

**The Role of Transformational Leadership in Achieving Gender Equity in the
Department of Health, Limpopo Province.**

By

Golele Hleketani Faith

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Supervisor: Ms MF Rangongo

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N J Nel

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

CERTIFICATE

This serves to certify that I have language edited the Dissertation of

Ms Faith Hleketani Golele,

Student number: [REDACTED]

entitled:

***"THE ROLE OF TRANSFORMATIONAL LEADERSHIP IN ACHIEVING
GENDER EQUITY IN THE DEPARTMENT OF HEALTH, LIMPOPO
PROVINCE"***



N J Nel

Lecturer of English, Department Applied Languages
Tshwane University of Technology

(Retired)

19/ 4/ 2017

DECLARATION

I declare that the mini-dissertation titled “The role of transformational leadership in achieving gender equity in the Department of Health, Limpopo Province”, hereby submitted to the University of Limpopo, for the degree of Master of Business Administration has not been previously submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

.....

Golele Hleketani Faith

.....

Date

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ABSTRACT

Gender equity has become one of the South African government's priorities. South Africa has promulgated the Employment Equity Act no 55 of 1998 (EEA), with the purpose of promoting equal opportunities for both males and females. The act is also aimed at eliminating unfair treatment and discrimination of women in the workplaces. However, since 1998 when the EEA was introduced, not much has been done in trying to close the gap between men and women in terms of employment, particularly in terms of the upward mobility of women in the workplace. This study wanted to contribute in several ways in highlighting the issues pertaining to a gap that exists in female leadership research and gender based research.

The aim of the study was to investigate the progress made by the Department of Health, Limpopo Province towards achievement of gender equity as well as finding out if the transformational leadership style can be one of the strategies that can be utilised in pursuing gender equity. The objectives of the study included, examining if the Department of Health in Limpopo is committed to addressing issues of gender equity as well as the importance of organisational transformation in relation to gender equity. Challenges faced by the department in its attempt to achieve gender equity in leadership positions were also probed. The study followed a combination of quantitative and qualitative research methods. Qualitative and quantitative studies were done concurrently with equal weights. The study was conducted at the head office of the Department of Health, which is based in Polokwane, Mopani District Municipality hospitals, and Capricorn District Municipality hospitals.

The results of the study show that the perception of managers and non-managers differ on the level of commitment of the organisation to gender equity as well as on the availability of programmes and policies to advance women. However, both managers and non-managers agree that transformational leadership should be considered in addressing gender issues. The study made several recommendations for the organisation, which include women and men in leadership positions to look at alternatives in order to enhance women empowerment, as well as the aspiring women to help themselves.

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Gender equity is still a global challenge, especially in developing countries like South Africa. Jacobsen (2011) states that gender inequality pervades the world and that a lot still has to be done to rectify this anomaly. Furthermore, Bryan and Varat (2008) found that women are more at a disadvantage especially in developing countries where they have limited bargaining power in markets and often lack opportunities to improve their socioeconomic position. This is even though women are getting educated and are hired worldwide more than ever before. However, governments have come with a number of interventions and policies to address gender inequality and to bring about transformation in organisations; nevertheless, change has taken place at a slow pace.

Globally, the status of women and their public participation has improved significantly, gender-based challenges and women not breaking through the glass ceiling remains the critical issue. The South African Development Community (SADC) Gender Protocol, (2010) clearly states that South Africa occupies second spot in Africa in terms of women's representation and participation in politics; women are only 24% in economic decision-making positions in both the public and private sectors. South Africa has also shown its challenges for women empowerment in terms of mainstreaming women into key or top leadership/management positions in both the public and private sectors

Given this context, both sectors have to interpret the challenges they face and align them to processes that would ensure efficiency and effectiveness of women in leadership positions in these sectors. Against this background, the study therefore aimed at examining the challenges faced by women in leadership/management positions in the public health sector in Limpopo Province.

1.2 PROBLEM STATEMENT

Gender equity has become one of the departmental priorities. South Africa has developed the Employment Equity Act no 55 of 1998 (EEA), with the purpose of promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination, and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups. Since 1998 when the EEA was introduced, not much was done in trying to close the gap between men and women in terms of employment. This is supported by the results stated by the Commission on Gender Equity (2015) stating that men still have more institutional and social power, more access to all sorts of resources - including those needed for basic physical survival and that men still have more opportunities to develop themselves than women. Therefore, this study investigated the reasons why gender transformation within organisational leadership positions are still a challenge, what are the challenges faced in trying to implement this act and whether transformational leadership can be helpful in achieving gender equity.

1.3 MOTIVATION/RATIONALE FOR THE STUDY

According to the World Bank (2013), in Nigeria, almost half of the women (48%) are employed, in South Africa about 44%, and in the UK 56% of women are employed. However women still hold fewer jobs and hardly any leadership positions in the corporate world. This raised interest to find out from employees in the department of health whether they think that their organisation is committed to gender equity, and if they think transformational leadership can play a role in addressing issues of gender equity.

1.4 RESEARCH AIM

The study aimed to investigate the significance of transformational leadership style in pursuing gender equity in the Department of Health, Limpopo Province.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- 1) Examine if the Department of Health in Limpopo is committed to addressing issues of gender equity or not.
- 2) Investigate any challenges that the department may be facing in its attempt to achieve gender equity in leadership positions
- 3) Determine whether transformational leadership can be employed to address gender equity.

1.6 RESEARCH QUESTIONS

The study attempted to answer the following research questions:

- 1) Does the Department of Health in Limpopo show a level of commitment to gender equality?
- 2) What are the challenges that the department is facing in its attempt to achieve gender equity in leadership positions?
- 3) Do the participants think transformational leadership can be used to address gender equity?

1.7 SIGNIFICANCE OF THE STUDY

This study intended to contribute in several ways.

- Firstly, it is deemed to address a gap that exists in female leadership research and gender based research by investigating the reasons for non- transformation of organisations in embracing female leadership. The study is intended to add to the existing body of knowledge on women leadership.
- Secondly, the findings of the study intend to provide insights to policy makers and researchers on challenges facing organisational leaders in achieving gender equity targets

as well as challenges faced by women leaders in order to effectively and efficiently address them.

- Lastly, it is aimed at empowering women leaders in fulfilling their potentials through adding value to women leaders' skills and strategies.

1.7 DEFINITION OF TERMS

- **Gender equity:** According to South Africa's National Gender Framework (1998), it refers to the fair and just distribution of all means of opportunities and resources between women and men.
- **Leadership:** Refers 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 (Veldman, 2012).
- **Transformational leadership style:** is defined as a type of leadership in which interactions among interested parties are organized "around a collective purpose" in such a way that "transform, motivate, and enhance the actions and ethical aspirations of followers.", (Simola, S., Barling, J., & Turner, N, 2012).

1.8 STRUCTURE OF THE STUDY

The study has five chapters structured in the following way:

Chapter One introduces the study which also covers the background of the study, problem statement, motivation for the study, the research problem, research objectives and research methodology.

Chapter Two is a review of the relevant literature linked to transformational leadership and gender equity together with challenges faced by women in leadership positions. It discusses both theoretical and empirical literature applicable to the study. While the theoretical literature clarifies the concepts used under study, and analyses the challenges faced by women in leadership positions. The empirical literature on the other hand discusses empirical

literature related to the objectives of this study from the global level, South African level, and finally narrowed to the Limpopo context.

Chapter Three provides an overview on the following topics: the research design, study area, targeted population, sample, sampling methods and sample size, method of data collection, data analysis, ethical considerations and research limitation

Chapter Four presents and interprets data collected for the study that explored the knowledge of employees about transformational leadership and gender equity within their organisation together with the challenges faced by women to get leadership positions, by using a sample size of 212 respondents.

Chapter Five provides conclusions and recommendations on the research conducted as well as recommended areas for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Many of the questions about women's leadership positions have often arisen in a number of studies. However, there is limited information on the challenges faced by women in leadership or management positions in both the public and private sectors. This chapter attempts a review of literature related to the study. The chapter provides information on how the healthcare system is addressing issues of gender equity and determining the significance of organisational transformation in relation to gender equity together with the challenges faced by women in leadership positions.

2.2. GENDER EQUITY

2.2.1 Definition of Gender Equity

According to South Africa's National Gender Framework (1998), gender equity refers to the fair and just distribution of all means of opportunities and resources between women and men. Gender equality is one of the basic rights guaranteed under South Africa's Constitution. It is an integral part of the country's system of fundamental basic human rights intended to guarantee the right to equality for all South Africans. In terms of employment equity policies and guidelines, female candidates should be given preference over their male counterparts. Authorities in South Africa fully understand the need to urgently address gender inequality in the labour market.

2.2.2 Progress made in terms of Employment Equity and its Implementation.

Joy & Wagner (2007) found that, according to return on equity, companies with more women board directors outperformed those with fewer by 53 per cent. Their study also showed that, according to return on sales and return on invested capital, companies with more women

board directors outperformed those with fewer by 42 per cent and 66 per cent respectively. From these results Baxter (2007) concluded that women bring an added dimension to the workplace because they have a unique management approach that adds significant value to the business. In contrast, Mkhize & Msweli (2010) revealed that listed South African companies with a high percentage of women in leadership positions do not outperform similar companies with a low percentage of women in leadership positions.

