AN EVALUATION OF THE LEADERSHIP STYLES OF MANAGERS AND THEIR IMPACT ON HUMAN CAPITAL FACTORS OF MOTIVATION, PERFORMANCE AND ABSENTEEISM OF EMPLOYEES AT SELECTED HOSPITALS IN EASTERN FREE STATE, SOUTH AFRICA

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Abstract
Purpose – This study aimed to provide an examination of the extent to which different leadership styles impact employee motivation, performance and absenteeism at four selected hospitals in Eastern Free State, South Africa.

Design/methodology/approach – Quantitative; descriptive survey design was used with a structured questionnaire as data collection instrument. The useable survey comprised 180 individual responses from 250 distributed, giving a response rate of 72 percent.

Findings – The findings show that autocratic, participative, and democratic and laissez-faire leadership styles are prevalent in the hospitals under study. Further, it was found that employees’ motivation, performance was decreased while absenteeism was increased as a result of the autocratic and laissez-faire leadership styles prevalent in the hospitals.

Recommendations - Recommendations were made for improvement of leadership styles in order to increase motivation and performance whilst reducing absenteeism. Further research, specifically relating to impact of leadership styles in hospitals and the impact of human capital factors were recommended.

Key Words: Evaluation; Leadership Styles; Impact; Human Capital; Motivation; Performance; Absenteeism; Employees; Factors;

Introduction

According to Walshe and Smith (2007:107), healthcare organisations exist in a turbulent political and social environment, from which leaders actions and behaviours are highly visible and much scrutinised. Jooste (2009:4) makes mention of a disturbing statement made during a presentation by one of the international delegates, at an International Healthcare Conference.
held in Johannesburg in 2003, where the theme was: ‘Taking the lead in the 21st century’. The delegate stated that ‘leadership in health care services is in a crisis’. This statement is reflected in the hospitals under study. Ongoing staff moratoriums despite the current staff shortage are often declared by the province. Poor management (supervisory, managerial and leadership) skills, insufficient budget allocation (despite the need) and critical equipment shortage impacts negatively on human capital namely, employee motivation, employee performance and absenteeism. Employees are dissatisfied because they are expected to function optimally under poor conditions and their dissatisfaction is characterised by: low motivation and performance and increased absenteeism.

Furthermore, the severe shortage of doctors and nurses in the district has exacerbated the employee dissatisfaction levels, most of them present with burnout, and they turn up late and leave early, often neglect patients and are irritable. Hence the quality of health care is compromised. Chapter one presents the background to the research problem, significance of the study, aims of the study, objectives of the study, research questions, problem statement and the format of the rest of the study.

Background of the Study

The four district hospitals under study namely; Elizabeth Ross, Thebe, Phekologong and Complex Four are situated in Thabo Mofutsanyane, the largest deep rural district in the Eastern Free State, with a population of 822 000. These hospitals operate with a budget allocation of 250 million rand, five hundred usable beds, one thousand staff complement and are linked to seventy two clinics through a referral system. The hospitals are classified as level one because, they receive patients mainly from the clinics and render the following services: emergency, outpatients, medical and surgical, maternity, mental health, paediatrics, forensic and termination of pregnancy. All patients in need of specialist treatment are referred to two regional hospitals (Mofmahadi Manapo Mopeli and Dihlabeng), that are linked to the medical and nursing colleges and universities for different specialist support.

The perceived prevalent leadership styles in the four hospitals are more autocratic and laissez-faire in nature, less participative and democratic. Most leaders are restrictive, make unilateral decisions, and leave employees without direction, supervision or coordination and focus on goals only and not employees. As a result employees are less motivated, perform poorly because they make their own plans, execute and evaluate their work in any way they see fit. Hospital management has been appointed into management positions by the virtue of their technical expertise (example, for nursing and medical) and not management skills and competencies. Hence, the negative impact on human capital. It is therefore imperative for the study to be conducted, to identify the impact of poor quality of leadership on human capital factors and make recommendations to the Head of Department of Health on changes to be implemented.

Research Objectives

- To determine the leadership styles prevalent in the hospitals under study.
- To examine the impact of poor leadership on employee motivation, performance and absenteeism levels.
To determine factors which contribute to positive employee motivation and performance and reduced absenteeism?

To determine factors which contribute to negative employee motivation and performance and increased absenteeism?

To make recommendations to the Head of Department of Health on how leadership can improve human capital factors

LITERATURE REVIEW

Introduction

Naidoo (2010: 8) defines literature review as an integral part of the research process that makes an important contribution to every operational step. Mouton (2009: 91) further argues that, literature review is not simply driven by research questions, the opposite also applies: the more one reads the more clarity one gets, which may often lead one to change the formulation of research problem.

This chapter discusses views of different authors with regards to: leadership styles and quality of leadership. Factors that contribute positively and negatively to employee motivation, performance and absenteeism are explored. Finally, the impact of poor quality of leadership on employee motivation, performance and absenteeism are detailed.

Leadership Defined

Wheeler (2008:11) defines leadership as, the ability to anticipate, prepare and get positioned for the future, mobilise and focus resources and energy on the factors that make a difference and will position one for success in future. Veldman (2012: 55) further argues that leadership pertains to an act(s) of influencing exercises by individual (s), engaging a set of people (‘stakeholders’) regarding the joint course of action, influenced by bringing about a collective outcome, aimed at a desired effect within a specific context.

Quality of Leadership

According to Speizer (2007:88), quality of leadership refers to, the ability of a leader to effectively influence followers in either good or bad direction. Three dimensions of quality in leadership : first, quality control – which includes analysis of processes, the relation of parts and generalisation of interrelationships; second, quality assurance – which includes analysis of effects, concurrent engineering, experimental design, process improvement and designing the formation of teams and management; and third, quality management - which includes leaders ability to articulate the vision of the organisation and inspire others to direct their efforts and skills at realising the vision. Leaders influence their followers’ attitude, beliefs, and values, it is imperative that they act ethically (Speizer, 2007:88).

Distinguishing Leadership from Management

Jooste (2009: 5) argues that, in theory and practice, there is profound difference between the concepts of management and leadership, although both are important within organisational
dynamics. To manage means ‘to bring about’, ‘to accomplish’, ‘to have responsibility for’, and ‘to conduct’. To lead means ‘to influence’, ‘to guide in terms of direction, course, action or opinion’. In today’s healthcare organisation or operations, people want to be lead – not managed (Jooste, 2009: 7).

Terry (2004:43) however, cites that managing means planning, organising, directing, controlling and monitoring in order to get things done and to attain a clear, defined set of objectives whereas, leadership faces up to things as they really are, rather than as we want them to be, regardless of how it makes us, our boss, or our organisation look. It involves being aware of our assumptions, questioning them and working out the right things to do and doing them. Furthermore, Robert (2005 :11) argue that leaders transform the organisation, inspire and foster innovativeness, plan and achieve goals through influences, whilst managers are worried about today, assign high priority to stability, their behaviour tends to be amoral and make decisions based on pragmatism. Finally, Grint (2010: 385) cites that management and leadership are complementary system of action, both of which are needed for organisational success.

