurses played a major influencing role, mostly through their image that evoked respect from the community they had served (see Chapter 4.94); and that the greater majority of the participants have had a good self-image, through safe and secure nurturing, at the onset of their nursing careers (refer to Table 4.4.).

From their past career life course a number of important issues have come to pass. From the aims they had set for themselves at the onset of their nursing careers, only two participants have set career-ambitious aims (refer to Figure 4.4.). The majority of participants had aimed to serve the sick and suffering which correlates with their choice of nursing as a career and has influenced what they consider to be the aim of leadership. The lack of envisioning themselves in more ambitious roles in their profession could very well have had an influence on their own pursuit of self-development, accounting for their late commitment to complete their schooling and to formal education, if one considers their mean age and nursing experience. What is significant, in terms of their late educational
endeavours, is that this aspect is directly related to the influence of a contemporary role-model (see Chapter 4:100).

Influencing through white role-modeling was a circumstantial factor, in that a number of them had trained in mission hospitals and their superiors to date have been whites (refer to Figure 4.5.). Influencing through a role-model has been seen as having had a profound effect on their attitudes in the latter stage of their careers, inspiring them to portray similar leadership behavioural patterns. There is no doubt that their experiences of perceived effective leadership behaviour, portrayed by a nursing role-model, have influenced their views on leadership behaviour. To the contrary, personal experiences of non-exemplary behaviour by nursing supervisors (mostly black), especially favouritism and discrimination, have evoked strong feelings of condemnation in respect of its effect on interpersonal relations between leader and followers, work performance and job satisfaction in general (see Chapter 4:102).

Realization of the importance of good leadership in nursing had predominantly occurred when they had become charge nurses themselves, having had to learn leadership through a hit or miss approach (refer to Table 4.6.). Slow upward mobility and lack of leadership development are seen to be two factors associated with their professional stagnation evident for so long, with the resultant emphasis they now place on the development of the leader and followers as one of the components of the leadership process.

For most of the participants nursing has changed their self-concept of leadership. The influence of education, especially at tertiary level, is evident (refer to Figure 4.6.).

Seeing a differentiation between the manager and leadership roles, with the leader role more extended, the participants, nevertheless, indicate the integratedness of the two roles (refer to Table 4.7.). Hence, they have considered some managerial knowledge and skills to be evident in leadership.

In their career life the most important historical (past) events had to do with opportunities for self-fulfilment, such as the introduction of post-basic and graduate courses that opened avenues for self-development within the context of their career. Participation in world-renowned surgical procedures and receiving tangible recognition for performance are other events of importance (refer to Table 4.8.).

The basic values in their nursing society are founded on Christian principles (value and worth of human life and good nursing image) and are congruent with the reasons for choosing nursing as a career (to serve and be respected by the community) and what they believe to be the aim of leadership (quality patient care) (see Chapter 4:111). Influencing between the participants as a cultural group, with their
own cultural belief systems, and the nursing professional, with its own value system, has been reciprocal (refer to Table 4.9. and Figure 4.7.). Their supervisory role is, similarly, influenced by their cultural beliefs (refer to Table 4.10.) as well as by their personality (see Chapter 4:114-116).

A combination of high expectations for promotion and disillusionment owing to slow upward mobility accompanies their future career life course projections (see Chapter 4:117-119). A long-standing passive acceptance of career immobility and non-assertive attitude have been confirmed as interrelated. This is so contradictory to the positive self-image they had at the onset of their nursing careers and yet, so congruent with their career aims of service to mankind.

6.3. CONCLUSIONS.

A high degree of similarity exists between the views of the participants in the study and the reviewed literary knowledge. This is indicative that knowledge and understanding of leadership among senior black professional nurses in supervisory positions in the operating theatre department is, comparatively, almost on par with theoretical expectations.

6.3.1. Views on leadership behaviour.

Where the participants' views differ from previous research studies and other literary sources, are in that they regard decision-making and problem-solving with lesser regard than what is advocated for the leadership role. Control is viewed too narrow and simplistic in relation to the contemporary viewpoint, whereas conflict is disregarded as a function of leadership on the basis that no effective methods of conflict resolution have been experienced. There is also the question of influencing of professionally matured nurses through role-modeling which is contradictory to general belief. Another aspect which is not addressed in their views is change as the outcome of leadership and yet, aspirations and expectations of growth and development are highly valued (see Chapter 5:170-173 for detailed conclusions).

6.3.2. Influence of their occupational life histories on their views.

The 'black senior professional nurses' level of leadership preparation, in terms of clinical experience and formal education, far surpasses the global nursing picture of unit managers and hence, would influence their views on leadership behaviour to a great extent. Their Judeo-Christian philosophical frame of reference is another major factor that has influenced their views on leadership and the leadership situation. Furthermore, experience of positive nursing role-modeling accounts for a strong influence on their views of effective leadership as a whole.
Definite ethnographic differences have evolved from their occupational life histories in relation to their views on leadership. Firstly, an unawareness exists among black nursing supervisors as to the value of assertiveness in leadership behaviour, seen to be of cultural origin and career-related, and yet, nursing as a career has changed their self-concept of leadership behaviour (deculturation) as well as a number of their cultural beliefs, pertaining mostly to traditional medicine.

6.3.3. **Foundation of guidelines for leadership development.**

Formulation of guidelines for leadership development will be founded on inferences drawn from the results and conclusions.

6.4. **RECOMMENDATIONS.**

The recommendations consider operationalization in nursing management education, nursing management research and nursing management practice.

6.4.1. **Operationalization in nursing management education.**

These ethnographic perspectives on leadership behaviour should be incorporated in all tertiary educational programmes for nursing management education, especially in view of affirmative action and resultant emergent transcultural leadership situations (refer to guidelines in 6.6.).

6.4.2. **Operationalization in nursing management research.**

Similar research studies should be conducted in other similar research situations and comparisons drawn to determine generalization/transferability or representativeness in a wider perspective.

Particular relationships established in Chapter 5 should be tested in further research. These are the realization of the leader’s value system through leader conduct, which determine the effectiveness of leadership (refer to Figure 5.1.), the cause-effect relations of leader competence (refer to Figure 5.2.), and the leader role expectancy relationships (refer to Figure 5.3.).

A model for leadership development based on this study can be developed.

6.4.3. **Operationalization in nursing management practice.**

It has already been indicated in the introduction of the study that this particular study is a direct
consequence of a previous baseline study profiling the same research population. Both these studies are seen as personnel management planning strategies.

A well-established (ten years) staff development unit exists in the operating theatre department, incorporated in the organizational structure, facilitating a large number of development programmes for all categories of staff on a continuous basis. One of the development programmes introduced in 1990, before the supervisory courses of the Commission for Administration came into being, is that of a management course for newly promoted senior professional nurses to prepare them theoretically and practically for the acceptance of greater responsibilities (Smith, 1991:19-24). Therefore, the intention of this study was to identify the needs for leadership development in preparation for the establishment of a programme for leadership development for senior professional nurses at unit and departmental level supervision. It is envisaged that other operating theatre departments may follow a similar approach for staff retention.

6.5. LIMITATIONS OF THE STUDY.

The greatest limitation of the study is the unavailability of literature on black leadership from a cultural-ethnic perspective in this country. One anthropological research study done on chieftain leadership among the Pedi was conducted in the 1960's and seem irrelevant for contemporary black thinking and the research context of this study.

6.6. GUIDELINES FOR LEADERSHIP DEVELOPMENT IN THE OPERATING THEATRE DEPARTMENT.

In this section guidelines for leadership development in the operating theatre department will be elucidated.

6.6.1. Introduction.

The value of research lies in the application of its findings in the clinical situation to improve the practice of nursing (Burns & Grove, 1987:625). This study was conducted in a particular clinical context in the belief that the development of competent, highly motivated nursing unit leaders in the operating theatre department would be central to the delivery of quality nursing care, in providing optimal conditions for their followers to grow and experience job satisfaction and effective participative leadership.
The process of leadership development (Tobin et al., 1974:55-113; Smith, 1991:19-24; Makhetha & Smith, 1991:22-27) should be founded on the Nursing for the Whole Person Theory in order to facilitate wholeness of body, mind and spirit in the followers as future leaders.

Goals for leadership development should consider the responsible person for leadership development, the type of development programme in accordance with personal and departmental needs, and the most appropriate climate for most effective learning.

If a staff development unit is already established within the organizational structure, then the person responsible for leadership development is already confirmed. Teaching personnel to participate in the programme should not be a problem since opportunities can be afforded to those professional nurses who have already obtained tertiary qualifications but cannot use their teaching or administrative qualifications to full extent in clinical positions. Appropriate policies for leadership development would provide the necessary directives to those who participate in teaching and who would attend the programme.