Grant Thornton’s (2016) report surveyed 5520 businesses in 36 countries and 200 businesses in SA. The report revealed that the number of women in top management positions has increased by 3% over the past five years. Eastern European countries stand out in terms of representation of women in top positions, with 35% of such roles occupied by women.

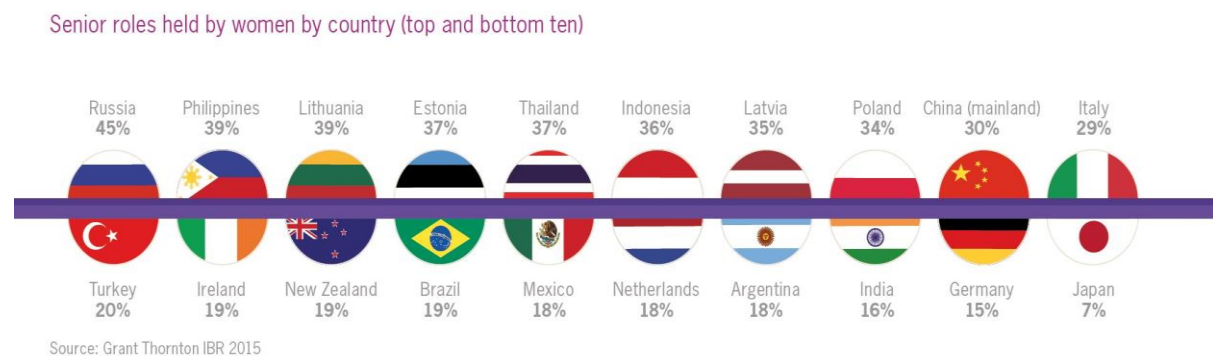


Figure 2.1: representation of senior roles held by women by country (top to bottom ten).

In Russia, 45% of senior roles were filled by women, with 39% in Lithuania, 37% in Estonia and 35% in Latvia. In the association of South Eastern Asian countries, 35% of senior positions are held by women in leadership positions. However, the Philippines and Indonesia made it to the top ten worldwide with 39%, 37% and a 36% respectively of women in leadership positions. Government is putting in efforts to increase female leadership in business, however the group of seven countries fall below the global average of 24% (Grant Thornton, 2016).

According to a report by the European Commission (2012), in the European Union, women constituted only 13.7% of board seats. Moreover, in 2010, for the Asia-Pacific region, women comprised only 6.5% of the board members, whereas for the Middle East and North-Africa, this number was only 3.2% (Corporate Women Directors International, 2010). In Australia, female representation within government boards was 38.4% in 2012. Women's parliamentary representation represented only 20% of ministers globally (Inter-Parliamentary Union, 2013).

According to the U.S. Bureau of Labour Statistics (2013), 75.8% of those employed in hospitals in 2011 were women. Furthermore, women occupied nearly 71.3% of first- and mid-level officer and management positions and 53.3% of executive and senior officer positions in the private hospital industry in 2012 (Equal Employment Opportunity Commission, EEOC, 2012).

According to Grant international business report (2013), 21% of South African businesses surveyed, there were no women in senior management positions. However, 31% of the businesses surveyed globally supported 50/50 representation of women in decision-making structures. Furthermore, only 15% of South African women are represented on boards as compared to 19% representation globally. Despite this, the study revealed that there is a significant improvement in terms of women in chief financial position in South Africa with a rate of 14% in 2012 which doubled to 32% in 2013.

According to Businesswomen's Association of South Africa (2015), South Africa is still without adequate representation of women in JSE listed corporations; the report revealed that only 8.79% of JSE listed companies have 25% women directors. However, according to Census 2015, there is an improved representation of women noted in State owned Enterprises (SOEs) with the SOEs demonstrating the highest gender equity at directorship level. Results of the study have shown that the listed South African companies with a high percentage of women in leadership positions do not outperform similar companies with a low percentage of women in leadership positions. It also indicated that companies have not, as yet, recognised the impact that women have on the company's performance as a result of the feminine

attributes they import into the organisation (Businesswomen’s Association of South Africa, 2015).

According to Grant Thornton (2016), women in senior management positions globally are increasing from 19% in 2004 to 24% in 2016. In contrast, South African women in senior management positions in the business industry are decreasing from 26% in 2014 to 23% in 2016.

Table 2.1 Global versus South African representation of women in top and senior positions statistics

South Africa (% of women in top and senior positions)	26	29	28	27	28	28	26	27	23
Year	2004	2007	2009	2011	2012	2013	2014	2015	2016
Global (% of women in top and senior positions)	19	24	24	20	21	24	24	22	24

From: Grant Thornton IBR (2016)

So the representation of women globally and in South African top and senior positions is very low. The question of whether organisations are committed to gender equity issues or not thus remains. The decline in women leadership representativeness in South Africa makes the question even more important to address.

2.2.3 Legislative Framework

A Number of countries have increased the representation of women in their legislatures, which has led to the introduction of women friendly social policies demonstrating that having women in parliament increases sensitivity to gender issues (Marthur-Helm, 2004). Budlender, Goldman, Samuels, Pigou and Valji (1999) suggest that women in parliament can influence

the rules by ensuring that structures and processes are less hierarchical and more participatory and collaborative.

The Heads of Department's Eight Principles Action Plan (2011) was developed with the aim of promoting Women's Empowerment and Gender Equality within the Public Service, including the requirement for a 50/50 representation in decision-making. Most departments were reluctant to commit themselves to achieving this target by 2015 in line with the SADC Gender and Development Protocol to which South Africa is a signatory. Related to this is that departments revealed surprising ignorance of international conventions relating to gender equality and disability, to which South Africa is also obliged to abide by and implement.

South Africa has a legally binding commitment to promote gender equality and it is very high on the agenda. South Africa was ranked 18th out of 115 countries in terms of narrowing the inequality gap between men and women. In terms of political empowerment South Africa was ranked number one in Africa, with 42% of its cabinet ministers and 33% of its members of parliament being women. In terms of the corporate environment the picture seems less impressive. In comparison, 79% men and only 46% women were found to be employed in South Africa; it also appears that these women earned on average less than half of that of their male counterparts (Van der Walt, 2007).

The 2008 results of the annual BWA South African Women in Corporate Leadership Census, released in May 2008 proved an eye opener with the introduction of the public sector into the comparative analysis of women's upward mobility in the South African workplace. The percentage of women in government across all salary levels totals 54.76%, indicating a clear majority. Beside the encouraging figures a huge inequality still exists in terms of salary levels with male civil servants still earning far more than their female counterparts in senior management/leadership positions. On the corporate side it is proven that although there has been a steady increase of women in top executive positions, women are still lagging behind their male counterparts within corporate South Africa (Beeton, 2008).

The South African government adopted a policy framework which outlines South Africa's vision for gender equality and how it intends to realise this ideal (Kornegay, 2000). The country developed the policy frameworks with the aim to achieve the integration of gender consideration into the transformation process, namely South Africa's National Policy Framework for Women's Empowerment and Gender Equality and The Gender Policy Framework (1998). On the issue of female representation at senior levels of government in the public service, it appears that gender equity in the workplace is advancing slightly better than their private sector counterparts, with an average representation of women at senior management levels reaching about 44%. However, this average is obscuring variations in performance by different government departments, with some of them performing rather badly. Some departments achieved as low as 30% in gender equity, although one department achieved as high as 49%, (Gender Equality Report, 2012). The following are some of the guidelines and prescripts that South Africa has adopted to fast-track gender equity issues.

a. The Gender Policy Framework

The following principles and guidelines are stipulated in the Gender Policy Framework:

- When the need arises, additional legislation is to be developed to attain women empowerment and gender equality.
- The Constitution of South Africa (Act 108 of 1996) is to enshrine the equality of all people, through a non-sexism and non-racism approach.
- Women are not a homogenous group. This principle must guide policies and programmes to result in the implementation of gender equality.
- Women's rights are to be seen as human rights.
- All customary, cultural and religious practices and procedures are to be aligned with the right to equality.
- Affirmative action programmes with regards to women empowerment are to be developed and implemented.
- Policies and procedures that hinder women's access to basic needs, the economy and decision-making are to be reviewed and changed in terms of gender equality.
- Economic empowerment of women is to be promoted.