### The Managers Framework of leading and managing outcomes

**Table 2.1. Integrating leading with managing**

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Management</th>
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</thead>
<tbody>
<tr>
<td>Leading : Aligns the internal organisation with external conditions, and personal interests with the organisational mission</td>
<td>Planning : Assign resources and plans to achieve defined results</td>
</tr>
<tr>
<td>Scanning : Examines the internal and external environment based on updated knowledge</td>
<td>Organising: Make staff aware of job responsibilities</td>
</tr>
<tr>
<td>Focusing : Uses mission, strategy and priorities to direct work through the organisation</td>
<td>Implementing : Carries out plans in an efficient and effective manner</td>
</tr>
<tr>
<td>Aligning : Provides work group with aligned plans and resources that support the organisational strategy</td>
<td>Monitoring and Evaluating : Gain information about the achievement status and results that applies ongoing and learning and knowledge</td>
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<tr>
<td>Inspiring : Encourages staff to be committed to organisational mission and to continuous learning and innovativeness</td>
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Adapted from: Miller (2004: 67).
Leadership Styles

Jooste (2009:64) defines leadership style as, the manner in which a leader provides direction, implements plans and motivate people, and their approach to each of these functions. Roussel (2006: 99) forwards leadership styles as:

- **Autocratic** – the leader is restrictive, makes unilateral decisions, focuses on institutional goals and disregards employees as a result, employees become hostile, aggressive, apathetic, less motivated and trusting.
- **Laissez-faire** – the leader leaves followers without direction, supervision or coordination. Followers are therefore forced to plan execute and evaluate their own work, in any way they see fit.
- **Democratic** – the leader is people-orientated and focuses on human relations and teamwork. The leader encourages the groups to assume responsibility for establishing goals, setting policies and solving problems; stimulates and guides the group. This style leads to improved productivity, and job satisfaction.
- **Participative** – the leader presents his own analysis of problems and proposals for plan of action, to the working group, inviting their criticism and comments but, makes final decision. This style is more relevant in planning since it helps to overcome resistance and increase motivation.
- **Servant** - leader looks at mission, vision, and environment, he is a servant for and has responsibility to be in the world and contributes to well being of society and people (Dorn, 2012: 4).
- **Authentic** - the leader the ability to, bring people together around a shared mission and values and empower them to lead, in order to serve their customers while creating value for all stakeholders (George, 2007:5).
- **Ethical** - a value-driven leadership style where values determine the ‘how’ of behaviour (Mayhew, 2010: 71). These values are not cemented but should be adopted when necessary. The leaders should play as role-models by, demonstrating what behaviours are acceptable and praiseworthy and by encouraging and reinforcing ethical behaviour.
- **Transactional** – the leader is concerned with first-order changes, through day-day transactions, it includes: active and passive management and contingent rewards are applied to reward followers for accomplishing agreed-on objectives. Rewards involve recognition, bonuses or merit increases (Zalezink, 2004: 60).
- **Charismatic** – the leader’s behaviour is out of the ordinary, novel, unconventional, and counters to norms. Furthermore, Champoux (2006: 287) asserts that, charismatic leaders possess high level of self-confidence, self-esteem, and self-determination that enhances their credibility.
- **Transformative** - the leader has special ability to bring about innovation and change, their impact is greater in organisations where moderate to high levels of environmental uncertainty are present (Dunham-Taylor, 2005:241). They are able to bring about significant change in both followers and organisations. Dorn (2012: 26) further asserts that, transformative leaders cause changes in individuals and system enhances motivation, morale, performances of followers and connects followers’ sense of self and identity.
Factors that contribute to ‘Low’ Employee Performance

a) Low employee morale
Coetsee (2005: 148) cites low employee performance is directly linked to low employee morale. A less motivated employee lacks creativity, innovation and willingness to take ownership of work. As a result employee performance level is low due to lack of drive. Hygiene factors such as: fringe benefits, poor policies, processes and standards may lead to poor employee performance therefore employee involvement is imperative.

b) Lack of role clarity and common goals
Employees have difficulty in participating in performance process when they are not sure about their roles and there is lack of clearly stated goals (Al-Rawi, 2008: 95). Employees need to be aware of and understand their responsibilities and parameters.

c) Lack of employee skill and competence.
Bargain, Cunningham, P., Potgieter and Viedge (2007: 142) mention that poor employee performance could be attributed to employee lack of skills, incompetence and knowledge. Effective leaders should be able to identify such employee performance gaps and customise planning according to employee job needs.

d) Lack of teamwork
Resick, Dickson, and Clark (2010:174) assert that working in teams is fundamentally different from working alone because, of the interdependencies that exists among teams. Team cohesiveness is encouraged for effective achievement of goals. Failure to build effective teams, may lead to dysfunctional teams, resulting in poor employee performance.

e) Poor performance management skills
Dessler (2008: 38) assert that poor performance management skills refer to the leaders’ inability to guide, inspire and support employee performance towards desired results. Such leaders may present with rating errors which include: biasness (leader being influenced by age, gender, seniority and race); regency (influenced by employee recent performance) and leniency (giving employees too high marks, because it is easier). The employees tend to relax and lack commitment to their duties or tasks.

f) Poor cultural diversity management
Patterson (2010: 47) cites cultural differences to have a negative or a positive influence on employee performance. Positive influences occur when, culture supports the values and ideas of the organisation and negative influence occurs when, culture encourages behaviours that are counter to the organisation. Negative influence leads to employees suffering from: cultural biases, conflicts (overt to covert), ethnocentrism, stereotyping and fears of discrimination and racism and as a result employees perform poorly. Management need to create a culturally sensitive environment, conducive to all cultures.
g) Unclear vision and mission.

Pramlal (2004: 85) cites that unclear organisational vision and mission are the single largest reason for employee poor performance. It is evident that some leaders in public sectors are challenged in effectively articulating the vision, mission and goals for employees to exert themselves towards achievement of a common organisational goal.

h) Lack of effective conflict management skills

Van Wart (2005: 221) refers to conflict management as handling different interpersonal disagreements to build cooperative interpersonal relationship and harness positive effects of conflict. Conflict can either be positive or negative and too low or too high. Most leaders lack effective conflict management skills and their environments are characterised with high employee conflict and low performance level.

The Impact of Poor Quality Leadership on Employee Performance

Jooste (2009: 38) asserts that, autocratic and laissez-faire leaders’ poor quality of leadership affects employee performance negatively. These types of leaders take unilateral decisions and lack capacity to direct employees on positive performance to achieve desired results (Van Wart, 2005:239). Employees become frustrated, hostile with disputes increasing because leaders inability to manage performance.