The type of programme for leadership development has to meet identified personal and departmental needs. Both the personal and departmental needs are derived from the research study as controlled with reviewed literature on contemporary leadership issues. Priorities have to be established to meet the identified needs. A collective approach - participative involvement of all unit supervisors and more senior personnel in the department - has to be used to consider the feasibility of meeting the identified needs since it will influence the setting of priorities, such as time factors for the release of teachers and unit supervisors to participate in the programme. The availability of teaching staff (already indicated) may not be a priority issue but still needs to be addressed to gain co-operation.

To establish the most appropriate climate for most effective learning, the principles of adult learning have to be considered. Therefore, the aim of a leadership development programme should be to impart knowledge through lectures and discussions; develop skills by practice on incidents derived from the clinical situation, role-playing sessions and assigning leader responsibilities for certain projected leadership situations; modify attitudes by providing direct insight in and experience of the consequences of different leadership approaches; and create opportunities for change in an encouraging environment for trying out improved leadership skills.
Objectives of leadership development.

The general objectives of leadership development are:

- To provide a framework for leadership development within the context of the organization's goals and the whole person approach.
- To facilitate the improvement of leadership throughout the departmental structure, accommodating the whole person approach.
- To encourage unit supervisors to continuously develop their leadership knowledge and skills.
- To ensure that the development of leadership expertise is a continuous process and fully integrated with the working situation.

Duration of the course and scheduling patterns.

Since the teachers and learners participating in the course would be part of the staff compliment of the department, learning opportunities have to be scheduled to least interrupt the normal functioning of each unit in the department.

A collective decision will have to be taken once the programme is detailed to establish the duration of the course and to schedule learning opportunities. If self-development of the learners is advocated, learning opportunities should not be scheduled too closely in terms of their clinical workload, home commitments and self-study.

Selection of candidates.

It has been indicated that the focus would be on the development of senior professional nurses as effective unit leaders. These nurses also have to fulfil the role of departmental supervisors after normal working hours in order to deliver a continuous health care service. This role necessitates the acceptance of a more independent leadership role with extended responsibilities and accountability.
in a leadership situation of an unpredictable nature, placing demands of greater adaptability and flexibility on the team leader.

The most senior of this group will have to receive first consideration in view of the value attached to seniority in terms of experience and to effect role security among the top structure.

To enhance group participation in a specific learning situation where improvement of skills and change of attitudes need to be addressed, the number of candidates should be limited in accordance with recommended group effectivity.

6.6.3.5. **Guide for course attendance.**

Guidelines should be prepared and given to the selected candidates which pertain to the teaching and learning objectives, learning programme for each week, venue and time schedule, preparation requirements of candidates for attendance, evaluation methods, and literary resources (facilitate availability).

6.6.3.6. **Contents of the programme.**

The dimensions regarded as essential for effective leadership development of senior professional nurses in the operating theatre department are concerned with the traits/characteristics of an effective leader, knowledge and skills for leadership, the process of leadership, accountability, and the aim of leadership. Specifically identified personal and departmental needs for leadership are to be considered as additional components.

a) **Theoretical framework for leadership development.**

Since the study is founded on the Nursing for the Whole Person Theory, the point of departure has to consider an orientation to the basic concepts constituting this theory as the first module of learning.

b) **Traits/characteristics of an effective leader.**

In the second module of learning, leadership traits/characteristics are to be viewed from the basic value system of the leader, her personality and philosophy, and considered in terms of her moral, social and personal value classification. The value of assertiveness in leadership behaviour, as a personal need, has to be incorporated.
c) Knowledge and skills for leadership.

This dimension, incorporated in the third module, constitutes the leader's knowledgeability of specialized nature, as the first unit of learning in which the leader's own formal preparation for the leadership role, knowledge and understanding of the followers and knowledge and understanding of herself through self-awareness (self-image, self-motivation, visionary thinking and proactive behaviour) have to be considered.

In the second unit of learning, managerial knowledge and skills, are to consider communication in its total perspective, the controlling function of the leader in a more expounded form, decision-making and problem-solving, organizing, and conflict-resolving strategies as one of the departmental (and probably personal) needs. Skill competency in decision-making, problem-solving and conflict handling are to be addressed through skills practice opportunities.

The third unit of learning considers operational knowledge and skills of the leader, and knowledge of the leadership role (role expectancy and sensitivity to external socio-political stressors).

d) The process of leadership.

This dimension constitutes the fourth module with seven learning units. The first learning unit deals with the relating component in which a trust relationship between the leader and follower is considered in terms of the role that moral and social traits play, barriers (cultural and temperament) to understanding and relating, sustaining trust relations, and the concept cultural leadership.

The second learning unit considers influencing through role-modeling as well as the need for mentorship.

In the third learning unit, influencing through motivating is included and encompasses the aspects of guiding/directing, team-building, recognition-giving facilitating happiness/job satisfaction and encouraging as the main factors.

In the fourth learning unit the deciding component of the leadership process is participative involvement in which the principles of effective participative leadership are addressed with the practical application in particular clinical situations.

The fifth learning unit considers the development of the leader and followers with the emphasis on the leader as a teacher who facilitates the development of the followers as well as for herself.
In the sixth learning unit, the process of continuous evaluation considers the followers' performance towards goal achievement on an informal basis and against set behavioural standards at a formal level.

In the seventh learning unit, flexibility of leadership is addressed in terms of the level of maturity of the followers. Application of the situational leadership approach is considered as well as a more contemporary approach which includes transactional and transformational leadership to effect empowerment and self-governance of the followers.

e) The aim of leadership and accountability.

Both these dimensions are included in the fifth module. In the first learning unit the organizational mission and goals, and the personal goals of the leader and followers are considered under the aim of leadership. In the second learning unit, change, as the outcome of the leadership process, is included as a departmental need. In the third learning unit, accountability considers acceptance of the leadership role, accountability for self and shared ownership or stewardship.

The proposed programme for leadership development is summarized in Table 6.1.

TABLE 6.1. PROGRAMME FOR LEADERSHIP DEVELOPMENT

| MODULE 1: Theoretical framework for leadership. |
| Concepts constituting the Nursing for the Whole Person Theory. |

| MODULE 2: Leadership traits/characteristics. |
| * Value system and personality of the leader. |
| * Philosophy. |
| * Moral, social and personal traits. |
**MODULE 3: Knowledge and skills for leadership.**

**Learning unit 1: Knowledgeability (Specialized).**
- Formal preparation of the leader.
- Knowledge and understanding of the followers.
- Knowledge and understanding of self.
- Self-image.
- Self-motivation.
- Visionary thinking.
- Proactive behaviour.

**Learning unit 2: Managerial knowledge and skills.**
- Communication.
- Control.
- Organizing and organizational climate.
- Decision-making.
- Problem-solving.
- Conflict resolving strategies.

**Learning unit 3: Operational knowledge and skills, and knowledge of the leadership role.**
- Experience in area of specialization.
- Role expectancy.
- Sensitivity of external socio-political stressors.
<table>
<thead>
<tr>
<th>MODULE 4: Process of leadership.</th>
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<tbody>
<tr>
<td><strong>Learning unit 1: Relating - trust relationships.</strong></td>
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<tr>
<td>* The role of moral and social traits of the leader.</td>
</tr>
<tr>
<td>* Barriers to understanding and relating.</td>
</tr>
<tr>
<td>* Sustaining trust relations - tolerance/ congruent values.</td>
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<tr>
<td>* Cultural leadership.</td>
</tr>
<tr>
<td><strong>Learning unit 2: Influencing - role-model.</strong></td>
</tr>
<tr>
<td>* Role-modeling.</td>
</tr>
<tr>
<td>* Mentorship.</td>
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<tr>
<td><strong>Learning unit 3: Influencing - motivating.</strong></td>
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<tr>
<td>* Guiding/directing.</td>
</tr>
<tr>
<td>* Team-building.</td>
</tr>
<tr>
<td>* Recognition.</td>
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<tr>
<td>* Facilitating happiness/job satisfaction.</td>
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<td>* Encouraging.</td>
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<td><strong>Learning unit 4: Deciding - participative involvement.</strong></td>
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<tr>
<td>* Principles of effective participative leadership.</td>
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<tr>
<td><strong>Learning unit 5: Facilitating development of the leader and followers.</strong></td>
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<tr>
<td>* The leader as teacher.</td>
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<tr>
<td>* Development of the followers.</td>
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<td>* Development of the leader.</td>
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<td><strong>Learning unit 6: Continuous evaluation.</strong></td>
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<td>* Setting standards.</td>
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<td>* The follower's performance.</td>
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<td><strong>Learning unit 7: Flexibility of leadership.</strong></td>
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<tr>
<td>* Maturity of the followers as determinant.</td>
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<td>* Situational leadership.</td>
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<tr>
<td>* Transactional and transformational leadership.</td>
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<tr>
<td>* Empowerment and self-governance.</td>
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</tbody>
</table>
6.6.3.7. Evaluation.