- Efficient machinery is to be put in place to effect and implement this policy on national and provincial levels, as well as in the private sector.

b. The Commission on Gender Equality

According to Booysen (1999), the passing of a significant number of laws which touch upon central gender issues such as the writing of the tax tables in 1995, the Breast Feeding Code in 1997, along with reproductive health and nutrition, equality in education and employment, child care and related policies have successfully brought South Africa's women to the forefront of the work environment and have made them legal equals in the workplace. According to the Employment Equity Commission (2001), only when there is a critical mass of women in all their diversity in both appointed and elected decision-making positions will gender issues be addressed.

c. Women Empowerment and Gender Equality Bill

Rao and Kelleher (2005) define women's empowerment as the capacity of women to be economically self-sufficient and self-reliant with control over decisions affecting their life options and freedom from violence and discrimination. They further recommend that women's empowerment must focus on increasing women's ability to be economically self-sufficient that is: earn an income, own assets and manage their own finances, increasing women's confidence and ability to know and negotiate for their rights in the household and the community and increasing women's control over their bodies, their time and their movement. In addition, working towards gender transformation is conceptualised in terms of increasing women's and men's abilities to analyse and reshape socially constructed gender relations in order to transform power dynamics

The Women Empowerment and Gender Equality Bill (WEGE, 2003) was developed with the aim of: giving the equal enjoyment of all rights and freedom by every person;

- promotion of equality, specifically gender equality; and the values of non-racialism and non-sexism;

- facilitate compliance by designated public bodies and designated private bodies, with the country's commitments to international agreements;
- align all aspects of the laws and the implementation of the laws relating to women's empowerment and the appointment and representation of women in decision-making positions and structures;
- facilitate the development and implementation of plans and strategies by designated public bodies and designated private bodies for the promotion of women empowerment and gender equality;
- the submission of those plans and strategies to the Minister for consideration, evaluation and guidance;
- provide for the implementation of measures to achieve a progressive realisation of a minimum of 50 per cent representation and meaningful participation of women in decision-making structures including Boards by designated public bodies and designated private bodies;
- provide for the implementation of gender mainstreaming by designated public bodies and designated private bodies;
- provide for the development and implementation of public education programmes on practices that unfairly discriminate on grounds of gender; develop and implement measures, in order to achieve the progressive realisation of a minimum of 50 per cent representation and meaningful participation of women in decision-making structures including Boards, which must include; building women's capacity to participate; enhancing the understanding and attitudes of communities to accept the capabilities and participation of women as their equals;
- Developing support mechanisms for women.

According to the policy framework of Women Empowerment and Gender Equality Bill (2003), The Minister may develop guidelines to assist designated public bodies and designated private bodies to comply, and the designated public bodies must submit to the Minister their plans and measures in compliance, therefore, the department of health came up with the 8 principles of compliance which need to be implemented by the heads of the department of each institution.

Asha Rani Pillay (2005), in a study of Women Principals in Kwazulu-Natal, *Reshaping the Landscape of Educational Leadership*, reported that the features of the female principals' leadership approach are participatory and transformational. The findings are critical because it reflects that women as leaders are inclined to the transformational approach because it favours their feminine values of nurturing and caring. In this approach, it could be concluded that the rationale of the empowerment theory should be directed towards enhancing transformative approaches to women's leadership.

2.3 TRANSFORMATIONAL LEADERSHIP

2.3.1 Definition of Transformational leadership

According to Schedlidlizki and Edwards (2014), the transformational leadership concept was first developed through consideration of accounts of revolution and revolt in society by Downton in 1973. Thereafter, James Macgregor Burns in 1978 articulated the idea and suggested that transformational leadership is linked to psychological fulfilment and moves people up the hierarchy of needs and addresses people's higher-order needs for achievement, self-esteem, self-actualisation for self-fulfilment.

In 1985 Bernard Bass expanded the idea and suggested that transformational leadership is a process of changing how people feel about themselves which in turn raises their motivation and enables them to achieve a performance beyond normal expectation. According to Burns (1978), transformational leaders should encourage employees to put in extra effort and to go beyond what they (employees) were expected to before. By so doing this gives the employees of transformational leaders the feeling of trust, admiration, loyalty, and respect toward leaders and they are motivated to perform extra-role behaviours (Katz & Kahn, 1978; Bass, 1985).

According to West, Loewenthal, Eckert, West and Lee (2014), Woods and West (2014) and Yukl (2013), there are eight (8) core personality traits associated with leadership effectiveness which are:

- ***High energy level and stress tolerance*** - They have high levels of stamina and can work effectively over long periods. They are also less affected by conflicts, crisis events and pressure, maintaining equilibrium more than others. They are able to think relatively calmly in crisis situations and communicate that calmness and confidence to others.
- ***Self-confidence*** - They believe they can be effective in difficult situations and give those they lead a sense of confidence and efficacy. They tend to be optimistic and confident in the face of difficulties. They are more likely to deal with difficult situations rather than deny or avoid them. However, excessive self-confidence or self-esteem can make leaders prone to making risky or wrong decisions.
- ***Internal locus of control*** - They believe what happens around them is more under their control than the control of external forces and are motivated to take action to influence and control events. This is associated with a tendency to be proactive rather than passive. They also believe they can influence, persuade and motivate others and win their allegiance to courses of action.
- ***Emotional maturity*** - They have emotional maturity and intelligence in the sense that they are less prone to moodiness, irritability and angry outbursts. They are positive and optimistic, communicating their positivity to others. They are aware of their own strengths, weaknesses and typical reactions to situations.
- ***Personal integrity*** - Consistency in values and behaviour is characteristic of those with high levels of personal integrity, along with honesty, transparency and trustworthiness. Such leaders also keep promises to staff and other stakeholder groups and tend not to use their leadership primarily out of self-interest.
- ***Socialised power motivation*** - They seek power, but primarily in order to achieve organisational objectives and to support the growth, development and advancement of those they lead.
- ***Achievement orientation*** - High achievement orientation is associated with leadership effectiveness but this is not a linear relationship. Managers with very high achievement orientation can become insensitive to the effects of their desires on those around them who feel driven by their leader's ambition.
- ***Low needs for affiliation*** – This refers to the need to be liked and accepted by others, which effective leaders do not have. Those who did would be likely to put their need to be liked ahead of making good decisions in difficult situations or ahead of having to manage

poor performance among their followers. Neither do they have extremely low affiliation needs, which would mean they were uncaring of others and their opinions

Several authors have studied the idea and expanded it (Bennis & Nanus, 1985; Sashkin, 1988; Avolio & Bass, 1993; Alban-Metcalfe & Alimo Metcalfe, 2000; Alban-Metcalfe & Alimo Metcalfe, 2001). In expansion of the ideas, Bernard Bass & Bruce Avolio (1993) developed a model called Full Range Leadership model (FRLM) (Schedlitzki & Edwards, 2014).

According to this model transformational leadership encourages people to look beyond self-interest for the common good (Avolio & Bass, 1994). The FRLM has been identified as the leadership development solution for all managers regardless of organisational and national boundaries (Avolio & Bass, 1999). Research has shown that the FRLM has positive results in many applications (Avolio & Bass, 1998; Barling, Weber & Kelloway 1996; Dvir, 1998). In support, Kelloway (2003) also found that remote transformational leadership (using transformational leadership in email messages) also has the same positive effects on performance and attitudes that occur within face-to-face interaction.

According to Bass and Avolio (2004) transformational leadership actors are as follows:

- Idealised influence (charisma): This factor consists of firstly, idealised influence attributed, and secondly, idealised influence behavioural. They are the charismatic elements in which leaders who are trusted, admired and respected by their subordinates or followers become role models. The leaders show great persistence and determination in the pursuit of objectives, show high standards of ethical, principles, and moral conduct, sacrifice self-gain for the gain of others, consider subordinates' needs over their own needs and share successes and risks with subordinates.
- Inspirational motivation: Leaders behave in ways that motivate subordinates by providing meaning and challenge to their work. The spirit of the team is aroused while enthusiasm and optimism are displayed. The leader encourages subordinates to envision attractive future states while communicating expectations and demonstrating a commitment to goals and a shared vision.
- Intellectual stimulation: Leaders stimulate their subordinates' efforts to be innovative and creative by questioning assumptions, reframing problems, and approaching old situations

in new ways. The intellectually stimulating leader encourages subordinates to try new approaches but emphasises rationality.

- Individualised consideration: Leaders build a considerate relationship with each individual, pay attention to each individual's need for achievement and growth by acting as a coach or mentor, developing subordinates in a supportive climate to higher levels of potential. Individual differences in terms of needs and desires are recognised and accepted by the leader. A two-way exchange in communication and management is encouraged as practised by walking around. Interactions with followers are personalised. Delegated tasks are monitored to discover whether followers need additional direction or support and to assess progress, but followers do not feel they are being checked on.

A transformational 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). They are able to bring about significant change in both followers and organisations. Dorn (2012) further asserts that transformative leaders cause changes in individuals and systems, enhance motivation, morale, performances of followers and connects followers' sense of self and identity.

According to Bass (1985), transformational leaders achieve the greatest performance from subordinates since they are able to inspire their subordinates to raise their capabilities for success and develop subordinates' innovative problem solving skills. To support, Barling, Weber and Kelloway (1996) also found that this leadership style has also been found to lead to higher levels of organisational commitment and is associated with business unit performance. The leaders understand that in order to get followers to fully contribute to the transformational process, they have to empower them and offer support in getting things done, encourage creativity, challenge followers to rethink old ways of doing things and to re-examine old assumptions, foster collaboration, and motivate and reinforce positive behaviour (Achua & lussier, 2007).

In addition, managers exercising a transformational leadership style focus on the development of the value system of employees, their motivational level and moralities with

the development of their skills (Ismail, Halim, Munna, Abdullah, Shminan & Muda, 2009). Therefore, this leads to better organisational performance because there is a good working relationship between the employer and the employee.