The Impact of Poor Quality Leadership on Employee Absenteeism

Benjamin (2006: 142) submits that laissez-faire leaders with poor quality of leadership escalate employee absenteeism resulting in poor patient care. The increasing employee absenteeism may influence employee morale and commitment negatively, resulting in intolerable workloads, increasing patients’ complaints and medical litigations (Cullan, 2006: 59).

RESEARCH METHODOLOGY

Williams (2007:65) states that research is the process of collecting, analysing, and interpreting data in order to understand a phenomenon. The research process is systematic in that defining the objective, managing the data, and communicating the findings occur within established frameworks and in accordance with existing guidelines. This chapter introduces the methodology that was used in this research study. Kumar (2010:30) states that in order to suggest suitable recommendations to a problem, researchers are expected to make use of suitable methodologies. In addition, this chapter provides an overview of the research design, target population, the research instrument, data analysis, validity, reliability, and limitations of the study, elimination of bias and ethical considerations for this study.
Rationale for the Study
Wilson (2010:4) cites that research can be used to identify opportunities and threats and often the success or failure of a business is dependent on the actions undertaken as a result of conducting research. From an organisational perspective strategic decisions are made on the basis of research findings. The rationale for this study is to evaluate the leadership styles and its impact on human capital in four district hospitals in Eastern Free State. It is intended to report the findings and make recommendations to the Head of Department of Health to solve problems.

Target Population
Siegel (2011:601) states that a research population is known as a well-defined, large collection of individuals or objects known to have similar characteristics or traits. However, due to the large sizes of populations, researchers often cannot test every individual in the population because it is too expensive and time-consuming. Rubin and Babbie (2011:338) define a sample as, the segment of the population that is selected for research – a subset of the population. This part of the research involves the analysis of data from the four district hospitals: Elizabeth Ross, Thebe, Phekalong and Senekal, with a target population of 1000 employees, all on permanent employment. These hospitals belong to one district, Thabo-Mofutsanyana, are close in proximity and perform poorly with increasing absenteeism rate, as cited in Quarterly District Health Report (2013).

Limitations of the Study
The research was conducted with only the nursing, administration, medical and allied health personnel within the hospitals. The emergency medical services and non-permanent staff, which form part of human capital, were excluded. Lastly, the cleaners and security staff were not included due to literacy problem.
The study only investigated the impact of leadership styles on human capital factors of motivation, performance and absenteeism. There may be other human capital factors that may be affected by the current leadership styles in the hospital.
The survey was only conducted in Eastern Free State, in South Africa. Consequently, the results may not be generalisable to the other hospitals in the country and worldwide.
RESULTS, DISCUSSION AND INTERPRETATION OF FINDINGS

Ages of Participants

Figure 4.1. Ages of the participants (n=180)

A collective 62.2% respondents were between ages: 19-24, 25-29 and 30-34 and a collective of 37.8% respondents were in the age group: 35-39, 40-44, 45-49 and 50+. This reflects a fair balance between the two diverse groups and recruitment of ‘young blood’ into employment (Stone, 2005: 191). The two groups complement each other well because the young team is more flexible and technologically advanced whilst the old staff is more experienced but non-flexible (Maurer and Barbeite, 2011:4). Leadership needs to implement an effective retention strategy for young staff and prepare on time for those nearing retirement, to prevent unnecessary service delivery disruptions and stressful situations.

Gender of Participants

Figure 4.2. Gender (n=180)

Gender differences indicated that 76.1% were female employees whilst males were at 23.9%. This comes as no surprise since the health fraternity is traditionally gender bias. However, more women than men benefit the hospitals under study because women prefer more collaboration and coordination in teams than their male counterparts who often produce behaviours of self-promotion, individualism, and competitiveness which disrupt team cohesion and effectiveness (Zoogah, Vora, Richard, and Peng (2008:11).

Years in the Current Hospital

Figure 4.3: Years in the current hospital (n=180)
A total of 43.9% spent about five years in the current hospital and 3.9% spent twenty five years and more, in the current hospital. This could be attributed to the fact that the study focused on non-management levels, hence the highest percentage is within the first five years of employment. A total of 22.2% of the respondents have more than 10 years service and therefore their evaluation of the leadership styles is significant.

**Professionals Job Category**
Figure 4.4. Professional categories (n=180)

The findings reveal 52.8% were from the nursing category as compared to categories such as medical (7.2%), allied (13.9%) and administration (26.1%). The highest percentage may be attributed to four hospitals staff establishment, reflecting 65% and 15% nursing and medical category respectively. The study had representation from all departments. Nursing generally represent the highest number of employees in hospitals.

**Years in Current Position**
Figure 4.5. Number of years in same position (n=180)
It was found that 56.7% respondents were in the same position for 5 years and less while 1.1% remained in the same position for longer than 25 years. An encouraging finding is that only 12.7% were in the same position for longer than 10 years. It must be noted that the majority were from nursing and administrative categories, where positions are static and promotion opportunities are less, based on the category and qualifications of employees. Retarded employee promotion may be attributed to poor employee career management, which could lead to loss of critical skill. Nankervis (2005: 298) cites that leadership needs to invest in employee development for optimum achievement of organisational goals.

**Section B: Types of Leadership Styles prevalent in Hospitals**

Figure 4.6. Types of leadership styles prevalent in hospitals (n=180)

In the leadership style section, the results in figure 4.6 show that the autocratic style had the highest percentage (38%) followed by participative and democratic leadership styles an equal response of 22.2% each. Laissez-faire leadership was (16.7%) as indicated by respondents’ responses.

Autocratic leaders could reflect managers and leaders with poor management and leadership skills, competencies and attributes. These managers apply a top-down approach, make unilateral decisions, focus on institutional goals and disregards employees as a result, employees become hostile, aggressive, apathetic, less motivated and trusting (Roussel, 2006:99). The ‘laissez-faire’ leadership style is described by Maurer and Barbeite (2011:49) as, “a leadership style that involves very low levels of any kind of activity by the leader”. There were no responses for the transactional and transformational leadership styles. This could be due to these leadership styles are not practiced in the hospitals, or respondents did not know what these leadership styles entailed.
Section C: Factors relating to the impact of leadership on employee motivation, employee performance and absenteeism

Leadership and employee motivation

Figure 4.7. Leadership keeps me motivated by engaging me in work related activities (n=180)

In order to keep employees motivated a collective 76.1% respondents agreed that leadership kept them motivated by engaging them in work related activities while 11.1% disagreed. The response may reflect that management engages employees for their ‘buy-in’ they present proposals for plan of action and invite employee comments but make final decisions (Nelson and Quick, 2006: 432). This participative style is relevant in planning and helps to overcome resistance and increase motivation of employees (George, 2007: 55). A minimal 12.8 % remained neutral.