The degree of knowledge acquisition may be tested through feedback and formal theoretical assessment. A skill mark sheet may be developed to determine whether specific skills have been acquired during practice sessions. A more formal evaluation tool may be designed to evaluate attitudes and competency of leadership behaviour on completion of the course and after a period of time in the clinical situation to determine improvement.

6.7. CONCLUDING STATEMENTS.

The objectives of this study have been accounted for in this chapter. The conclusive findings in relation to each objective have been given and final conclusions drawn.

Recommendations have been proposed in relation to education, further research and nursing practice.

Lastly, guidelines for leadership development have been formulated based on interences drawn from the results.
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The Chief Superintendent  
XXX Hospital.

re: Miss E.F. Smith - Nursing Service Manager  
Permission to conduct a research study for the purpose of obtaining a M-Cur Degree.

The nursing Department fully supports the request to conduct a research study for the purpose of obtaining a M-Cur degree.

L.C. LANGLEY  
CHIEF NURSING SERVICE MANAGER  

Permission granted.  
11/2/92.
CONSENT FORM TO CONDUCT RESEARCH

STUDY TITLE: Leadership development in a nursing service: an ethnographic perspective.

RESEARCHER: Miss E.F. Smith.

Miss Smith is a nursing service manager studying the views of black professional nurses on leadership behaviour in their role as supervisor of direct patient care in an operating theatre department and how their views on leadership behaviour is influenced by their occupational life history. The findings of this research will be used to develop guidelines for leadership development in the nursing service area.

If I consent to participate in this research, an interview will be conducted with me that will last a maximum of two hours and may be followed by subsequent short interviews for clarification. The interview(s) will be audiotaped for analysis by the researcher and another coder, and to verify findings through two independent experts. In addition, I will be requested to complete a questionnaire on my occupational life history within three days of having received the document and may be asked to elaborate on or clarify issues during a follow-up interview of approximately thirty minutes duration.

The direct immediate gain I will get from this research project is that I will be able to verbalise my views on leadership behaviour and experience during my occupational life as a nurse. I realize that the study will require a number of hours of my time and may cause some anxiety and/or fatigue.

I know that my participation in this study is strictly voluntary and know that I have the right to withdraw during any phase of the research procedures. I clearly understand that I am under no obligation to participate in this study.

My identity will not be revealed while the study is being conducted or when the study is published and confidentiality will be ensured by erasing the audiotapes after the information has been transcribed.

If I have any questions about the study or about being a participant, I know I can call Miss Smith at telephone numbers 436-0018 (H) and 933-1100 extn. 2300 (W).

I agree to participate in this study and I have received a copy of this consent form:

DATE: ___________

_________________________ PARTICIPANT’S SIGNATURE

_________________________ RESEARCHER’S SIGNATURE
TRANSCRIBED INTERVIEW

R: S. I'm very happy that you have agreed to participate in my study.

S: It's a pleasure.

R: Um

S: You are welcome.

R: The main theme of this study, is that I am interested to know your views on leadership behaviour as a supervisor of patient care, direct patient care and being a supervisor in a departmental setup. So, I would really like to know how you view leadership behaviour.

S: How I view leadership behaviour? To me, I feel that a leader really, should be an organizer of staff and work, a planner and coordinator. She should have, you know, time for her staff. She should always involve her staff in whatever decisions that she makes so, at least, they know what is happening around them, they know where they stand. And, according to me, a leader is a person who is, you know, who is a package deal. She guides and controls subordinates, welds them into a working team. She should be loyal to her staff.

R: MM

S: with whatever, you know, always looking at other people with that understanding, of which, according to me, we have a role-model in this department. I, I always admire this person in this department, in our department. To me a leader is somebody who is sensitive, you know. Say a subordinate comes to me, she has got a problem, nè, that needs to be solved, there are different types of problems: there are personal problems, there are problems pertaining to work. You know a person is sensitive to consider a personal problem from people individually and viewing people as individuals. This to me is very important that, that individual realisation. You understand individuals as they are.

R: MM

S: A person who--- at least the way I think leadership or a person who is in a leadership position should--- you know, to, look at the subordinates and give them time to--- let me think--- how I want to put it. How I want to put it, that a leader should, at least, give herself time. Come to her subordinates about their strengths and weaknesses at one stage or another so that they know where they are blundering. Talk to them about when they are blundering and then where they are improved so that they can improve themselves. Discuss with them how they can improve themselves.

Like, our leader does that. She tries her best to do that. You know, to--- draw a person's attention, you know, in a very nice way. That is a diplomatic move, without destroying a person's confidence. It--- you know, just draw her attention to the fact that "look, this should be improved, somehow." And,
I feel subordinates should also know when they are good. They should be told.

Let's say, that, "You are doing well here." Like I said, "You are doing well here."

So, the fact that you know, have the door opened. At least, like I say, okay, do have restrictions but not too much. In fact, I think that is— sort of distract people from coming out with their views. They will always feel, "Oh". I often hear people say the leaders are lonely people, so they need people to talk to. They need people to, you know, be friendly. But, not too friendly though, but there must be some level of, you know, friendship. They need to play and laugh with their subordinates. So that they can be— they can, you know, they're still free. And they are free to voice their views, their problems and nobody becomes, you know, bottled up. Really. Because, once you are bottled up, definitely, you can't do work. You are even scared to come on duty. Because now you are bottled up. There's nowhere where you can sort of pour out your heart. Well, another thing, there is that moment, there are such moments where a person can, you know, pour her heart out. Say what she's feeling about certain things. And, you know, she's free to think whilst— without being victimised. The minute you say anything you think, "Oh, I'm going to be reprimanded." Then you can't say it.

R:

MM

S:

And, a leader, as far as I'm concerned, should not show favouritism amongst the staff. Favouritism, I think, it's very destructive. Especially, there are times where you find that, a person favour the one person and that person favours this person. Okay? And then along, along the way, she carries others with that particular person she is favouring. So that these others are sort of used to camouflage immediate authority that they too are in good books and yet they are not.

Nê— to camouflage— such a leader is very bad. To camouflage those who are around that leader, so that it appears that, "Oh, no, I'm not only favouring this one, I am also favouring those", and yet, it's not like that. I think that's very destructive to other people. There are those who notice it, and it affects them.

R:

MM

S:

And then, there are many, they may not say so, but it affects them, in that, they feel sort of, shut out. They feel sort of neglected. A leader (Laughing) to me, I— I must tell you the honest truth. A leader should be impartial at one stage or other, you know,

R:

MM

S:

because, kindness, to turn a shoulder at one stage or other, sort of these people feel encouraged and they feel "Oh, at least, at least I am alive." Although we are not the same. There are those who will rather be patted on the shoulder. There are those who I feel, (laughing) to be patted on the shoulder, this sort of, they are not encouraged by that for being— They feel embarrassed if you give them a pat on the shoulder. But, still, they need to be considered, nê?

R:

MM

S:

They want to be considered. But at the same time, when you show them that you actually consider them, and pat their shoulder, or show them that you actually care for them, they are embarrassed. So,
how you do it with such people--- I think, you should give it to each individual case.

And now, what is difficult is--- that the leader will not know whether this person feels embarrassed when she is patted or that she wants to be patted. But I don't think--- I'm sure everybody wants to be shown that, you know, she is existing in one way or another. I am sure each and every person is important in a way, somehow.

One should really study their behaviour. I know a human--- you know, human nature does not, I think, allow one--- you know, have that consistent behaviour. Somewhere there are those, you know, ups and downs. But I think, most of the time, maybe, there should be, somehow, that certain behaviour.

You know today she will say, "Hi, hallo, how are you" and then the next every next day--- alright, you know, the situation where we are working at times it does not permit that to, to happen. But people know that, at least, you know, you don't--- the one minute you get this, the next minute you get that.

You look at the environment and look at the leader's behaviour and her actions to certain things. You cannot expect a leader, to behave the way she normally behaves when there is an emergency and all that, and, in that case because when she has to give instructions. What I mean--- like this, the very power. She should not use the power of authority to demoralise the staff. She should be consistent in behaviour and not make contradictory statements. She should be open-minded where there are disagreements, and tomorrow she gives me a smile. The following day she looks at you, you know, you are her subordinate. You don't know where you are, you get confused. You don't know where you are. Today she says "Oh, hallo, S. How are you?" and the next day, without cause, she just looks at you. She gives a dirty look. She does not call you into the office to say to you, "Look, you have done this and that."

R:
MM

S:
Nê? There were about three people. One was down there. I was working at the table and they came, came this way making noise. Another one came, was coming this way. So, I called her one side and said, "Oh, please, you know the doctors are working in the theatre. It's so difficult with the noise."