2.3.2 Transformation Leadership in the Health Care Sector

Leadership is the most influential factor in shaping organisational culture and so ensuring that the fundamental, necessary leadership behaviours, strategies and qualities are developed. The greatest challenge faced by all National Healthcare Services (NHS) organisations is to sustain cultures that ensure the delivery of continuously improving high quality, safe and compassionate healthcare (West, Loewenthal, Eckert, West & Lee, 2014). West et al. (2014) also found that there is clear evidence of the link between leadership and a range of important outcomes within health services, including patient satisfaction, patient mortality, organisational financial performance, staff well-being and engagement, turnover and absenteeism, and overall quality of care.

The challenges faced by health care organisations are too great and too many for leadership to be left to chance. The reviews suggests that approaches to developing leaders, leadership and leadership strategy can and should be based on robust theory with strong empirical support and evidence of what works in health care. Health care organisations can confidently face the future and deliver the high quality and compassionate care that is their mission by developing and implementing leadership strategies that will deliver the cultures they require to meet the health care needs of the populations they serve (West et al., 2014).

According to Govier and Nash (2009), the key components of transformational leadership are influencing and inspiring others. Leaders and followers are able to raise each other to the highest level of achievement and development. This approach to leadership not does not improve performance and production only, but also makes positive difference in the lives of

organisational members and the community at large. Transformational leaders achieve outstanding results because they have the ability to motivate and transform people.

This is supported by Bass and Riggos (2006) that people who embrace the principle of transformational leadership have staff with a higher level of satisfaction, motivation and performance, as well as lower levels of stress and burnout. They further urged that such teams are more innovative, collaborative and effective which yield to their organisations being able to respond fast and productively to change.

In addition, Alimo and Alban (2008), who conducted a comprehensive research to investigate the impact of transformational leadership on organisational performance in the NHS, also found similar results stating that a culture of transformational leadership significantly predicts increased levels of staff motivation, satisfaction and commitment. Moreover, Gavier and Nash (2009) concluded that effective transformational leadership is pivotal to the success of healthcare organisations as first line practitioners lead teams to provide quality care and deliver service improvement.

Shipton, Armstrong, West and Dawson (2008) investigated the impact of leadership and climate for high quality care on hospital performance in two studies. In the study, data were gathered on the top management team and supervisor/manager leadership from 5 564 employees at 33 hospitals and linked with data on employee job satisfaction and intention to leave the hospital, hospital 'star rating' (an external audit body assessment of hospital performance) and patient complaints. In the second study, data were collected on top management team leadership from 18 156 staff members across 108 NHS hospitals and linked with clinical governance review ratings (a similar external audit), hospital star ratings, patient complaints and patient satisfaction.

The research revealed that top management team leadership predicted the performance of hospitals in both studies. In the first study, top management team leadership was strongly and positively associated with clinical governance review ratings and significantly lower levels of

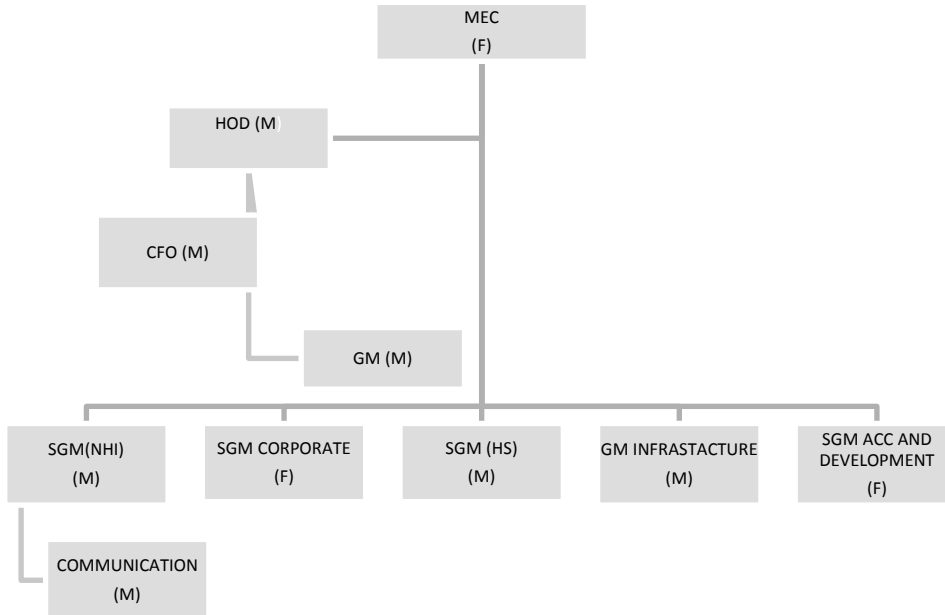
patient complaints. In the second study, effective top management team leadership was linked to high hospital star ratings as well as high clinical governance review ratings. Furthermore, positive staff ratings of both top leadership and supervisory leadership were associated with relatively high staff job satisfaction (study 1). The relationship was stronger for supervisory leadership than for top management team leadership.

In support, Chambers, Pryce, Li and Poljsak (2011) undertook a review of 19 top NHS organisations and found consistent characteristics of high performing organisations, one of which had a chief executive in the post for more than four years. The authors suggest that the study supports the view that longevity in senior management roles is an important factor for high performing trusts.

The Businesswomen's Association of South Africa (2016) reported that Board of Health Funders in South Africa has only two (2) women on their board of eighteen (18), the Health Professional Council of South Africa (HPCSA) has only three (3) women in their leadership of ten (10). Furthermore, research on the health care sector illustrated that the majority of medical school entrants are now women; however, very few women enter specialists' programmes. In addition, out of 86 medical schemes in the country, only 23 have women as principal officers.

There is clear evidence that a supportive management and staff perception of having effective leaders create a climate that is associated with health care excellence. McKee, West, Flin, Grant, Johnston, Jones and Yule (2010) used mixed methodologies (surveys, semi-structured interviews, observations of meetings, analysis of documents, and employee diaries) in an investigation of organisational factors, culture, leadership, staff well-being and patient safety in eight UK health care organisations. Among the key findings were the central role of senior management and CEO values and attitudes in relation to patient safety and staff well-being; weak management at different levels; the organisations' capacity for change, which was affected by the emphasis on organisational learning, and the extent to which staff felt empowered and involved in decision-making. Turnover and stability of leadership also

affected the ability of the organisations to maintain a focus on patient safety (West, Loewenthal, Eckert, West & Lee, 2014).



Source: <http://www.provincialgovernment.co.za/survey63>

Figure 2.2: Management structure of Limpopo Department Health Department
Key words

Male: (M)

Female: (F)

Member of Executive Council: MEC

General Manager: GM

Senior General Manager: SGM

The Department of Health is trying by all means possible to close the gap between men and women in leadership wherein they have developed gender mainstreaming policies in an attempt to close the gap, however, the transformation is at a slower pace. This is supported by the statistics drawn from the management structure above whereby in the ten top management positions, there are only three women versus seven men.

2.4 GENDER EQUITY AND TRANSFORMATIONAL LEADERSHIP

Globally a lot has been done to incorporate women into all levels of governance; nonetheless they are still underrepresented in many government organisations, mostly in positions of higher authority and leadership (De La Rey, 2005). According to Nelson & Michie (2004), women's advancement into top-level positions has been relatively slow globally. Reports state that among the fortune 500 companies 95-96% of vice-president level jobs and 93% of all line officer jobs are still held by men (Catalyst, 2000). Only one in eight corporate officers is a woman and very few occupy positions of CEO or president. The results demonstrate that women's representation on corporate boards of directors is slowly increasing in the US, however barriers to women's advancement still linger (Nelson & Burke, 2000).

Wilson (2004) stated that women in the UK face inequality in the labour force and still lag behind men in income. Although they form 75% of employees in the personal and protective services and sales, women only hold 24% of all management positions and only 9% of directorships. In the UK the growth of women's employment has been only in part-time jobs, predominantly in the service industry.

In China, inequality still remains a huge challenge and women still face significant challenges in climbing up the managerial hierarchy (Cooke Fang, 2004). Despite the fact that women find the right track to a management career in China, they still fail to be promoted as quickly or as frequently as men. This could have resulted from laws and policies empathizing with women through a traditional social values system which tries to defend women by preventing them from setting foot into certain domains of the men's world. These laws and policies may be well-intended, but they exclude women from significant areas of modern life (Cooke Fang, 2004)

In 2004 the percentage of women in parliament was 15.4%, in Angola 15.9%, in Botswana 12%, in Lesotho 14.4%, in Malawi 17.14%, in Mauritius 25%, in Namibia 22.3%, in Tanzania 16%, while South Africa and Mozambique had 32.8% and 37.2% respectively. In

some cases, the percentage in cabinet was higher, as in the case of Botswana 28.7%, Lesotho 41.6% and Malawi 20.7%, whereas in other countries this number went down. However, much has been done to equalise and maximise women representation in leadership positions from 2004-2011, based on the statistics.

By 2005 study carried out in eight higher education institutions as part of a USAID funded United Negro College Fund Tertiary Education Linkages Project (TELP) found that gender representation of staff was almost equitable - 46% women versus 54% men, but that the majority of the women (69%) were employed in lower level administration, technical or service positions against 57% of the men falling into this category (UNCFSP – TELP, 2006).