Figure 4.8.: Leadership keeps me motivated by encouraging me to be creative at the workplace (n=180)

A collective 40.1% disagreed and 36.6% agreed that leadership encouraged creativity at the workplace to keep employees motivated. The 40.1 % response could be linked to non-conducive environment to employee creativity (Nelson and Quick, 2006: 477). Leadership need to allow employees creativity for them to bring about novel and useful ideas. Highly controlled environments are likely to inhibit creativity, while supervisory support and trust enhances employee creativity (Phelps and Brossoit, 2007:332). Mullins (2010:374) affirms that the leadership need to move away from an emphasis of getting results by the close control of the workforce but, create a conducive environment for employee creativity. A significant 23.3% chose to remain neutral.
Figure 4.9. Leadership keeps me motivated by creating opportunities for my growth at the workplace (n=180)

A collective of 49.4% response agreed that leadership created opportunities for their growth, while 30% disagreed. A significant 20.6% remained neutral. The response could reflect leadership creates a conducive environment for employee growth, such as job design and training where necessary – this motivates employees to strive for excellence (Van Wart, 2005: 21). Leadership need to strive for transparency and fairness to prevent unnecessary conflicts.

Figure 4.10 Leadership coaches and mentors me to achieve more results and this, keeps me focused and motivated about my work (n=180)

Looking at leadership and coaching and mentoring employees to remain focused and motivated, a collective 61.7% disagreed that leadership kept them focused and motivated about their work. The 61.7% response could reflect the leader’s inability to coach and mentor direct reports (Adair, 2009: 88). This demotivates and discourages an employee to perform better. Leaders need training on conceptual, technical and human relations skills for them to adapt to leadership behaviours that will enhance employee motivation and performance (Nelson and Quick, 2006: 388).

Table 4.2 Chi square analysis for employee motivation (n=180)

<table>
<thead>
<tr>
<th>Leadership keeps me motivated by engaging me in work related activities.</th>
<th>Chi Square</th>
<th>Age</th>
<th>Gender</th>
<th>Number of years employed</th>
<th>Work Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi Square</td>
<td>33.961</td>
<td>4.727</td>
<td>32.478</td>
<td>11.783</td>
<td></td>
</tr>
</tbody>
</table>
To test the association between leadership keeping employees motivated and age, gender, number of years employed and work category, a Chi Square test (Table 4.2) has been used. For age, a moderately high Chi Square value of 33.961 confirms this relationship \((p = 0.013)\), which shows that the relationship is statistically significant at 5% level of significance. Hence, it may be concluded that age plays a significant role in leadership keeping employees motivated. As the ages of employees increase, the level of motivation tends to increase. This could be the reason that 11.1% were employed for longer than 20 years in the hospitals. The younger the respondents, the lesser the level of employee motivation. However, note must be taken that the majority of respondents (62.2%) were under 35 years of age.

For the association between gender and leadership keeping employees motivated, a low Chi Square value, 4.727, was shown where \((p =0.193)\). This shows that there was no statistically significant relationship at 5% level of significance. Hence, it may be concluded that gender plays no role in leadership keeping employees motivated. The majority of respondents were female (76.1%). This proved that females were more motivated than males in this study.

To test the association between leadership keeping employees motivated and number of years of employment, a moderately high Chi Square value, 32.478, confirmed this relationship \((p=0.006)\). The relationship is statistically significant at 5% level of significance. Hence, it may be concluded that number of years employed plays a significant role in leadership keeping employees motivated. As the number of years of employment increases, the level of motivation tends to increase. The lesser the number of years employed, the lower the level of employee motivation. The majority of respondents (77.8%) were employed for less than 10 years.

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<th>18</th>
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<th>15</th>
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<tbody>
<tr>
<td><strong>Leadership keeps me motivated by encouraging me to be creative at the workplace.</strong></td>
<td>Sig.</td>
<td>0.013</td>
<td>0.193</td>
<td>0.006</td>
<td>0.226</td>
</tr>
<tr>
<td><strong>Chi - Square</strong></td>
<td></td>
<td>67.788</td>
<td>16.180</td>
<td>58.252</td>
<td>59.692</td>
</tr>
<tr>
<td><strong>Leadership keeps me motivated by creating opportunities for my growth at workplace.</strong></td>
<td>Sig.</td>
<td>0.000</td>
<td>0.003</td>
<td>0.000</td>
<td>0.000</td>
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<tr>
<td><strong>Chi - Square</strong></td>
<td></td>
<td>32.525</td>
<td>7.804</td>
<td>36.515</td>
<td>9.208</td>
</tr>
<tr>
<td><strong>Leadership coaches and mentors me to achieve more results and this, keeps me focused and motivated about my work</strong></td>
<td>Sig.</td>
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<td>0.099</td>
<td>0.013</td>
<td>0.004</td>
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To test the association between leadership keeping employees motivated and age, gender, number of years employed and work category, a Chi Square test (Table 4.2) has been used. For age, a moderately high Chi Square value of 33.961 confirms this relationship \((p = 0.013)\), which shows that the relationship is statistically significant at 5% level of significance. Hence, it may be concluded that age plays a significant role in leadership keeping employees motivated. As the ages of employees increase, the level of motivation tends to increase. This could be the reason that 11.1% were employed for longer than 20 years in the hospitals. The younger the respondents, the lesser the level of employee motivation. However, note must be taken that the majority of respondents (62.2%) were under 35 years of age.

For the association between gender and leadership keeping employees motivated, a low Chi Square value, 4.727, was shown where \((p =0.193)\). This shows that there was no statistically significant relationship at 5% level of significance. Hence, it may be concluded that gender plays no role in leadership keeping employees motivated. The majority of respondents were female (76.1%). This proved that females were more motivated than males in this study.

To test the association between leadership keeping employees motivated and number of years of employment, a moderately high Chi Square value, 32.478, confirmed this relationship \((p=0.006)\). The relationship is statistically significant at 5% level of significance. Hence, it may be concluded that number of years employed plays a significant role in leadership keeping employees motivated. As the number of years of employment increases, the level of motivation tends to increase. The lesser the number of years employed, the lower the level of employee motivation. The majority of respondents (77.8%) were employed for less than 10 years.
To test the association between leadership keeping employees motivated and work category a low Chi Square value of 11.783 confirmed there was no relationship between keeping employees motivated and work category (p= 0.026) Hence, it may be concluded that work category has no significant effect on leadership keeping employees motivated. As the majority of respondents were from nursing and administration, there was no indication that these categories were more motivated than employees of other categories namely, medical and allied.

**Leadership and Employee Performance**

Figure 4.11. Leadership provides assistance and guidance for me to improve my performance (n=180)

![Graph showing responses to assistance and guidance for performance improvement.]