And I think she--- she felt offended and I could see, she felt offended and well, I continued to do what I was doing, but she kept quiet and went away. And then from there, I could see that she is upset. So, I thought, perhaps my approach was wrong, but there was so much noise, nê, there was such a lot of noise. Surely, she was not expecting it, to go on my knees and say, "Please don't make noise." I had to say to her, "Stop making noise, it's not nice." I mean the doctors are working in the theatre, nê? It was just terrible, they were just making noise, walking up and down. So I said, "Stop making noise." So, later on, when she was back I called her, and I said to her, "Tell me, that when I reproached you about making noise, I saw you did not like it." And then, she said to me "Hey, I'm sorry, in fact, it's not to say I did not like it. I was embarrassed. I was embarrassed." I thought she was cross, but she said, "No. I reacted like that because I was embarrassed because it was true."

So, let me think, something that a leader must have. Your subordinates must know that they can also rely on you. You must keep your word. That, in itself, boost the morale of the staff. They--- you know they--- they know that if say, like problems and I talk to her on, even in theatre, I mean, I'm talking about work problems, particularly, because personal problems come in, of course, they also contribute a lot. But this boosts the morale of the staff very much if they know that, if they say to you, say "We are short of Vicryl 2/0", or then you say to them, "Okay, I'm going to get it for you" and then I walk out of the theatre, going to get it. But then, I go forever, not coming back. What do they think? They will never trust me. If I go out, and say, "I'm going to get you this and that" or "I'm going to see to that, that globe is replaced." I must follow it up, otherwise I'm destroying myself, destroying my whole image. And I become inefficient and it happens, the very, the very little thing that happens everyday. You know, at times, people lose trust in you because you missed a step. That's what happens and it's very
difficult to, you know, get the trust back. Really, that’s difficult. You know and you can’t get it back that quick.

Autocracy in leadership at one stage or other, it’s, it’s

R:
MM

S: at one stage or other. There are certain situations which means, a leader should be autocratic. Like, I mean, in emergency situation, you have to be autocratic because there’s no time, you know, to be discussing things, like saying, “How will this be if we could take the case?” You have got not time for that. You have to give instructions at precisely what they have to do to save the lives. So, that’s also required of a leader. At one stage you’ve got to be autocratic otherwise it’s a downfall.

R: Let’s look at some of the points that you have brought up. (clearing throat) You were talking about role-model, right in the beginning.

S: Yes.

R: What do you mean by that?

S: What I mean is, you know, a person whom you admire and you wish you could walk exactly--- and do exactly as she is doing. You admire her, the way she carries on her work, the way she talks to people, the way she leads other people and the way she leads you, the very person. When you look at her you wish you could be like her. And, of course, the leader must teach.

R: MM MM

S: A leader must teach. A leader who does not teach, definitely, does not except marks with her staff, you know. Teaching on the spot. Teaching in the lecture room and evaluation continuously. Continuous evaluation, especially, evaluation where she has to be solving problems all the time. Improving performance as people are working, you know, improving their performance. And taking advice, getting information from the very staff, educate them. You know, talking to--- and having the information like you are doing. Very often you walk in the corridor as you say, you know, you look at this, “Why is this like this, don’t you think it’s better for you to do this and that?” You know, correcting, it’s continuous evaluation. And such a leader I think, gets good results. She walks about in the theatre and not seeing the wrongs that are around you doesn’t help. You know, it doesn’t help much, doesn’t. So, as I say, with continuous evaluation you are able to see, you know, you don’t walk about with--- you’re observant, an observant leader, not who walks about with her eyes closed.

R: One point that you have raised is that a leader must view people as individuals. Would you like to elaborate on that?

S: Yes. View people as individuals, in fact, there are those who are extremely good. There are those who strike and those who, you know, give good performance. And so, whilst you are a leader, you should differentiate between the two categories and be able to know how far to go with those who are excellent and those who are poor so she can drag them up
somehow and treat them as individuals. Look at them as individuals. Understand them. And, work closely with them but the same working--- work closely with them I don't mean working inside a theatre. But, the leader should definitely know that this person is poor. Alright this one is good, good. You will help her and push her up but this one is poor. Being next to her, somehow, and drag he up. Not necessarily, you yourself, people even--- delegate somebody to sort of boost this somebody that you have noticed as an individual she is unable to do such a thing which are required to be done in the working situation that's by individualising personnel. Because you cannot go and take the table with somebody who is incapable of doing that. You know, that if I gave somebody this type of work she will be able to do it but then you cannot delegate this other person. This one needs to be, you know, pushed up, lift up to the level.

So, that's what I mean when I say individualising and you know people and treat them as individuals. That's--- one cannot expect two different people to be the same anyway.

You can always try, but hey!

R:
Another point that you mentioned is (clearing throat) the fact that the leader should have an open door. Could you explain that to me?

S:
You'll find that in the work situation, you know, certain problems do arise which need to be attended at that particular time. So, if the subordinate goes to the---, say, the leaders--- find the door shut or the leader everytime says, "I cannot see you." By having an open door, I mean, you know, welcoming people who have got problems to come to you and talk to you about them. Perhaps they need assistance at very--- that very time. A leader who will be sensitive at that very time and says, "Alright, come in, what is it? What is your problem?" and then she says "Hoe, I need such and such and such. The doctor wants this and that and I haven't got it." And she stands up at that very moment and, you know, attends to her. That's what I mean.

R:
When you were talking about subordinates must feel free in a situation without fearing victimisation. Could you explain that for me? Or would you like to elaborate on that?

S:
Ja, they must feel free. They must know to whom they are responsible, but, they must feel free. If they feel like going into--- say they are, there's a, a leader, a deputy, you know, they must feel free to walk into an office and you know, present their problems without fear. Saying, or feeling that, "Oh somebody is looking at me that I'm walking to this office" and now when you walk out of that office somebody says, "What were you doing in that office?" You know, such things, that's what I mean. That a leader should at least work with her deputies, né? In cooperation without letting the subordinate feel that there is a gap in the two. Because the minute the subordinates realises there's that gap then
They play around with you. They are leaders. It's up to them (laughing) that's what I mean. I mean, say if I say something that I discussed with you. Nê? And it happens that in two days time you are not there and, I approach, say, the leader who is then in the department and it happens that perhaps, whatever I discussed with you, was not completed, then, I must feel free to go the next person and talk to her about the very thing without her saying to me, "Afterall, you did not do this with me, you did not start this discussion with me, so go to the person who, whom you started the discussion with", even if that person is not there. You know, I mean that type of thing. We must feel free. We must be free. You know, free to go to whoever you choose to go to without being victimised. Like if I feel I want to come to you for--- to discuss something. When I come to your office, one of the leaders says to me "What were you doing in that office? What were you discussing? You must never come to me if you have a problem, if you feel you need somebody."

I mean such things. That's what I mean when I say, you know, a person is being carried, on a carriage with a horse, pulling in front, and you are in a carriage. Nê? Then sort of, you are being pulled into a world.

You understand it?

Or if you say something, then a leader is doing what is done. I mean, there are ways, we are different. Some people just put it openly. Somebody will raise it perhaps as a suggestion and then the leader goes against it. Therefore, "On such and such day she said this and that" And, you know, she folds on her. She is now a victim of what she said. Some are impossible and demoralise the people.

R:
MM

S:
I feel, leaders in a situation, should not let the subordinates see their differences. If a person is a leader and she has a deputy, or the deputy, as a leader, should look after the senior as a senior. I cannot show, and now in this instance, the leader---- the leader that I have got in my mind now is the type of person who will--- every time say "What did you do--- why did you go into that office?"

But there are other people who will actually sort of, influence, I mean, you know, people against others. That's what I mean, you know, people against others. That's what I'm trying to say, against them. That's what I think that I'm trying to say that such things sort of demoralise the people and make people angry, because you want to use your own discretion about people. They don't want to be told that "Don't go to that person" or "Don't---" I mean, we are adults in the working situation. Nê? We are adults in a working situation and you know, you look at the-- we look at our leaders. That's our leaders, definitely. But there are certain things that you are searching for. You look up forth, you know, you look up at them, not down, you look up all the time. And when you do such things like "Why did you--- why did you go to that office" or "What were you discussing?" "Oh, that one," you know, something. I feel they are not my line as an individual. I don't like it. (laughing)

I don't like them because I feel a leader should be given her respect at her place all the time. Does not matter what. She must be given that. A leader who proves herself, you know, to be human, she should be given her--- she should be given her respect. If a person walks into her office, a person should not be victimised. That's what I mean. I don't know whether I've answered your question.

R:
No, that's fine S. At the same time when you were talking about feeling free you said that--- you mentioned being bottled up.

S:
Oh, bottled up.
A: Can you explain that?