A study conducted by UNCFSP – TELP (2006) found representation of women at Council level across eight institutions was 20% women and 80% men, and overall, only 15% of senior management was women. Representation of women at middle management was slightly better at 27% (Men also dominated positions at professorial and senior lecturer positions). The gender imbalance is similar in other countries. According to Gumbi (2006), out of 4 000 professors in higher education in the UK in 2003, 13% were women and 87% men. Besides these statistics, gender equity in higher education has never been reached.

The 2003 figures on women in leadership in the higher education sector in South Africa showed that the average number of women in senior management was roughly 24% across 17 institutions of higher learning. There were only three women Vice-Chancellors while 82% of professors were men and only 18% were women (Gumbi, 2006). In addition, Gumbi (2006) also reported that women held 18.7% of full professorships and only 19.3% of presidencies (Vice-Chancellorships of colleges and universities). It can be concluded that men dominate the governance and management levels of higher education institutions. There is likelihood that women's interests in the institutions may not be sufficiently taken care of and that women have few or no role models and mentors, something that may have far-reaching penalties in terms of developing future women leaders.

Women in South Africa are represented more in pink-collar jobs in contrast to professional and technical positions (Naidoo, 1997; Jacobson, 1999). The first countrywide survey of the status of corporate women in South Africa in 2004 showed that of the 364 companies listed on the Johannesburg Stock Exchange and state owned enterprises in South Africa, only seven have women CEOs and 60% have no women faces on their boards.

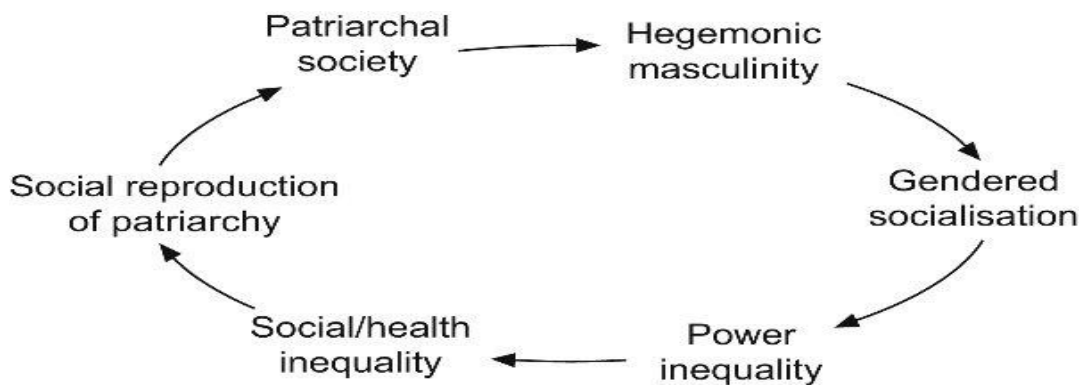
According to Business Women's Association (2004), statistics of employment equity reports indicated race and gender differences in the occupation of managerial positions 2002 – 2003. Blacks make 19% and whites 81% of all top positions. White men hold 71% of top management positions while white women hold 10% of those posts. Black women make up 4% and black men 15% of all top management positions. In senior management positions, blacks make up 22% and whites 78% of positions. White men hold a majority of the middle positions (62%) while black males occupy 17%. White women hold 16% of senior management positions while black women make up at least 5%. In total the statistics on the category of women in leadership show that black women continue to be the most poorly represented group in leadership and management positions, while all women in South Africa face the common glass ceiling experience.

Gouws and Kotze (2007) in their studies on Women in Leadership Positions in South Africa reported that one of the findings of a survey done by the South African Commission on Gender Equality (2005) indicates that over 30 per cent of the sample are of the opinion that women are too emotional to be able to handle high level leadership positions. They further argue that there are stereotypical ideas about women's abilities to perform well in leadership positions to inform people's perceptions about women leaders (Gouws and Kotze, 2007).

2.5 CHALLENGES FACED BY WOMEN IN LEADERSHIP

There are a lot of issues that has a negative influence for women to attain leadership positions. The most prevalent restrictions that women face are the patriarchal system where decision-making powers are in the hands of males (Sadie, 2005).

This prejudice against female leaders is more compelling when women are evaluated in male dominated settings or when evaluated by men (Eagly & Carli, 2003). Interestingly though, there is evidence this “role congruity” issue may be mediated by leadership style as women leaders have been rated higher than men when they exhibit transformational leadership (Eagly & Carli, 2003; Powell et al., 2008). The dynamics of gender inequality are presented in figure 2.3 below (Hays & Morrow, 2013).



Source: Natalie Hays & Katie Morrow, 2013.

Figure 2.3 The dynamics of gender inequality

Some of the challenges that women in leadership face are discussed below.

2.5.1 Patriarchy, Religion and Culture

According to Suranjita (2000), patriarchy is based on the system of power relations which is hierarchical and unequal where men control women’s production, reproduction and sexuality.

It imposes masculinity and femininity character stereotypes in society which strengthen the iniquitous power relations between men and women. It works in such a way that it burdens women with responsibilities to nurture and rear children (Heywood, 2003). He further stated that patriarchy blurs the distinction between sex and gender to the assumption that all socio-economic and political distinctions between men and women are rooted in biology or anatomy (Heywood, 2003). This is revealed in the study by Suranjita (2000), when women made reference to domestic duties and the thinking that it is natural for men to be leaders in society. It also showed that the ideology of motherhood restricts women's mobility in the workplace. In the study male participants made reference to biological roles that hinder women from participating in the public sphere on equal footing with men. These lead to the creation of an assumption in women that femininity is associated with powerlessness, inability and irrationality which are qualities that do not make a good leader in business. In support, Sidanius and Viniegas (2000) concluded that men who possess these traits are even favoured by the social dominance theory, so they are dominant and they benefit from the disproportionate amount of negative social values imposed upon women. This resulted in women benefiting less from economic activities because they occupy lower level positions.

2.5.2 Family Responsibility

According to Bornstein, Williams and Painter (2012), mothers and fathers who have caregiver responsibilities experience the strongest forms of discrimination in the workplace. Many authors reported on how family responsibility has impacts differentially on workplace outcomes along gender lines. They cite motherhood penalty, maternal wellbeing and the caregiver bias as manifestations of discrimination arising from family responsibilities. In addition, Bagraim and Harrison (2013) also reported that mothers spend ten more hours of multitasking a week than fathers do, and that these additional hours are related mainly to time spent on housework and childcare.

They further concluded that for mothers, multitasking activities are associated with an increase in negative emotions, stress, psychological distress and work-family conflict. However, fathers' home multitasking is not a negative experience. It is also reported that the anticipated work-family conflict lies in the belief that the future demands of work and family

are going to be incompatible. Moreover, moderate differences in anticipated work-family conflict were reported across gender, with females evincing more anticipated conflict (Bagraim & Harrison, 2013).

In addition, Steyn and Jackson (2014) argued that regardless of women's education and access to the job market, the woman's role is perceived to be the typical one of homemaker. The man on the other hand is the bread-winner, head of household, and has the right to public life. Women are viewed as a domestic structure which ends up being a barrier for them to enter into politics. It is a usual highly common practice that cultural attitudes are negatively related to women's involvement in politics. Kornegay (2000) found that most women were capable of transcending cultural barriers and climbing to positions of leadership whether in politics or other spheres of public life, but more often than not it meant having to cope with cultural expectations with their leadership roles. Moreover, Eagly and Carli (2000) argued that women continue to be the ones who interrupt their careers, take more days off, and work part-time. These had a negative impact because they will have fewer years of job experience and fewer hours of employment per year, which will slow their career progress and reduce their earnings.

In contrast men increasingly share housework and child rearing, but the bulk of domestic work still falls on the women's shoulders. National Studies (2000) have compared mothers and fathers on the amount of their primary childcare, which consists of close interaction not combined with housekeeping or other activities. Married mothers increased their hours per week from 10.6 in 1965 to 12.9 in 2000, and married fathers increased theirs from 2.6 to 6.5. Therefore it can be concluded that even though husbands have taken on more domestic work, the work and family conflict has not eased for women; the gain has been offset by escalating pressures for intensive parenting and the increasing time demands of most high-level careers.

According to Maruzani (2013), the reason given by most of the women is lack of academic qualifications, domestic duties and prohibitive religious guidelines. Men maintained their patriarchal stance. They were appreciative of women when they occupy low paying jobs and men get better positions that will allow them to take care of the women and the children. The response which made reference to the way women are brought up is a clear reference to the

socialisation process that girls are exposed to. Through manipulation, verbal appellations and canalisation, girls and boys end up in very different positions in society.

Moreover, the recent study by US Bureau of Labour shows that women working 41 to 44 hours a week earn 84.6% of what their male counterparts do. However, the statistics revealed that the increase in earnings is indirectly proportional to the increase in hours of work. For example, women who worked more than 60 hours a week were found to earn only about 78.3% of what men in the same category earned (Bose, 2011). To support, in the United States in 2005, women employed full-time earned 81 cents for every dollar that men earned. To sum up, a comprehensive study was conducted by the U.S. Government Accountability Office (2000) which was based on survey data from 1983 through 2000 from a representative sample of Americans. Because the same people responded to the survey repeatedly over the years, the study provided accurate estimates of past work experience, which is important for explaining later wages.