In response to leadership assisting and guiding employees to improve their performance, 61.11% disagreed. A minimal 25% agreed and 13.89% remained neutral. Both management and employees need to undergo training on employee performance management for clear understanding, guidance, mentoring and coaching (Van Wart, 2005: 132). Commitment, sense of ownership, fairness and transparency by management is key to employee satisfaction and improved performance (Norberg, 2010: 37).

Figure 4.12. Leadership matches the subordinate needs with the organisational needs which improves performance (n=180)

![Graph showing responses to leadership matching needs.]

Respondents (38.4%) disagreed that leadership matched their needs with the organisational needs, while (32.2%) remained neutral and 29.4% agreed. Leadership needs to adapt to an approach which takes both organisational and employee needs into cognisance in order to improve performance.

Table 4.3 Chi square analysis for employee performance (n=180)
To test the association between gender and extent of leadership assisting and guiding respondents to improve their performance, Chi Square was a low value of 3.972 (p=0.410). Hence, it may be concluded that gender has no significant effect on leadership assisting and guiding respondents to improve their performance. As the majority of respondents were female, there was no difference as both male and female respondents were not assisted with improvements in their performance.

To test the association between age and leadership inviting respondents to discuss performance plans, a moderately high Chi Square value of 47.555 confirms this relationship (p= 0.003). Hence, it may be concluded that age plays a significant role in leadership assisting and guiding respondents to improve their performance. The younger the respondents, the lesser the indication that management assisted them in their performance. The majority of respondents (62.2%) were under 35 years of age.

To test the association between number of years employed at the hospital and leadership assisting and guiding respondents to improve their performance, a moderately high Chi Square value of 33.297 confirmed this relationship (p= 0.031). Hence, it may be concluded that number of years employed at the hospital played a significant role in leadership assisting and guiding respondents to improve their performance. The majority (77.8%) of respondents worked at the hospitals for less than 10 years. The shorter the period of tenure of respondents, the lesser the indication that management assisted them.

To test the association between leadership inviting respondents to discuss performance plans and work category, a moderately high Chi Square value of 23.255 confirms this relationship (p= 0.026). Hence, it may be concluded that work category plays a significant role in leadership assisting and guiding respondents to improve their performance. The majority (78.9%) of respondents worked in the nursing and administration departments. These are the categories of staff that most often have regular or annual performance reviews done. The medical and allied health workers represented a lower percentage of employees, hence the indication that management does not assist their performance with them as often as the other categories of employees.

**Leadership and Employee Absenteeism**

Figure 4.13. I absent myself due to the poor leadership style of my manager (n=180)
A collective of 66.6% respondents agreed that they absent themselves from work due to the poor leadership style of the manager, while only 19.44% disagreed. Failure by management to effectively resolve work related conflict frustrates some employees because they cannot cope in a non-conducive work environment, some employees then choose to ‘stay away’ from work (Smith, 2005: 578). This exposes the already overworked employees to unbearable workload. Patients become exposed to poor health care and adverse events increase.

Table 4.4 Chi-square analysis for absenteeism (n=180)

To test the association between age and respondents absenting themselves due to the poor leadership style of the manager, a high Chi Square value, of 89.928 confirmed this relationship (p=0.000). Hence, it may be concluded that age plays a significant role in respondents due to the poor leadership style of the manager. As the ages of employee increases, the level of absenteeism tends to increase. A total of 24.5% respondents were older than 40 years.

A high Chi Square value, of 62.862 confirms an association between number of years working at the hospital and respondents absenting themselves due to the poor leadership style of the manager (p=0.000). Hence, it may be concluded that number of years working at the hospital plays a significant role in respondents absenting themselves due to the poor leadership style of the manager. As the number of year’s respondents working at the hospital increases, the level of absenteeism tends to increase.

A moderately high Chi Square value, of 36.075 confirmed the relationship between respondents absenting themselves and work category (p=0.015). Hence, it may be concluded that work category plays a significant role in respondents absenting themselves in the department. As the number of respondents in each work category increases, the level of absenteeism tends to increase. It is noted that the nursing and administration department have the higher number of employees. The absenteeism level is greater in these categories of workers.

A low Chi Square value, of 3.968 confirmed there was no relationship between gender and respondents absenting themselves (p=0.410). Hence, it may be concluded that gender has no significant effect on absenteeism. As the majority of respondents were female, there was no
indication that females absented themselves more frequently than males when there are conflicts in the department.

Section D: Factors which may contribute to Positive and Negative Employee Motivation, Performance and Absenteeism.

Factors which may contribute to Positive Employee Motivation, Employee Performance and Reduced Absenteeism.

Table 4. 5. Factors which may contribute to positive employee motivation, performance and reduced absenteeism (analysis in numbers and percentages) (n=180).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Organisational Culture</td>
<td>10</td>
<td>5.5%</td>
</tr>
<tr>
<td>b) Goals and rewards</td>
<td>50</td>
<td>28%</td>
</tr>
<tr>
<td>c) Team work</td>
<td>80</td>
<td>44%</td>
</tr>
<tr>
<td>d) Proper Planning</td>
<td>150</td>
<td>83%</td>
</tr>
<tr>
<td>e) Feedback to employees</td>
<td>150</td>
<td>83%</td>
</tr>
<tr>
<td>f) Responsibility</td>
<td>100</td>
<td>55.5%</td>
</tr>
<tr>
<td>g) Praise and recognition</td>
<td>150</td>
<td>83%</td>
</tr>
</tbody>
</table>

The highest and equal responses at 150 (83%) indicated proper planning, feedback, praise and recognition meaning, employees know the benefit of planning and value feedback and praise for job well-done. Significantly high responses were also evident for responsibility (100=55.5%), teamwork (80=44%) and goals and rewards (50=28%). The lowest in response was organisational culture (10=5.5%). It is evident that respondents have identified that these factors are lacking in their hospitals and may be the factors that demotivate them. Katz (2005:498) cites that managers need to give specific objectives and accurate performance feedback and, ‘praise’ when necessary - this promotes employee commitment and ownership on performance. Planning is the first and the most crucial principle in management, failure by management to plan is a ‘good recipe’ for disaster (Terry, 2004:50).

Factors Prevalent in the Hospitals which contribute to Negative Employee Motivation, Decreased Employee Performance and Increased Absenteeism

Table 4.6. Factors prevalent in the hospitals which contribute to negative employee motivation, decreased employee performance and increased absenteeism (analysis in numbers and percentages) (n=180).