S: Oh, if you have problems

R:

S: whether personal or on duty. Né? You should be free to go to your--- like if you feel like, "Hey man, I've got a problem" and you look around and there is something that you don't want people to know. Né? You look around at your friends, you say "Oh hey, maybe, they are going to gossip about my problem to others. Let me go to my leader and talk to her about it", and ask for advice from her, and be free to talk to her about this particular problem because you trust her. You believe in her. You will know that after discussing this problem with her she's not going to tell the next person about it. And the next thing, you will be hearing the whole story from the third person. That's what I mean. You know, a subordinate should feel free to talk to her leader about her personal problems especially, when she needs some, you know, confidentiality. She must feel free. Her husband gave her a hot clap yesterday because, I don't know, she did whatever or she was found with another boyfriend. She is --- I don't know whether she should file for a divorce or you know that they are forever fighting with the husband, I mean, those are some of the problems that most of them are stuck with here. She has got to --- she is confused.

I don't know whether she should divorce or, you know, go to the leader for advice, or, you know, she needs somebody to talk to. That when she comes to you, she should come in if you have time, ask if she can see you because you can't be free all the time.

But, you know, ask for an appointment, or if it's perhaps pressing, if you are free, give her an ear and listen. Give her a bit of advice even though she might be having the answer to her problem. But, all she needs to know from you is whether she is on the right track. If she is filing for a divorce--- I'm just using this for an example--- she must be free to talk to you because she trusts, she knows that you won't tell the next person about it. Because it is meant for your ears and not for the next person's ears. That's what I mean.

R: (clearing throat)

You've also referred to another point that said a leader must know her area or her department. Can you elaborate on that?

S: Ja, she must know exactly what is happening in the department. Even if she is in the office.

R: MM

S: Because then, how can she manage a department when she does not know what is happening? She doesn't know what cases are done, what are the problems in theatre. She does not know her staff. Then how is she going to, you know, say this, how is her staff in the department. She has to know so that she can arrange according to the demands in those departments and she must know that's what is happening in the department to be able to manage and supervise even if she is in the office.

She must know there's orthopaedics in theatre X. They are doing so many cases, and the people are there. Now, you know, the one is assembly, where in assembly she gets to know but they are not going into details like they are doing now. So, that our leaders who are in the assembly, you know,
are able to get the picture instantly in the morning before they start work. They get the picture of what was happening last night. They know the staff that are on duty, who are absent, who are sick. Why (knocking sound) they are able to, to you know, meet the demands of the work and they know the doctors, the surgeons that are working. They know that. They know what they want. They know even if there's a supervisor who are in the department. They should not be surprised if the sisters get in and say "Oh, Miss R, we need a GIA urgently" and say, "A GIA? What is that?" She has got no knowledge nor insight of what is happening around her. So how is she going to manage if they come and say, they want the help, there is no lecture notes. And she knows nothing about that, she has never read about that, I mean, that type of a leader.

R:

MM

S: who is insensitive, who was saying---, if you come with a problem from your department and you bring a problem from a department to a leader, who has got no idea of what is happening. How is she going to help you? So, definitely you are going to be demoralised if you go to a leader and ask for help and don't get it. How is she going to develop her staff? How is she going to help them? How is she going to solve their problems, if this, this type of leader does not work? She must always solve their problems and, you know, meet their needs, whilst she's in the office but she, she, you know, she must have her way of getting the information from the department. Not getting to theatre X and think, "Hey, what are you doing in there?" No, she has a system, and she knows whilst she's in her office in such and such a time that they, they are doing this, this and that. Now, this leader knows the patients, even those who are in other areas and she is in one point. And she knows activities which are linked.

So, that when they come and say, "We are short-staffed," she knows what they mean, what they are talking. If they have got no idea, she won't even bother because she doesn't know what is involved in that particular area. So, she must have good knowledge of her area definitely, so that she can meet her staff's needs by attending to them to do the work.

R:

You were saying just now that a leader should have a way or a system of getting her information.

S:

Yes.

R:

Can you elaborate on that?

S:

Well, through holding morning assemblies, you know, giving of reports, that's the information from, that she gets from her area. And holding meetings with her staff. And she could even interview them if she feels there's an area where she feels, you know, she needs to know more about something. She can call the supervisor or the subordinate in that area, interview her to get the information that she requires from that particular area. So, communication, ordinary communication in the corridors informally. You form a link by talking, you know, "X, what is happening here, there and there? I understand XX was shouting. What was happening?" And you didn't come and report. I mean, you are going past. As I said that you already get the picture. "Oh, oh, we could not give him Dexon 3/0?" You know, when you go past you are just on your way, you know, and you just observe whether things are normal. People are geared to that. You have got the right to go around and intervene, "What is happening?" and she will be free enough to talk to you and tell you "Oh, you know, at tea time we were discussing such and such a thing and this and that was brought about." "Yes, I can sense there's something wrong." I mean, you needn't go by--- even information, you get information but really to--- to get the information from the other departments making strong communications. Even if you have to write the communications of, you know, the happenings so that everybody can see. And then by
report-giving and by questioning, well, you know you get the information you want.

R:
Earlier you have mentioned the fact that the leader should be observant and you've just reiterated that. Would you like to expand on that?

S:
Yes, the leader should indeed be observant. If she walks around you look around. Number one you---you observe your staff. Just their behaviour, by merely looking at them. At times you can detect some things. Non-verbal communication - they are looking at that.

R:
Like what?

S:
Like, preventing unhappiness. If you look at them and you can read from their faces that, "No these people are unhappy." And you observe--- if--- you know things are going right. There are many things that you can observe as you walk around. The staff doing wrong things, not that you are out to look for that but, as you are taking your rounds or just from walking from one office to another if you check a patient lying uncomfortably with the sister going past without, you know, giving attention to the patient.

The theatre doors are open, the lights are on. Not that you are going about fishing for that but as you walk, surely, you see the lights on in the theatre that is not functioning. You walk there--- five patients outside the theatre where a case is on, nobody is looking after the patients outside the theatre. You tell him what surgery is on. And behaviour - people's behaviour. You observe that as you walk about in the corridor and you will see a lot of things as a leader. (laughing)

Some will be too angry, some will understand. But as the leader you've got the right to laugh. And you've got the right to be angry. Definitely. You've got the right to be angry and to laugh. And you are evaluating and correcting on the spot. And I say--- you know, face to face evaluation, continuous evaluation. So, you go about observing and evaluating, and correct them.

R:
Are there anything else that you can think of with regards to leadership behaviour which you feel are important?

S:
Well, it's important. If it is too much, again, it spoils. Too much sympathy for the subordinates, I think, makes this person too dependent. She becomes spoilt.

One of the things that I think the leader should give it, she should give authority at least, you know, like if she gives a person responsibility to do anything, she must also give that person authority.

R:
MM
Could you elaborate on that?

S:
Give a person responsibility to carry out certain duties. Give this person, at least, the power to decide and direct if she feels it's suitable to do so in order to solve a particular problem. You know, to give a person responsibility and then, okay, it's okay to follow it up because the end, if you delegate responsibility, you--- you are accountable. Okay, you have to follow it up. But, do give her a chance to, you know--- or give opinions.

Say on night duty---
you are in charge at night and on taking your rounds, okay, you are not on for one department, that you have confined yourself to one department. but, if it happens that while you are taking rounds, you find that they are busy in Resuscitation and you decide, "Man, okay, I will tell, I will inform Burns Unit, all the departments that I am in Resuscitation", né, and ask them to help them, say it’s eleven o’clock and then at about half-past three when I have to phone the departments, I will go back. Then you are on duty in, you are helping them, giving them help you know.

In the morning when you give the report that--- if the leader says to you, "Why did you go on there?" You used to discuss at that time. You are on night duty, you have been given the responsibility to be in charge of these areas, and you feel, "Ag, I’m going to be on there from eleven until three to help them."

And then when the subordinates gives the report in the morning and mentions that that you are--- you shouldn’t, you shouldn’t have confined yourself to that department.

You were given the responsibility but you are not given the authority to decide for yourself whether--- or in the very theatre, to such an extent, the very charge person has to scrub. You take over. You take over and send for the cases, write the reports and do whatever for both, you know, for the whole unit as well as the specific areas. You are using your discretion.

So, if somebody is giving the wrong step, in being corrected as somebody who was given the responsibility, the leader shouldn’t be good, too good. You know, I think it’s bad, bad medicine. (laughing)

Her manner of approach again should be somehow, you know, her manner of approach---

R: Can you explain?

S: to other people

R: MM

S: Now here, it depends on the type of relationship that the, the, the leader has built between herself— that is the inter-relationship between herself and her subordinates or her department, that--- how her general approach, let’s say, viewed by the subordinates will depend on the inter-relationship that she has built. That is very important. Now if, her inter-relationship is somehow, you know, strained, she cannot afford to approach people anyhow. She can’t. She must be formal. But if she has built that inter-relationship that is, you know, a friendly relationship, né? She can say to a person "Hey, come here." You know, she knows how far she can go.