The researchers tested whether individuals' total wages could be predicted by sex and other characteristics. They included part time and full-time employees in the surveys and took into account all the factors that they could estimate and that might affect earnings, such as education and work experience. Without controls for these variables, the data showed that women earned about 44% less than men, averaged over the entire period from 1983 to 2000. With these controls in place, the gap was only about half as large, but still substantial. The factors that reduced the wage gap most were the different employment patterns of men and women: Men undertook more hours of paid labour per year than women and had more years of job experience.

2.5.3 Place of Employment

Although the government has elevated the status of women to that of man, they are not widely recognised in society. When in leadership in the municipality, for example, they are called names. Since they are known to do babysitting work, cooking at home, looking after the elderly people; the community sees them as being good in those jobs only. They do not

acknowledge their talent in the mainstream workplace. Women contribute immensely to the development of our society. They are responsible for keeping the budget of the family safe. They do not embezzle money, like is the case in the present government, the ANC-led government, in losing millions of Rand in tender processes. The incidence of women in such corruption is also minimal.

2.5.4 Societal Stereotypes

There are several gender stereotypes which turned out to be associated with women being ineffective in decision making as compared to men. Ferrante (2000) believes that socialisation changes a woman because it is defined as a process in which people develop their human capacities and acquire unique personalities and identities and by which culture is passed from generations to generations. Many communities believe that only men change when they grow up but this should also apply to women. The attitudes and stereotypes of men, seeing women as weak individuals could take years to change, as often they would only see her failures and not the successes in her life.

The two stereotypes, prescriptive and descriptive, can negatively influence objective decision making within organisations. Welle and Heilman (2011) discovered that these stereotypes operate in such a way that guide, often inappropriately, key organisational decisions which further explain why we see gender inequality in the work place and why many organisations continue to struggle to create a workplace that is equally inclusive of both men and women. They argued that men are thought to harbour “masculine” (agentic) traits, such as being decisive and task oriented more than women. Leaders are perceived as requiring more than communal traits (Powell, Butterfield and Parent, 2002) and are often unfavourably evaluated if they espouse more agentic traits to be successful in leadership roles (Eagly & Karau, 2002).

Furthermore, when the gender stereotypes of the individual fit with the gender type of the job, they are thought to have what it takes to perform well. When there is a lack of fit, negative expectations result. The individual is thought to lack the essential skills and is therefore expected to be less effective (Welle & Heilman, 2011). This is supported by Bobbit

(2011) that there are certain attributes that are associated with males and females that shape the way employee's skills and attitudes are viewed.

2.5.5 Attitudes towards Professions

There are several attitudes and stereotypes associated with profession and gender. Wood (2007) reported that women are still regarded as caretakers and that they are expected to provide most of the care for infants, elderly relatives, and others who are sick or disabled. In addition, Maruzani (2013), in the study of the prevalence of gender discrimination in the retail industry focusing on general dealer shops at Murambinda Growth Point in Buhera District of the Manicaland Province in Zimbabwe, found that gender discriminatory practices in the retail business are strongly associated with women's low academic and professional qualifications, their personal preferences and patriarchal prejudices that are rampant in the labour market. At the end of the day women occupy very low positions in most organisations which in turn affect their economic and societal status. Workplace gender discrimination is not only harmful to the professional growth of an individual but it also limits the growth of the business enterprise. They further recommended that girls must be socialised and motivated to achieve more than what the society had defined as feminine.

2.6 SUMMARY

This chapter analysed the theoretical framework of gender equity and women empowerment and how it relates to the challenges faced by women in leadership. Yoder (2001) stated that transformational leadership may be especially advantageous for women because it encompasses some behaviour that is consistent with their demand for supportive and considerate behaviours. Leaders must guide the organisation by establishing trusting relationships, inspiring their followers, releasing their inherent creativity and promoting accountability.

CHAPTER THREE

RESEACH METHODOLOGY

3.1 INTRODUCTION

This chapter introduces the methodology that was used in the research study to address the research question of this study. The chapter provides an overview on the following topics: the research design, study area, target population, sample, sampling methods and sample size, method of data collection, data analysis, ethical considerations, and research limitation. According to Myers (2009), a research method is a strategy of enquiry, which moves from the underlying assumptions to research design and data collection. In addition, Kumar (2010) suggested that in order to suggest suitable recommendations to a problem, researchers are expected to make use of suitable methodologies.

3.2 RESEARCH DESIGN

The research methodology of the study was mixed methods (qualitative and quantitative method). Tashakkori and Creswell (2007) defined mixed methods research as “research in which the investigator collects and analysis data, integrates the findings and draws inferences using both qualitative and quantitative approaches.

According to Onwuegbuzie and Teddlie (2003), the main purpose for mixing qualitative and quantitative methods should be clear in order to determine how the analytic techniques relate to one another and how, if at all, the findings should be integrated. The study followed a combination of quantitative and qualitative research methods, i.e. mixed methods. Mixed methods do not only involve collecting, analysing and interpreting both qualitative and quantitative data but also integrating conclusions from those data into a cohesive whole (Leedy & Ormrod, 2014). The rationale for choosing mixed methods was the fact that the

researcher wanted more comprehensive information from both management and employees concerning gender equity and transformational leadership within the Department of Health.

A sequential procedure was conducted, in which the researcher sought to elaborate on or expand the findings of one method with another method. This involved beginning with a qualitative method for exploratory purposes and following up with a quantitative method with a large sample so that the researcher can generalise results to a population (Myers, 2009). The researcher based the inquiry on the assumption that collecting diverse types of data best provides an understanding of a research problem.

3.3 STUDY AREA

A study area is the geography for which data are analysed in a report and/or map (Leedy & Ormrod, 2014). The area for this study was the Department of Health, Capricorn and Mopani Hospitals located in Limpopo Province, South Africa.

3.4 TARGETED POPULATION

According to Robson and McCartan (2016), population is defined as the study object which may be in a form of individuals, groups, organisations or human products and the conditions to which they are exposed. In addition, Siegel (2011) also suggested that a research population is known as a well-defined, large collection of individuals or objects known to have similar characteristics or traits. Limpopo Province has five (5) district municipalities comprising of 44 hospitals. The study comprised the head office of the department (based in Polokwane); Mopani district municipality, which has nine (9) hospitals; and the Mankweng and Polokwane hospitals as they are based in the Capricorn district because they are the two major academic hospitals in the province (total of 11 hospitals).

As this is a mixed method study the targeted population was categorised as follows:

For the qualitative part:

From the headquarters of the Department of Health:

- The Chief Financial Officer; and the managers of the District Health Services and Programmes, Specialised and Emergency Services and Human Resources included in the study (= 4 in total);

From the targeted hospitals:

- The Chief Executive Officers of all the targeted hospitals (11);
- The Clinical Managers of all the hospitals (11);
- The Nursing Services managers in the hospitals (11); and the
- The Allied Health Managers (11)

For the quantitative part of the study

- The targeted population all non-managerial health professionals of the Polokwane and Evuxakeni hospitals. The choice of the two hospitals was based on the fact that Polokwane is a big, urban academic hospital while Evuxakeni is a relatively smaller specialised hospital based in a largely rural area of the province in the Mopani District Municipality.

3.5 SAMPLE

Rubin and Babbie (2011) define a sample as, the segment of the population that is selected for research – a subset of the population. A sample is a selected pool of participants to be in the study (Leedy & Ormrod, 2014). However, it is nearly impossible for a researcher to study every person/object in the population of interest, therefore the researcher must make a decision to limit the research to a subset of that population, and this has important implications for the applicability of the study results. Hence the non-probability and probability methods of sampling become viable in selecting a sample. The difference

between probability and non-probability sampling is that probability sampling provides a chance for every element to be selected but the non-probability does not give the chance for every element to be selected (Leedy and Ormrod, 2014; Robson and McCartan, 2016).

The following sampling methods were used:

For the qualitative part:

Firstly, the following who were targeted were all included in the final sample to have a more comprehensive representation of ideas from executive management:

- The Chief Financial Officer; and the managers of the District Health Services and Programmes, Specialised and Emergency Services and Human Resources will be included in the study (= 4 in total).

Secondly, from the following categories that each had 11 targeted participants two people were selected randomly the Chief Executive Officers; the Clinical Managers; the Nursing Services managers; as well as Allied Health Managers; to come to a total of eight (8).

Therefore, the total sample for the qualitative part was 12.

For the quantitative part

- For the qualitative part lists of the participants were generated from the database, followed by simple random sampling to end up with 200 participants, 100 from each hospital.

3.6 DATA COLLECTION

According to Leedy and Ormrod (2014), data collection involves measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes. Robson and McCartan (2016) define data collection method as the technique of gathering research data. This may be done through primary sources such as observation, interviews or questionnaires or from secondary sources such as from documents or archives.

In this research an interview guide was designed for use in interviewing participants for the qualitative perspective. Individual face-to-face interviews were conducted with management in the Department of Health to explore their commitment to gender equity in the department. Appointments were made with them prior to conducting the interviews and the interviews were conducted at places that suited them.

For the quantitative perspective questionnaires were designed and administered to non-managerial health professionals to find their opinions about whether they see their organisation to be committed to gender equity or not. Most of the questionnaires were emailed to those participants who had email addresses while for those who did not have email facilities hard copies were given. Follow-ups were made four times at intervals of two weeks.