<table>
<thead>
<tr>
<th>Factors</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Poor goals and objectives</td>
<td>100</td>
<td>55.5%</td>
</tr>
<tr>
<td>b) Poor rewards</td>
<td>100</td>
<td>55.5%</td>
</tr>
<tr>
<td>c) Inadequate skills development</td>
<td>50</td>
<td>28%</td>
</tr>
<tr>
<td>d) Lack of diversity</td>
<td>110</td>
<td>61.1%</td>
</tr>
<tr>
<td>e) Unclear roles and responsibilities</td>
<td>100</td>
<td>55.5%</td>
</tr>
<tr>
<td>f) Poor work ethics</td>
<td>120</td>
<td>67%</td>
</tr>
<tr>
<td>g) Lack of discipline</td>
<td>150</td>
<td>83%</td>
</tr>
<tr>
<td>h) Lack of trust in leadership</td>
<td>130</td>
<td>72%</td>
</tr>
</tbody>
</table>
One hundred and fifty respondents (83%) identified lack of discipline as a contributing factor to negative employee motivation, employee performance and increased absenteeism, whilst 130 (72%) indicated a lack of trust in leadership. Poor work ethics (120=67%) and lack of diversity (110=61.1%) responses. Lack of rewards, poor goals and objectives and, unclear roles and responsibilities had equal responses of 100 (55.5%) each. Lack of skills development had 50 (28%) responses. Ill-discipline, poor ethics and trust may impact negatively on employee motivation, performance and absenteeism. Management need to promote ethical leadership to prevent conflicts, poor performance and absenteeism (Mayhew, 2010: 108).

**Analysis of Data from Section E**

This section consisted of an open-ended question, requesting suggestions on how to increase employee motivation and performance and decrease absenteeism. Only 11 respondents provided suggestions. These suggestions were incorporated and part of the recommendations in Chapter five.

**CONCLUSIONS AND RECOMMENDATIONS**

**Findings from the Study**

**Leadership**

The literature review on the concept of leadership provided various opinions and thoughts with regards to the effective leadership approach in this ever changing health care environment. Leadership is defined as, the ability to anticipate, prepare and get positioned for the future, mobilise and focus resources and energy on the factors that make a difference and will position one for success in future (Wheeler, 2008:11). Leaders influence their followers’ attitude, beliefs, and values, it is imperative that they act ethically (Speizer, 2007:88).

Jooste (2009: 5) argues that in theory and practice, there is profound difference between the concepts of management and leadership, although both are important within organisational dynamics. According to Terry (2004:43) managing means planning, organising, directing, controlling, and monitoring in order to get things done and to attain a clear, defined set of objectives. However, Robert, Monks and Minow (2005:11) argue that leaders transform the organisation, inspire and foster innovativeness, plan and achieve goals through influences; whilst managers are worried about today, assign high priority to stability.

**Leadership Theories**

Jooste (2009: 62) submits that early leadership theories include: trait and behavioural theories. Trait and behavioural theories include certain intellectual, emotional, physical and personal traits of a person would make this person an effective leader. The early management theories are linked with thinkers such as Taylor, Gantt and Mayo and began with a concern about getting as much work as possible out of each employee (Jooste, 2009: 67). Jooste (2009: 69) asserts that within the contemporary theories, fall the motivational, interactional and transformational sub-categories of leadership. Motivational theories dealt with are closely related to the leadership theories and together form a comprehensive overview of the theories that influence leaders and followers in many ways.
McKenna, Wiesner and Millet (2004: 42) argue that motivation refers to intentional and persistent behaviour aimed at achieving a goal. Various motivational theories provide a framework for understanding an employee behaviour and performance at workplace.

**Leadership Styles**

Various leadership styles were presented in the literature. Nelson and Quick (2006: 8) cite that it is imperative that leadership styles adapt to the type of employees and the goals of relevant health care organisation-transformational leadership approach therefore is relevant to address the challenges in the current health care environment.

The styles that are not preferred are autocratic, where the leader is restrictive and laissez-faire, where the leader leaves followers without direction, supervision or coordination (Roussel, 2006: 99).

The people-oriented leadership styles refer to the democratic, participative, servant authentic and ethical styles, where the focus is on human relations and teamwork. The leader encourages the groups to assume responsibility for establishing goals, setting policies and solving problems; stimulates and guides the group. This style leads to improved productivity, and job satisfaction (Roussel, 2006: 99 and Dorn, 2012: 4).

**Change Leadership Theories**

Change leadership theories include transactional – the leader is concerned with first-order changes, through day-day transactions and transformational – the leaders are able to bring about significant change in both followers and organisations (Zalezink, 2004: 60 and Dorn 2012: 26). These charismatic leaders possess high level of self-confidence, self-esteem, and self-determination that enhances their credibility (Champoux, 2006: 287).

**Human Capital**

De Vol (2007: 45) defines human capital as the productive capabilities of individuals which include- knowledge, skills and experience that in themselves have an economic value. Three human capital variables: motivation, performance and absenteeism were explored.

**Employee Motivation**

Norberg (2010: 22) cites motivation as a psychological process that arouses and directs goal-directed behaviour.

**Factors that increase Employee Motivation**

- Sharing the vision and values system of the organisation (Jooste, 2009: 37 and Coetzee, 2005: 179).
- Customisation of work related tasks to empower employees (Coetzee, 2005: 178).
- Customise reward and recognition programmes to meet employees’ varying needs (Bergh and Theron, 2006: 182).
• Paying attention to organisation’s climate for justice is proven to have significantly influenced an employee’s organisational commitment and job satisfaction (Watson, 2007: 235).
• Employees feel more motivated and satisfied when they work in teams (Kravitz, 2005: 10).

Factors that decrease Employee Motivation
• Poor company policies and administration, technical supervision, salary, interpersonal relationships with supervisors and working conditions contribute to demotivation (Nelson and Quick, 2006: 344).
• Employees find it difficult to perform, when they are not sure about what is expected of them (Al-Rawi, 2008:98).
• Robbins and Judge (2007: 353) cite leaders with poor conflict management skills contribute to employee demotivation.
• Leadership without mentoring and coaching skills is perceived as, non – inspiring, less confident and employees present with resistance, less drive and commitment as a result (Dorn 2012:11).

Employee Performance

Norberg (2010: 37) defines performance as, a work related activity, directed towards achievement of specific goals.

Factors that increase Employee Performance

• Van Wart (2005: 223) states leaders need to exercise caution when introducing change for improved employee performance.
• According to Phelps and Brossoit (2007: 346), the goal- setting approach involves managers giving objective, accurate and timeous performance feedback, to encourage improved performance.
• Fostering a positive environment through careful job design or provision of equitable rewards for good performance influences an employee positively.
• Costa (2005:609) forwards that trust and the supervisor’s assessment of performance are directly related. A high level of trust increases the likelihood that one will take a risk, which is in turn expected to yield a higher performance.
• Implementing a fair and meaningful recognition and reward system motivates an employee positively (Phelps and Brossoit, 2007: 347).