You know, a leader should know her people. She can say "Hey, you come here." She knows that one will definitely. I’m used to her, I know that, you know, relationship, and it is difficult for a, for a subordinate to sort of melt to a leader.

It is a leader who should somehow, you know, give that relaxing atmosphere around. And then she is sort of, you know, building that for her own self because one day, what if she is in a bad mood, if, in fact, you say, "Hey come here," the subordinate doesn’t even notice that she’s angry. Né? And that is another incident against her because now she is--- the subordinate because she’s not aware that
she's angry, she'll get diluted and, I think, that is good for her heart. (laughing)

So, a leader who is too, you know--- if she maintains that, then her manner of approach, she must be careful, she must be careful otherwise it means now they are going to be casual.

R:  
MM  

S:  
But if this relaxed, you know, leader, who is relaxed, you know, one day "Hey, come here" you understand her, you know her. She's your leader, and it is your duty to know your leader as a subordinate, to understand her.

Look, she is alone at the top. You are there, you should also meet her half-way. She is trying hard to build a relationship with you, né? So, you meet her half-way. So, that's what I mean when I say manner of approach will be determined by what a person has built, you yourself with somebody. I think it's somehow based on that. So, that one can't lean too much on that if it a person who has good inter-relationships with her subordinates. They understand her, it is only that you should look at her and understand her. Much as that, try to understand her. They're supposed to try and understand you. But the one who is like, I say, then she is--- she must--- her manner of approach must be--- what she must--- she must watch herself because that is too--- reserved. Not reserved. If her relationship is poor, she is poor.

R:  
Explain that poor?

S:  
(laughing)  
You know she will just go past. Some say, "Good morning." She doesn't greet her subordinates. The subordinates get into a shell because she is a senior. When she comes, they sort of shrink. But when she looks in their eyes when they say good morning, then they relax. "Good morning," she goes past. That "good morning" builds a lot of inter-relationships, I've observed. If you go past a group of sisters you just say "good morning" to them, it sort of lifts them. I've noticed. It's medicine to them.

"Oh, good morning" no matter how hard things are or whatever is coming in, but you, you must look at them, watch them, they actually relax and "good morning" and they appreciate it by being greeted by a senior. In a certain department, that department, our seniors used not even to greet us. They will not go past. Some, I, I think there was one who at the top, ja, she will greet us "Hi" but there are those whom used not to, who will just look at us and go past. But then one day we complained about it and then it's okay. We complained about it, that "No, things are not right" and then thereafter you'll be expected, you know, to act normally then by saying normally is say when you walk into an office and then show a a little smile or you become so sick that you can't even smile. Because now your senior doesn't even say "good morning" and going past, "good morning" without even looking at her. Perhaps she is busy but if you say, "good morning"--- no eye contact.

Very important - eye contact, and then there is participation, the leader and the subordinate especially during an interview or evaluation or so. Although according to our culture, né, it means you are not having respect for them. But with our people, I don't think, I expect of them, because education is supposed to change behaviour. So, I think, it means educated people, somehow their behaviour is changed.

R:  
MM  

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So that a subordinate used to look down - that is all. But, I, I believe in eye contact. I believe in eye contact and the minute a person does this (looking down) when she talks to me I feel hurt and I start having my doubts. I believe really in eye contact. That's one of the things that I believe in. Even if I know about my culture, but education change people.

R: Could we stop the tape here for a moment?

S: Yes.

R: S, have you got any other views on leadership behaviour?

S: Yes I do.

R: Would you like to expand?

S: Yes. A leader, I think, should, you know, continue to develop herself. She should undertake studies in order that she can meet, you know, the demands. The present demands, modern demands. There are technologies and so many things so that she can, you know, keep up ahead of whatever developments in the profession.

R: Anything else?

S: And that in itself, ja.

R: MM

S: in addition to that because she's now, she is, like we mentioned, that she has to develop her staff. So in order to do that she must develop herself too, to be able to keep ahead. And she is researching the problem leadership, like you are doing. They must cooperate with her so that they are able to build onto the body of knowledge in the profession like you are doing now. Not to defy her.

R: MM

S: A leader must be able to control her temper. She must be able to control her temper. A leader must control her temper. There are times, sometime,

R: MM

S: bad times in the unit but I think a leader must control her temper. Because if she gets angry, yes, she is allowed as a person to get angry. Each and every person has got the right to get angry, but she must learn to control her temper. And she must, I think, accept and respect other people's advice,
other people's advice in the department, not just shout at them in their faces.

R:
Anything else you can think of?

S:
You must have patience.

R:
MM
Tell me more about that?

S:
Patience for slow learners, without, you know, demoralising them. The leader should be having patience and show the person that, that... It's going to be chaos in that particular department and she will definitely not perform whatever she wanted to do or you wanted to show her. Be patient, showing kindness.

R:
Any final comment?

S:
I feel that leadership depends on what she believes about others and herself.

R:
What do you mean by that?

S:
What will make her happy in that work you do.

R:
MM

S:
you carry out. That will make her happy, né? How observant and correcting mistakes and all that, correcting them and that inter-relationship which allows them to approach us instantly without fear, feeling free itself towards each other.

She is able to correct them without being scared and all that "Now, what have I done." No, she is free because she has built--- she's got that base, that mutual respectful inter-relationship that she has built.

She also is a person who can somehow or other lead because she spends also three-quarters of the time on duty so she won't forget the right to understand and be given the chance.

R:
You were talking about mutual respect for a relationship. Would you like to elaborate on that?

S:
I say there should be, you know, inter--- good inter-relationships. I don't mean that, you know, people should do anything as they like because they are in good relationship with their leader. There should still be that respect. The respect, they should still give their leader this respect that she deserves. No matter how, even if she can laugh with them and show them her laugh too, they should still know where they belong. It is their leader.

R:
MM
S: That's what I mean when I say mutual, you know, relationship. Inter-relationship goes on that mutual understanding and respect without taking an advantage.

R: MM

S: because she is my leader and we are in good, you know, good inter-relationships so I can do as I wish. At all times I should bear in mind that she is my leader and I have to give her her respect. Much as she is to give me the respect.

R: MM

S: But there is that understanding and relationship that exists which then brings about the smooth running of the department.

It's there, there is that freedom, there is that inter-relationships there is that respect that exists, irrespective of how your leader can joke and play with you, can laugh with you but that must remain. I believe in that. One should be respectful.

I feel the modern nurses--- I think it's--- there is--- etiquette counts.

We even talk about etiquette. Give your seniors respect. But I don't know the modern trends. what is the problem, maybe, it's no longer practised. I don't know. I, I often give myself time and talk to one of the nurses, just to hear what their, how, you know, their basic training introduced to them when they come to the, you know. When we started nursing, you know, there was etiquette.

R: MM

S: And that etiquette, I think, took me far, in that, until today I still, you know, I like to build inter-relationships but I feel that respect remains there. Not that I may not be aware but it's automatic, you know, just automatically, in that "Oh she is my--- she is my senior." I can laugh and dance and do anything but that is there. I can be free and just jump up, you know, do anything but that mutual respect, it has to be there otherwise things will go wrong. That's what I mean here.

R: You were saying that you want to still question the modern nurse.

S: Ja, I just want to hear their--- you know, just to hear what, how--- their introduction to nursing, when they come into nursing, what are they being given when they start their course. Because etiquette was one of our first lectures when we came into nursing as one of our first lectures. I just want to hear what they are being taught when they come in. Because you, you see it in the course, you see it in the wards, né? You walk in the corridor, you see a matron about to walk through a door and the nurse comes and pushes in. You know, that type of thing. I mean, even human behaviour, I think, doesn't allow that. You have to give them a chance to go past and then follow if she's senior.

So, I see Matron X standing one side while the nurses pass. I see that happening. I mean even here, even here--- even here in theatre. You walk into the setting room. They are there. They don't give way. She will just walk on.
And that's the type of thing that I grew up doing. If my senior comes I stand one side and it was automatically not that. If your senior walks in, you stand up. It is something that, you know, changes one's behaviour when she came into the room.

With that it is something very important. Etiquette is important you know, to maintain, you know, that respect. That is important between the leader and her subordinates. It does not mean that now she must sit on the floor and I must stand.

It must be there. No matter how good the inter-relationship is, I still feel it has to be there. That's what I believe in.

R: Anything else before we finish off S?

S: I think I have completed.

R: Well, thanks very much for this interview. If there is anything that I need clarification on, once we've done the transcription, I would appreciate it if you would give a little of your time.

S: You're welcome.