3.7 DATA ANALYSIS

Data analysis for quantitative studies, involves critical analysis and interpretation of figures and numbers, and attempts to find rationale behind the emergence of main findings (Leedy & Ormrod, 2014). Moreover, it provides a feedback on the tenability or untenability of the original formulated research questions or hypotheses (Welman, Kruger & Mitchell, 2005). For the quantitative part of the study: The statistical analyses of the data were conducted using the IBM Statistical Package for the Social Sciences (SPSS) version 23. The descriptive analysis, as well as correlation coefficients was examined. The correlation coefficient was examined in accordance with Tabachnick and Fidels (2001) recommendation that coefficients $r > 0.30$ be regarded as meaningful. The levels of significance of the correlations were considered at the $p > 0.05$ and at $p > 0.01$ levels. For the qualitative part of the study: content analysis was used to categorise verbal or behavioural data for the purpose of classifying, summarising and tabulation of data collected. Statistical or text analysis of data was also done using NVIVO software.

3.8 ETHICAL CONSIDERATIONS

Since the study involved human participants, a number of ethical considerations were addressed as follows:

- Ethical clearance: an application for ethical clearance was done with the University of Limpopo's Ethics Committee and granted
- Permission to conduct the study was sought from the Department of Health, Limpopo, prior to conducting the study.
- Informed consent: The nature of this study was explained to the participants so that they could give informed consent prior to their participation in the study. Participants were also informed that their participation in the study is voluntary and that they were free to withdraw their participation at any time should they feel uncomfortable.
- Confidentiality: participants were assured of confidentiality and anonymity. This was achieved by communicating to the participants that they do not have to identify themselves on the research questionnaires and that their data would not be given to or shared with any person or organisation. It was made clear to the participants that all data collected will be for research purposes only.
- No harm: The information obtained in the study was not be used to harm the participants in any way.
- Report: a written report of the study was made available to all interested stakeholders.

3.9 RESEARCH LIMITATIONS

It is nearly impossible for a researcher to study every person/object in the population of interest. Therefore the researcher must make a decision to limit the research to a subset of that population. As indicated earlier in this report, the sampling method for this study was purposive and simple stratified random sampling. The selected sample of 12 managers from a qualitative perspective and 60 participants for quantitative perspective may not be enough to generalise. In addition, the research was conducted with only employees employed by the Department of Health within the hospitals.

The study investigated the impact of transformational leadership on gender equity. There may be other human capital factors that might have an impact on gender equity in the hospitals. The study was conducted in Limpopo province so the results may not be generalised. Therefore, this research suggests that future research should work on these limitations to fill the gap.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

The previous chapter discussed in what way the research was undertaken. Chapter four presents the analysis of the data which is presented in tables and figures. The findings of the study are presented in relation to the objectives of the research study as outlined in chapter one. The study was descriptive in nature and followed a mixed method design. Firstly the results from the quantitative data are presented, followed by results from the qualitative data. For the quantitative part of the study, the IBM SPSS (version 23) was used to analyse data. The NVivo 11 Statistical Package was used to analyse the qualitative data. Tables, charts, graphs, and percentages are used in the presentation of the findings.

4.2 QUANTITATIVE RESULTS

This sub section sought the knowledge of the participants regarding gender equity and transformational leadership within their organisation. The questionnaire that was utilised comprised of a section on the biographical details of the participants followed by questions relating to gender equity and transformational leadership (see Appendix D). The answering of the questionnaire was based on a five-point Likert scale ranging from: strongly agree, agree, not sure, disagree to strongly disagree.

4.2.1 Reliability of the Used Questionnaire

The questionnaire that was utilised to collect data in this current study was firstly analysed for reliability. According to Field (2009:675), the values around 0.7 and 0.8 are good for reliability tests. Cronbach's reliability tests that were performed yielded the results that are presented in table 4.1 below.

Table 4.1 Reliability of Study Questionnaire

Cronbach's Alpha	No of Items
0.720	16

Each component was examined for internal reliability using the Cronbach's Alpha. Cronbach's Alpha of 0.720 was recorded, a value higher than 0.7, which indicates good reliability.

4.2.2 Biographical Information

The research required the personal information of participants, which included participants' gender, race, age, educational status, position at work and experience in managerial position. Demographical information was useful in determining and comparing patterns amongst different categories of the research participants. A total of 155 participants completed the questionnaires that were sent out to them. So the questionnaires were self-administered.

4.2.2.1 Gender of participants

There was a need to define the gender of participants in order to enable the researcher to make demographic inferences concerning the participants. Figure 4.1 depicts the gender of the participants.

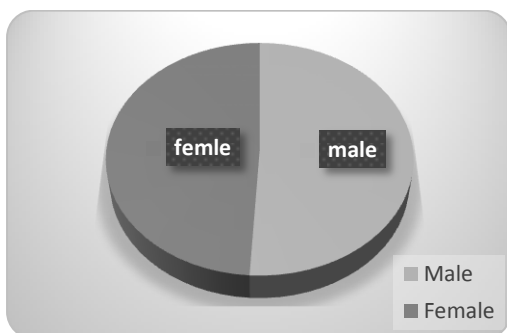


Figure 4.1 Gender of the Participants

The pie chart above shows that females constitute 76 (49%) of the participants while their male counterparts constitute the remaining 79 (51%).

4.2.2.2 Race of participants

All the participants were Black African.

4.2.2.3 Age of the participants

Of the 155 research participants, the majority (60.6%) were between the ages of 30 to 39 years, followed by 29.7% in the age group 21 to 29 years and lastly 9.7% were aged between 40-49 years. Table 4.2 below indicates the participants' age.

Table 4.2: Age of Participants

Age Group	Frequency	Percent	Cumulative Percent
21-29	46	29.7	29.7
30-39	94	60.6	90.3
40-49	15	9.7	100.0
Total	155	100.0	

4.2.2.4 Highest qualification

The participants' highest qualifications were predominately a post-matric diploma with a frequency of 81 (52.3%). Participants with degrees had a frequency of 51 (32.9%), 7.7% were participants with honours and 7.1% had a matric certificate. In addition, all the participants were non-managers and did not have managerial experience. Table 4.3 below illustrates the participants' qualifications.

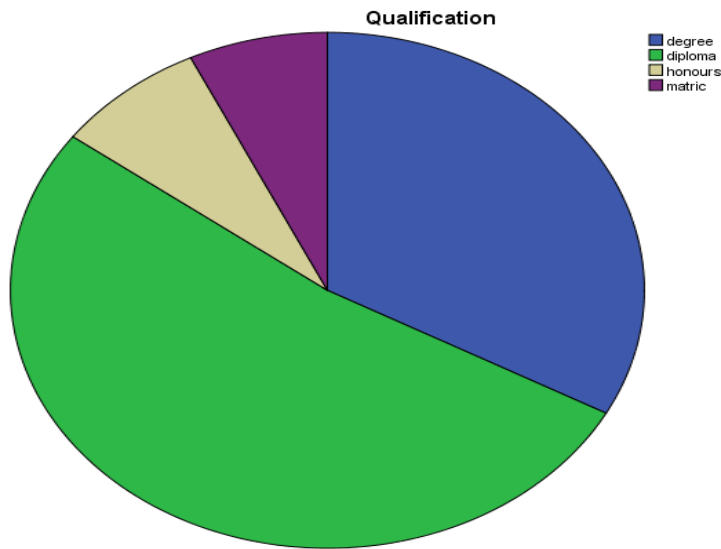


Figure 4.2: Qualifications of the Participants

4.2.3 Participants' Opinions on Gender Equity within the Department

As explained in the methodology section, questionnaires were sent out to non-managers to get their opinions of gender equity within the department. So this section presents their opinions. Table 4.3 depicts the participants' understanding that transformational leadership is necessary for addressing gender parity as shown by 43.2% of the participants. However, the participants indicated that transformational leadership is not taking place within their organisation as shown by 32.9% of the participants. A total of 45.2% further felt that the organisation is not committed to addressing gender equity. Furthermore, the majority (60.9%) were of the opinion that women are underrepresented within the organisation even though they (women) are working hard to get themselves promoted in this organisation. Of the participants, 45.9% indicated that women are working hard towards getting promoted and yet they are still few within the higher hierarchies of the department.

In addition, 40.0% of the participants were of the opinion that women are motivated to apply for leadership positions in this organisation. Unfortunately there is no clarity as to whether there are women mentoring programmes for leadership positions as indicated by 32.9% of the participants. This response that they are unsure of the existence of any mentoring programmes may be that either these mentoring programmes do not exist or where they do exist they are not visible. The non-existence or invisibility of mentoring programmes will disadvantage women who may be in need of help to advance to leadership positions. Of the

participants 36.1% indicated that the leadership within the organisation supports gender equity. However, 31% of them were not sure that the overall organisational culture supports women empowerment. Participants are also not sure (34.8%) that women are involved in decision making.

Participants (41.9%) indicated that they are not sure that there are policies on gender parity in the organisation. In addition, 45.8% of the participants pointed out that even though there may be policies in place they are uncertain if those policies are aligned to national government employment equity policies. If they are, then they thought that those policies were not visible enough. Furthermore, some participants (36.8%) also showed that they are not sure there are structures in place to identify gaps in relation to gender parity. Lastly, a large number of participants (52.9%) also pointed out that there are no inclusive skills development programmes in the organisation.