Factors that decrease Employee Performance

• Coetzee (2005: 148) cites low employee performance is directly linked to low employee morale.
• Employees have difficulty in participating in performance process, when they are not sure about their roles and there is lack of clearly stated goals (Al-Rawi, 2008: 95).
• Poor employee performance could be attributed to employee lack of skills, incompetence and knowledge (Bargain, Cunningham, Potgieter and Viedge, 2007: 142).
• Failure to build effective teams, may lead to dysfunctional teams, resulting in poor employee performance (Resick, Dickson and Clark, 2010:174).
• Dessler (2008: 38) asserts that poor performance management skills refers to, the leaders’ inability to guide, inspire and support employee performance towards desired results.
• Patterson (2010: 47) cites cultural differences to have a negative or a positive influence on employee performance. Management need to create a culturally sensitive environment, conducive to all cultures.
• Unclear organisational vision and mission are the single largest reason for employee poor performance (Pramlal, 2004: 85).
• Van War (2005: 221) found that most leaders lack effective conflict management skills and their environments are characterised with high employee conflict and low performance level.

Employee Absenteeism

According to Phelps and Brossoit (2007: 122), absenteeism refers to, failure by the employee to report for work, intentionally or non-intentionally.

Factors that increase Absenteeism

• Coetzee (2005: 145) defines role ambiguity as, unclear job expectations that confuse and frustrate employees. Poor performance may result due to employee uncertainty of what is expected of them as a result, some employees stay away from work to avoid the frustration.
• When job expectations are greater than what is received, like poor pay or promotional opportunities, employees will be dissatisfied and provide bogus excuses of being sick (Coetzee, 2005: 145).
• Employee perceptions of being treated unfairly at workplace impacts negatively on employee job satisfaction and it leads to increasing absenteeism (Bergh and Theron, 2006: 135).
• Employees tend to absent themselves from work due to too much work burden (Bergh and Theron, 2006: 135).

Factors that decrease Absenteeism

• Robbins and Judge (2007: 354) found that effective employee conflict resolution may lead to improved employee morale, commitment and work ownership.
• When job expectations are aligned what employees receive, like good pay or promotional opportunities, employees will be satisfied and always present themselves for work (Coetzee, 2005: 145).
• Jooste (2009, 114) submits that fairness and transparency are key in keeping employees at work, despite the conditions.
The Impact of Poor Quality Leadership on Human Capital

Marcus, Dorn and McNulty (2010: 213) define poor quality of leadership as, a directionless, aimless and non-purposeful guidance and oversight, characterised by poor and undesired outcomes.

Autocratic and laissez-faire leaders affect employee motivation and employee performance negatively (Versteeg and Couper, 2011: 09).

Benjamin (2006: 142) submits that, laissez-faire leaders with poor quality of leadership, escalates employee absenteeism resulting in poor patient care.

Findings from the Primary Research
Findings from Section B: Types of Leadership Styles Prevalent in the Hospitals

This section addressed the first research objective of identifying the leadership styles prevalent in the hospitals under study:

The study showed 38, 9% of responses indicated autocratic leadership being the most common style in their hospitals. Participative and democratic leadership styles were reported to be less frequently used (22%), while 16, 7 indicated laissez – faire. No respondents indicated transactional or transformational leadership styles.

Findings from Section C: Factors relating to the Impact of Leadership on Employee Motivation, Employee Performance and Absenteeism

This section addressed the second research objective which was to determine the factors relating to the impact of leadership on employee motivation, employee performance and absenteeism:

Leadership and Employee Motivation

- A collective 76.1% respondent agreed that leadership engaged them in work related activities, while 11.1% disagreed.
- A collective of 40.1% disagreed and 36.6% agreed that, leadership encourages creativity at the workplace to keep employees motivated
- A collective of 49. 4% response agreed that leadership created opportunities for their growth, while 30 % disagreed
- A collective of 61.7% disagreed that leadership kept coached and mentored them to keep them focused and motivated about their work.

Leadership and Employee Performance

In response to leadership assisting and guiding employees to improve their performance, 61.11% disagreed. A minimal 25% agreed and 13.8% remained neutral.

More respondents (38.4%) disagreed than agreed (29.4%) that leadership matched their needs with the organisational needs which improved performance
Leadership and Absenteeism

The response rate showed that more than 66.6% of respondents felt that company leadership strongly caused them to absent themselves from work which validates earlier findings by (Coetzee: 2005; Von Holdt : 2007), stating that employees that are satisfied will always present themselves for work.

Findings from Section D: Positive and Negative Factors contributing to Employee Motivation, Performance and Absenteeism

This section addressed the third and fourth research objectives which were to determine the factors relating to the impact of leadership on employee motivation, employee performance and absenteeism:

Factors which contribute to Positive and Negative Employee Motivation, Performance and Absenteeism

Three of seven variables were the highest in numbers each at 150 (83%) responses. Such variables are: proper planning, feedback to employees, praise and recognition. Significantly high responses were also evident for responsibility (100= 55.5%), teamwork (80=44%) and goals and rewards (50=28%). The lowest in response was for organisational culture (10=5.5%).

Factors prevalent in the Hospitals which contribute to Negative Employee Motivation, Decreased Employee Performance and Increased Absenteeism

Three of the eight variables: lack of discipline (150=83 %), poor work ethics (120=67%) and lack of trust in leadership (130=72%) are the leading factors that contribute to negative employee motivation, performance and absenteeism. Lack of diversity (110=61.1%), poor goals and objectives, poor rewards and unclear roles and responsibilities each scored an equal 100(55.5%) responses. Inadequate skills development accounted for 50(28%) responses.

Conclusions

It was concerning to note that the autocratic and laissez-faire leadership styles exist in the hospitals. The findings confirm the perception of staff as highlighted in Chapter one that, prevalent leadership styles in the four hospitals are more autocratic and laissez-faire in nature. These leadership styles may account for employees being demotivated and performing poorly. Autocratic manager’s focus on institutional goals and disregards employees’ needs as a result, employees become hostile, aggressive, apathetic, less motivated and trusting (Roussel, 2006:99). It must be recognised that changes necessary within the healthcare system cannot be implemented using a dictatorial management style that enforces change using a ‘top down management approach’.

Although laissez-faire leadership was found to be amongst the highest observed leadership style among the four hospitals, these unexpected finding raises many questions regarding the effect of a manager exhibiting laissez-faire characteristics in the hospitals under study. If this trend is continued throughout these hospitals where it is already perceived that leaders have poor supervisory, management, leadership skills and competencies, then a relationship
regarding the existence of laissez-faire style managers, and a lower level of employee motivation, decreased performance and an increased level of absenteeism may be established. Some staff indicated that participative and democratic styles were practiced in their institutions. These leadership styles seem particularly suitable for hospitals. The concern around this style is when there is no time for consultation and the cost of making the wrong decision is simply too high as is in the current hospitals under study, the democratic style may not be suitable. If the workforce does not have the level of experience necessary to make decisions, the democratic style can have adverse consequences. However, it was established that 56.1% of the respondents had greater than five years tenure at the hospitals and 43.3% has been in the same position for longer than five years. The democratic and participative leadership styles may be appropriate due to the experience of staff.