R: Thank you very much, hey.
## FORMAT FOR CONTENT ANALYSIS

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SAMPLE</th>
<th>N</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible/Available/</td>
<td>F</td>
<td>5</td>
<td>Social traits</td>
</tr>
<tr>
<td>Time for followers/Open door</td>
<td>I</td>
<td></td>
<td>Patterns of interaction</td>
</tr>
<tr>
<td>Superior knowledge/Educated/</td>
<td>F</td>
<td>10</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Knowledgeable/Know more than followers</td>
<td>I</td>
<td></td>
<td>Internal environment</td>
</tr>
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<td></td>
<td></td>
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<td>Mind-Intellect</td>
</tr>
</tbody>
</table>

- **F** - frequency
- **I** - intensity
PROTOCOL FOR CONTENT ANALYSIS

1. Data, the transcriptions of the interviews, will be coded by the researcher and another two independent researchers as coders.

2. Coding will be done within the framework of the universe, determined by the researcher independent researchers and defined as follows:

   - Views on leadership behaviour imply how each participant perceives, interprets and describes qualities and styles of nursing leadership practice in a particular nursing service (context related).

   - Consideration will be given to all verbal responses or replies to the following question:

     "I would like to know your views on leadership behaviour as a supervisor of direct patient care at a departmental level".

   - In this study the units of analysis are WORDS.

3. The method for content analysis is outlined as follows:

   a) The complete transcription is read by the researcher/coders to gather an overview of the whole.

   b) Words/phrases which reflect the individual's view on leadership behaviour are underlined.

   c) Identify main and sub-categories with regard to the universe (views on leadership behaviour):

      1) Interpret underlined words/phrases, decide whether they belong to a main or sub-category of your own choice, and indicate the category on the right of the script opposite the underlined words/phrases;

      2) Consider the intensity (researcher only) of the words/phrases that reflect the individual's view of a particular category, whether you have decided that it should be a main or sub-category. Indicate the intensity as follows:

         - Appearance of word/phrase = 0
         - Indicating importance = 1
         - Providing reasons/consequences (in addition to importance = 2

      3) Reread the script and cluster/group sub-categories in most logical manner into headings or main categories with their respective sub-categories under each;
4) Calculate the number of each main category extracted from the total number of scripts and award a numerical value (as N3 or N5 or N8) indicating that they appear most frequently among the sample of N10;

5) Prioritize the main categories and sub-categories in accordance with their frequency of appearance and intensity;

6) To calculate and prioritize the sub-categories use the method indicated in (4) and (5).

4. The main categorization of the universe is to be evaluated in relation to the basic concepts that constitute the "Nursing for the Whole Person Theory" which serves as the theoretical foundation of this study.
FIELD NOTES WITH REGARD TO THE INTERVIEWS

PARTICIPANT NO. 1:

* She appeared a little on edge at the beginning of the interview with hands clenched, but started to relax with hands on arm rests as the interview progressed. Towards the middle of the interview she started to use hand gestures, appeared totally relaxed and smiling at times. She is normally a person who is quiet and on guard.

* She was very careful during the first part of the interview, having reservations in explaining raised issues, not to implicate anybody in the department, and verbalized that she would avoid giving examples presumably to avoid implication.

* She seemed very definite about how she viewed a leader and placed great emphasis on those qualities she felt were adversary and to the detriment of the subordinates, so much so that she concluded emphasizing what she regarded as priorities in leadership.

* Her views on leadership appeared to be from a very mature outlook. At the same time, she is theoretically well equipped, busy with her BA Cur. Hons. degree and that definitely came through.

* The interview lasted for one hour and ten minutes.

PARTICIPANT NO. 2:

* Before attempting to answer the question, she expressed her gratitude for the invitation to participate in the study.

* It appeared, right from the beginning, that she had prepared herself for this interview in terms of the obvious theoretical contamination. They were all aware that leadership was the topic for discussion but, obviously, did not know how the subject would be approached.

* On the surface she appeared very composed with her hands comfortably together in her lap, but her mouth was very dry so that I got up and poured her a glass of water which she immediately sipped from.

* As the interview progressed, she started to relax and speak from her own frame of reference.

* This interview was terminated after fifty minutes by herself, saying that she was through on my question whether there was anything else on leadership, meaning that she would like to talk about. She thanked me again for the opportunity to participate and felt that this was a very good learning experience for her as she was busy doing research methodology as part of nursing administration on a part-time basis.
PARTICIPANT NO. 3:

I was addressed in a very jovial manner and we had a pleasant conversation whilst getting ready to start the interview, and she laughingly indicated that she was ready when I was ready. Since this was the first interview I conducted, I was probably more on edge than the participant who is normally a talkative person and she proceeded in her usual manner which made quite a difference to my own nervous state of mind. Her views were based on clinical experiences without any theoretical contamination.

She made a number of references to various people in the department, trying to explain some of the aspects that she had raised during the interview. I felt comfortable, in that I felt she trusted me. I nevertheless assured her after the completion of the interview that all names mentioned would be replaced by a code.

This interview lasted for one hour and fifty minutes, with little input from my side. After about an hour and fifteen minutes, I could see that she was getting tired and proceeded to ask her whether we should conclude and I indicated that she seemed to be looking tired, but she preferred to continue for another twenty minutes. I found this long period of concentration very tiring indeed.

PARTICIPANT NO. 4:

She appeared to be her normal confident and assertive self and proceeded on my question in her direct and to-the-point manner after we had exchanged greetings.

She made a lot of reference to herself as leader whereas the previous interviewees referred to a leader in general. She placed a lot of emphasis on the team leader and team-building and I gathered that she found these two concepts important and that she actually referred to her own leadership situation where she assumes the role of team leader.

After about twenty minutes, the interview was twice interrupted; once by an ambulance siren from the main road and then by the start of a compressor next to the building where the interview was held. Luckily it stopped fairly immediately and did not restart until after the interview was completed.

This interview lasted only forty minutes when she indicated that she was through, that she had given enough information, and I did not encourage her to continue.

PARTICIPANT NO. 5:

She was on annual leave but nevertheless agreed to participate in the study which I really appreciated very much. On her arrival from home by taxi, I offered her some tea which she gladly accepted as it was a hot summer’s day and she had walked quite a distance from the taxi rank. We talked about generalities while she was having her tea and catching her breath, so to speak.

She spent quite a lot of time talking about her vast amount of experience in the department and how much she enjoyed her supervisory role till I reminded her after a while about the question I had asked her. She then proceeded to tell me what I wanted to know, free from theoretical contamination, without me requesting anything from her for a while.
She also spent a long time on reflection - what she had experienced as a senior person - and recalled many interesting experiences from over the years, at times, reliving those experiences so vividly, especially the negative ones that pertained to favouritism, that she started to hammer the armrests of the chair with the palm of her hand rather monotonously thereafter. I became very worried that this noise would interfere with the recording of information, but I did not know what her reaction would be if I would interrupt to request her not to do it, so I endured my anxiety and hoped for the best!

She, quite frankly, professed her Christianity and how important it is for a leader to lead with the right attitude towards her role which she believed to be earned. She really emphasized the importance of happiness in the work situation, not only for the followers but the leader as well.

This interview lasted one hour and ten minutes. After the tape was stopped she indicated that it was the first time in her whole career that her views were asked and from the shaking of her head I gathered that this opportunity meant a lot for her.

PARTICIPANT NO. 6:

She appeared very composed and her normal friendly self when we exchanged greetings. Once settled down, she proceeded to answer my question with her focus on the patient for ensuring quality care as a nursing leader. Hence, she spoke from a personal frame of reference.

As I felt that a wider perspective on leadership was required, since I initially requested leadership at a departmental level, I repeated my question at the earliest opportunity which she responded to with the required wider view.

A few times, during the interview she indicated that she had said enough which I interpreted as meaning that the interview could be concluded, but then she would spontaneously continue before I could say something. It was only after she had left, and when I was thinking about the interview, that I realized that she really had meant to refer to a particular issue under discussion. I was worried since the first indication came after about twenty minutes, but the interview continued to end after an hour and five minutes.

She portrayed quite a sense of humour and I had no option but to respond to her own enjoyment of some references she made so that the interview became a very enjoyable experience for both of us. I could understand why she had emphasized the importance of facilitating a happy atmosphere in the working situation!

At the end of the interview she thanked me for the opportunity of having had her brain stimulated and only then she gave an indication that she had been quite nervous at the beginning because she was not sure whether she would be able to comply with my expectations, but felt quite relieved and satisfied at the end.

PARTICIPANT NO. 7:

After a cheerful greeting in reply of mine, she indicated from the start that she would "love" to give her views on leadership and set off with great enthusiasm to impart her views from a personal perspective. This enthusiasm lasted right through the interview and I could not help but to be an attentive listener to this very inspired performance.
It was very evident that she enjoys her role as departmental supervisor and that she experiences a great deal of job satisfaction. Her emphasis on leader morality, respectfulness and humaneness towards people carried considerable emotional weight and she spent quite a bit of time on these aspects.