Another factor to be taken into account is that, the majority of staff in the hospitals are under 35 years of age and belong to the Generation Y group. Generation Y refers to the specific generation born between the 1980’s to the early 1990’s and was the term given to this generation after proceeding Generation X. Generation Y colleagues see things differently. Their view of employment is based on options and flexibility. If they do not get what they want from their leaders or their role, they simply leave. It’s important with this new generation of workers to let them know from the start that they have considerable autonomy (Walker and Brossoit, 2009: 1). The leadership styles of autocratism and laissez faire will not work with them. Whilst autocratic styles might have worked with generations before them, with the Y generation, giving them the freedom from the very start is likely to get better results.

The study proved that there was an association between age and motivation. The older employees had higher levels of motivation than the younger employees. The reason for this could be that, the 27.2% fell within the Generation X (35 years and older) category and 10.6% (49 years and older) of respondents were of the Baby Boomer generation. Baby Boomers according to (Mayhew, 2010:1) are very motivated to do a great job and they are loyal to the companies they work for. They trust their employers and will not move companies as quickly as either X-ers or Millennials. This is in light of the findings that there were autocratic leadership styles found in some hospitals. Generation X values the freedom to set their own hours. Flexible work schedules and a hands-off attitude when supervising, mentoring or working with this generation may help to retain and motivate this generation (Mayhew, 2010:1). Some studies say that organisations with many autocratic leaders have higher turnover and absenteeism than other organisations (Mayhew, 2010:1).

The longer the employee worked at the institution, the higher the level of motivation. This may be due to the fact that when employees have worked longer in the organisation they have become acquainted with the processes of the organisation and may find the leadership styles acceptable. The majority of respondents (77.8%) were employed for less than 10 years. No work categories showed any higher or lower levels of motivation over another. One possible explanation for this high level of motivation by respondents could reflect that, the participative and democratic leadership styles were practiced in their organisations. Leadership styles were found to strongly affect an employee's performance. The findings also suggest that the shorter the period of respondents’ tenure, the lesser the indication that management took an interest in assisting them to improve performance.

Gender had no significant effect on leadership inviting respondents to discuss performance plans. The majority (78.9%) of respondents worked in the nursing and administration
departments. These are the categories of staff that most often have regular or annual performance appraisals done. The medical and allied health workers represented a lower percentage of employees, hence the indication that management does not discuss their performance plans with them as often as the other categories of employees.

The study also showed that, the more the number of years respondents work in the hospital, the level of absenteeism tended to increase. As the number of respondents in each work category increases, the level of absenteeism increased. It is noted that the nursing and administration departments have the highest number of employees than medical and allied. Therefore, the absenteeism level is reflected to be greater in these categories of workers than medical and allied. Since the majority of respondents were female, there was no indication that females absented themselves more frequently than males when conflicts in the department were not resolved.

The study confirmed that proper planning, feedback, and employee’s recognition were top on the respondents’ list, for management to implement in order to increase motivation, improve performance and reduce absenteeism. Katz (2005: 498) cites that managers need to give specific objectives and accurate performance feedback and, ‘praise’ where necessary - this promotes employee commitment and ownership on performance. Planning is the first and the most crucial principle in management, failure by management to plan is a ‘good recipe’ for disaster (Terry, 2004:50).

Respondents also valued responsibility and teamwork as positive factors. Organisational culture was least identified by respondents as a positive factor. Organisational culture refers to the beliefs and values that have existed in an organisation for a long time, and to the beliefs of the staff and the foreseen value of their work that will influence their attitudes and behaviour (Tsai, 2011: 21). The relationship between leadership style and performance is mediated by the form of organisational culture that is present. These findings are relevant as employees of the four hospitals under study are working in an environment characterised by disarray and turbulence.

It was evident that there were several factors that respondents identified as factors that contributed to decreased motivation, decreased performance and increased absenteeism. Lack of discipline, poor work ethics and lack of trust in leadership, lack of diversity, poor goals and objectives, poor rewards, unclear roles and responsibilities were prevalent in the hospitals under study. Inadequate skills development was also a contributory factor. Management need to display ethical leadership which will enhance discipline, trust and planning (Mayhew, 2010: 108). The fact that many respondents demonstrated a disengaged behaviour indicates that these factors did affect their commitment to the institutions.

**Recommendations**

This section addressed the fifth research objective which was to provide recommendations to increase employee motivation improve employee performance and reduce absenteeism:
Correct Recruitment and Promotion Protocols

The common trend found across all measures within the study was that leadership styles behaviour was highly significant to employees being motivated and committed to the organisations. Based on these research findings, hospital management should re-examine senior management appointments. The Department of Health needs to ensure that the human resource departments have mechanisms for managerial selection in place, which may include appropriate interview and recruitment policies and identify the staff with the required leaderships skills and competencies, as prospective leaders. Senior management should not be appointed by the virtue of their technical expertise as indicted in Chapter one of this study.

Acknowledge, Recognise and Reward Employees

Lack of discipline, poor work ethics, lack of trust in leadership, lack of diversity, poor goals and objectives, poor rewards, unclear roles and responsibilities were seen to decrease motivation and performance. Gathering from the study, it is evident that employees are generally dissatisfied with these aspects of their job. It is recommended that staff receive acknowledgement for their outstanding efforts. This can be conducted in the form of continuous appraisals, staff awards or creating an innovative reward system that will heighten their morale and at the same time acknowledge their good performance at the hospitals. Management need to undergo training and take ownership of performance management process, for improved employee guidance and recognition and rewards system.

Delegation and Increased Responsibility to Employees

Leadership must focus on giving employees more responsibility and to vary their work tasks, which works as a motivator. Leaders must focus on showing appreciation to their workers so they feel recognised, listened to and needed. They must have evaluation surveys for the employees to fill out, in order to improve their motivational work and to satisfy the employees needs even more.

Leadership skills training for management and staff

There is evidence suggesting that leadership styles have not evolved as many leaders are using old styles such as autocratic, democratic, laissez – faire and participative. The skills needed for leadership have also changed as the healthcare environment becomes more complex. The majority of managers were developed from on-the-job experiences, as highlighted in the study. Transformative leadership training is recommended so that current leaders can be prepared to embrace change in the complex, volatile, and unpredictable healthcare environments. Employees need to be prepared for leadership roles and potential leaders need to be identified, hence leadership development will assist in this aspect.

Areas for Further Research

Further research is recommended in the following areas:

- This study was conducted only within four public hospitals in the Free State. It would be interesting to investigate other public district hospitals country wide in order to ascertain the leadership styles and if similar problems occur.
Further research can be conducted to ascertain which styles of leadership would be preferred by employees in the four hospitals, since this was not explored in the study.

Research can be conducted to study the impact of leadership behaviour on organisational effectiveness and employee retention.

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