This interview was concluded in fifty-five minutes. After I had thanked her for her participation she said that she would always be at my service and always available with such sincerity that these words really touched me.

PARTICIPANT NO. 8:

This interview was conducted in an atmosphere fluctuating from extreme moments of serious emotionality to extreme moments of much laughter.

After the exchange of amiable greetings, she proceeded to answer my question in relation to what she expects of her leader and elaborated quite extensively, using many examples from a clinical perspective with no theoretical contamination whatsoever.

She became quite emotional when she reflected on personal experiences of humiliation and emphasized fairness as an essential leadership characteristic. On the contrary, she displayed enormous enjoyment in recalling experiences where a much disliked leader was caught in acts of misbehaviour.

This interview was concluded after one hour and fifteen minutes on her indication that she was satisfied with what she had said and that she had enjoyed the interview as it was the first time that she had been given an opportunity to think and verbalize how she felt about her leader.

PARTICIPANT NO. 9:

After exchanging of greetings, I found it somewhat of a problem to get her started as she normally is a very reserved type of person. With some prompting she responded and continued with only limited requests for elaboration from my side on raised issues. She spoke from personal preference and a theoretical perspective.

On her statement that she felt that favouritism was unacceptable, I requested and explanation on which she indicated that she had no desire to elaborate upon. But, out of her own she proceeded and became highly emotional on this issue of favouritism so that I was quite amazed at such a response from a normally very composed person.

The rest of the interview settled down into a more relaxed manner from her side and was concluded after fifty minutes on her silence as a reply to my request for some more information. Conclusion was then agreed upon.
PARTICIPANT NO. 10:

I received a very jovial reply greeting and, once settled in our chairs, she proceeded to answer my question with a very compact and concise definition of a leader. From then on the interview flowed without me making any remark for a long time. She appeared to be relaxed and enjoying the interview, every now and then giving a smile when reflecting on examples from her experiences in the clinical field.

Her word usage was very colourful, almost painting word pictures, which was fascinating to listen to, so that I also enjoyed the atmosphere in which the interview took place.

On the hour, I asked whether she had anything more to say before we concluded, but she indicated that she had finished.
OPERATIONAL DEFINITIONS OF THE BASIC CONCEPTS
CONSTITUTING THE UNITS OF ASSESSMENT AND
DIAGNOSIS IN THE NURSING FOR THE
WHOLE PERSON THEORY

A. INTERNAL ENVIRONMENT.

The internal environment of the individual encompasses the totality of processes occurring in the body and is bodily, mental (psychological) and spiritual in nature (Plug, et al., 1988; Oral Roberts University: Anna Vaughn School of Nursing, 1990; Rand Afrikaans University: Department of Nursing Science, 1992).

1. Body.

This concept includes all anatomical structures and physiological (biological) processes of the body (Plug, et al., 1988:103).

2. Mind (Soul, Psyche).

The concept refers to the carrier of all experience and behaviour in the individual. It includes all intellectual, emotional and volitional processes (Plug, et al., 1988:290; Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University: Department of Nursing Science, 1992).

a) Intellect.

This concept refers to the capacity for and quality of the mental process of thinking, association, analysing, judging and understanding which an individual is capable of (Plug, et al., 1988).

b) Emotion.

Emotion refers to the instrument of the individual’s preferences and aversions. Emotion is a complex condition that can be categorized as affection, desire and feeling (Plug, et al., 1988:87; Watchman Nee, 1977:36-38).

c) Volition.

Volition is the instrument of decision-making of the individual and indicates the ability to make a choice. It expresses willingness or unwillingness, that is decision-making without external force (Plug, et al., 1988:388; Watchman Nee, 1977:36-38).


Spirit refers to that part of the individual created to stand in relationship with God. The human spirit is constituted of three interrelated parts that function in a coordinated manner: conscience, intuition and communion. Conscience is that part of the human spirit that distinguishes right from wrong.
Intuition is the feeling part of the spirit, implying direct knowledge independent from external influence. Communion refers to the individual's worship of God and God's communication with man. Communion, in this instance, can also refer to an individual's god of choice.

Internal spiritual experiences include moral and religious influences on behaviour as reflected in values, ethical principles and experiencing meaning in life, as well as relationship with self. This reflects the individual's patterns of interaction with the environment (Oral Roberts University: Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University: Department of Nursing Science, 1992; Watchman Nee, 1977:31-33; Longman, 1984:405).

B. EXTERNAL ENVIRONMENT.

This includes those situations or conditions outside the individual that exerts an influence on his/her life (Oxford Advanced Learners Dictionary, 1989:403, 426).

1. Physical.

Refers to all significant stimuli or objects within the individual's external environment. Stimuli refers to any aspect (object, item or occurrence) that leads directly or indirectly to any change in one or more aspects of behaviour. Object refers to any aspect of the environment the individual is conscious of and to which he has a specific attitude or on which he reacts (Poggenpoel, 1990:9; Plug, et al., 1988:240, 349).

2. Social.

Refers to all people or significant others within the individual's external environment. Social also refers to the organizational structure between people and communities. Social, in other words, refers to all human resources (Poggenpoel, 1990:9; Oxford Advanced Learners Dictionary, 1989:1213).

3. Spiritual.

Refers to significant spiritual elements or occurrences in the individual's external environment including values, beliefs, norms and ethical principles, religion and meaning in life, as well as relationships with other (Longman, 1984:405).

C. PATTERNS OF INTERACTION.

This concept refers to the unique characteristic patterns of interaction between the internal and external environment of the individual. These imply movement on the health or illness continuum on which a person's health status is reflected. The individual's position on any of the two continuums is at any time dependent on the interaction between this internal and external environment (Muller, 1992; Marriam-Webster, 1989:389).
QUESTIONNAIRE
COLLECTION OF NURSING CAREER LIFE HISTORY
NOVEMBER/DECEMBER 1992

Please enter a cross (X) in the appropriate blocks. When requested to motivate your answer, please give a detailed explanation why you chose a particular answer.

1. PERSONAL DETAILS

1.1 DATE OF BIRTH ............... day ............... month, 19 .........

1.2 Highest school education standard ........................................
When and how did you obtain it?

1.3 What basic and post-basic qualifications in nursing do you hold? Indicate the year when obtained.
1.4 Have you obtained a degree in nursing?

YES  NO

If yes, please specify the degree.

1.5 Are you busy with formal study in nursing at present?

YES  NO

a) If yes, please indicate level

Degree ............... Diploma ...............

b) Part-time ........... Full-time .............

c) If no, do you intend future formal study in nursing?

YES  NO

d) Please motivate your answers (whether yes or no)


1.6 How long have you been in your present position as a Senior Professional Nurse?


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2. PRE-CAREER DEVELOPMENT

2.1 What were your reasons for choosing nursing as a career? Please explain in detail.

2.2 Were you influenced or prompted by anybody to choose nursing as a career?

[ ] YES  [ ] NO

If your answer is yes, please indicate the relationship between yourself and this person.
2.3 Did you have a good self-image when you came nursing?

[YES] [NO]

Please motivate your answer.

3. PAST CAREER LIFE COURSE

3.1 Did you set yourself an aim when you started your nursing career?

[YES] [NO]

Please motivate your answer.
3.2 Which nursing personality had the most POSITIVE influence on you in your career? (State only the rank and position of the person, and give the reasons in full.)


3.4 When in your nursing career did you become aware that good leadership is necessary in nursing? Please motivate your answer.

3.5 Has nursing as a career changed your concept of leadership? Please motivate your answer.
3.6 From your career experience, do you regard a nursing manager as equivalent to a nursing leader?

[YES] [NO]

Please motivate your answer.

3.7 What historical (past events) occurred that you feel have had an important influence upon you in your career, altering your life and life chances?
4. **CULTURAL VALUES**

4.1 From your career experiences, what would you consider as the basic values of your nursing society? Please motivate your answer.

4.2 Do you think that your nursing career has contributed to any change in your cultural beliefs?

[ ] YES  [ ] NO

Please motivate your answer.
4.3 Do you think that your cultural beliefs influence your role as supervisor in a nursing service department?

[ ] YES  [ ] NO

Please motivate your answer.

5. PERSONAL CHARACTERISTICS

Do you think that your personality influences your role as a supervisor in a nursing service department?

[ ] YES  [ ] NO

Please motivate your answer.
6. FUTURE CAREER LIFE COURSE.

6.1 In what career position do you project yourself in time from now?

5 YEARS;


10 YEARS;


15 YEARS;


Please give your reasons.
CONSENT FORM

I, __________________________ hereby give permission that Miss E.F. Smith may search my personal file at my hospital of employment for information relevant to her research study of which I am part of her sample through voluntary participation.

______________________________  ______________________________
PARTICIPANT  COMPUTER NUMBER

DATE: ________________________