When participants were asked about their organisational commitment in addressing issues of gender, the majority (74.9%) of participants felt that the organisation is not committed to addressing issues of gender. However, the majority of the participants who were of the view that the organisation is not committed were females (61 out of 116 participants). In addition, 17 out of 22 participants were males who were of the opinion that the organisation is committed to addressing issues of gender as presented in table 4.4. In addition, 17 out of 22 participants were males who were of the opinion that the organisation is committed to addressing issues of gender as presented in table 4.5

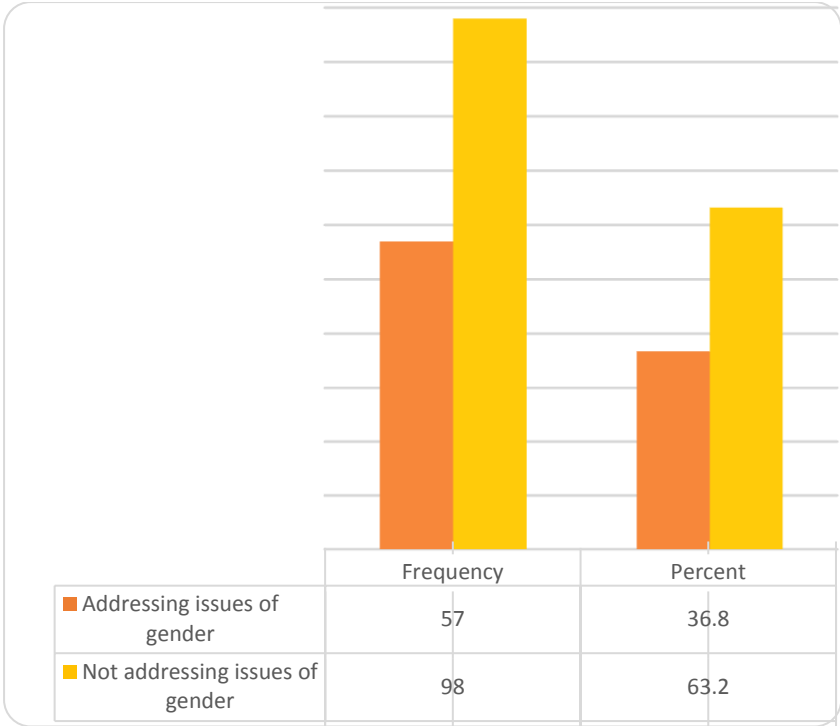


Figure 4.3: Participants’ opinion on Department of Health’s commitment to addressing issues of gender.

Figure 4.3 above illustrate the department’s commitment on addressing issues of gender. Majority of the participants are of the view that the department is not committed in addressing issues of gender.

Table 4.4: Opinions about Issues of Organisational Commitment to Gender Equity

Item no	Questions	Agree		Not sure		Disagree	
		N	%	N	%	n	%
B1	Transformational leadership is necessary for addressing gender parity.	107	67.7	44	28.4	6	3.8
B2	Transformation in relation to gender parity is taking place at this organisation.	111	36.8	9	5.8	89	57.4
B3	Women are underrepresented at managerial positions in this organisation.	94	60.6	46	29.7	15	9.7
B4	The organisation is committed in addressing gender parity.	22	14.2	17	11.0	116	74.9
B5	Leadership in this organisation supports gender parity.	63	40.6	41	26.5	51	32.6
B6	There are policies on gender parity in the organisation.	71	45.8	65	41.9	19	12.3
B7	Policies in the organisation are aligned to national government employment equity policies.	54	34.8	71	45.8	30	18.4
B8	Policies on gender parity are implemented	48	31.0	73	47.1	34	21.9
B9	There are structures in place to identify gaps in relation to gender parity.	36	23.2	57	36.8	62	40.0

B10	There are structures in place to address identified gaps in relation to gender parity.	50	32.3	28	18.1	77	49.7
B11	Women are working hard to get themselves promoted in this organisation.	105	67.7	13	8.4	37	23.8
B12	Organisational culture supports women empowerment.	40	25.8	48	31.0	67	43.2
B13	Women are mentored for leadership positions.	33	21.3	51	32.9	71	45.8
B14	Women are motivated to apply for leadership positions in this organisation.	68	43.9	36	23.2	51	32.9
B15	Women are involved in decision making processes.	70	44.5	54	34.8	30	19.3
B16	There are inclusive skills development programmes in the organisation.	25	16.1	28	18.1	100	65.8

Table 4.5 Commitment of the Department to Addressing Gender Equity

No of participants	The organisation is committed in addressing gender parity.	Agree		Not sure		Disagree	
		N	%	N	%	N	%
Male (79)		15	19.0	9	11.4	55	69.6
Female (76)		7	9.2	8	10.5	61	80.3
Total (155)		22	14.2	12	11.0	116	74.9

Table 4.4 above indicates the results of the research questions answered by the participants. The questionnaire comprised of the five-point Likert scale (strongly agree, agree, not sure, strongly disagree and disagree). In the analysis of the results agree and strongly agree were combined and presented as agree while strongly disagree and disagree were also combined for a meaningful understanding and interpretation of the responses.

4.3 QUALITATIVE RESULTS

The second section of the study consisted of eight (8) participants with whom one-on-one interviews were held to explore the significance of transformational leadership in relation to gender equity within the health care sector. In this section, the biographical information is presented first, followed by opinions and understanding of the participants on transformational leadership in relation to gender equity in an attempt to address the research objectives.

4.3.1 Biographical information

Table 4.6 below illustrates the characteristics of the participants. It consists of the gender of the participants, age, race, position at work and managerial experience.

4.3.1.1 Gender of participants

The statistics in Table 4.3. show that the number of males interviewed was greater than the number of females. Of the eight (8) participants, five (5) (62.5%) were male and 3 (37.5 percent) were female. This in itself may already show the underrepresentation of females within leadership positions in this department.

4.3.1.2 Age of participants

The results in Table 4.3. show that six (6) (75 percent) of the participants were at the ages between 40 and 49 and 25% were aged between 50-59 years.

4.3.1.3 Qualifications of the participants

The highest qualification of the participants was a master's degree and above (37.5%) followed by both degree and honours qualifications at 25.0% each and lastly 12.5% of participants with diplomas.

4.3.1.4 Work positions of the participants

All participants were at management level. Managers at junior level were 37.5 %; while 50.0% of participants were senior managers and the last 12.5 % were executive management.

4.3.1.5 Managerial experience of the participants

All the participants had ten years and above of managerial experience. The findings on Table 4.6 show that the sample was highly educated; therefore, equipped to comprehend on issues related to transformational leadership and gender equity in the health care sectors. Education and many years of managerial experience play an important role in understanding the significance of transformational leadership in relation to gender equity, challenges faced by the department in addressing issues of gender equity and suggesting best practices to address them.

Table 4.6. Demographic information of participants

	Frequency	Percent
Gender		
Male	5	62.5
Female	3	37.5
<i>Total</i>	8	100.0
Race		
All Black African	8	100.0
Age in years		
40-49 years	6	75.0
50-59 years	2	25.0
<i>Total</i>	8	100.0
Highest Qualifications		
Diploma	1	12.5
Degree	2	25.0
Honours	2	25.0
Masters and above	3	37.5
<i>Total</i>	8	100.0
Position at work		
Manager	3	37.5
Senior manager	4	50.0
Executive manager	1	12.5
<i>Total</i>	8	100.0
Managerial experience		
All 10yrs and above	8	100.0

4.3.2 Opinions of Managers on Gender Equity in the Department of Health

The results are presented in line with the objectives of the study as set out in the first chapter of this study.

4.3.2.1 Commitment of the Department to Addressing Gender Equity

Objective one of the study intended to examine if the Department of Health in Limpopo is perceived to be committed to addressing issues of gender equity or not. Understanding the organisation's commitment is important in improving gender equity in the department. When research participants were asked how committed is their organisation in empowering women, the following main themes were identified: policies, and women empowerment programmes. Participants indicated that the organisation is highly committed to addressing issues of gender equity. *“Our organisation is highly committed to addressing issues of gender, despite the challenges which we face during implementation of the policies aimed at addressing gender equity issues”*.

a) Organisational Policies

Participants indicated that there are policies in place intended to address the issue of gender equity within their organisation. They further stated that there are established committees to address gender equity within the organisation and that employment targets on gender equity are taken into consideration during recruitment and selection processes.

According to the participants, there are also well-developed retention strategies that ensure that women are retained for further development. They further added that these retention strategies are helpful in the low staff turnover that the department experiences. For instance, one of the participants said: *“The Department is highly committed to empowering women; it has developed policies, established committees to address gender equity within the organisation and employment targets on gender equity are taken into consideration during recruitment and selection processes. There is also a well-developed retention strategy that ensures that women are retained for further development hence there is limited staff turnover.”*

Eagly et al. (2003) argue that government departments have prepared extraordinary plans for working towards gender equality by putting programmes in place to advance the position of women. In South Africa, the Commission for Gender Equality has also been established for the purpose of advancing women into leadership positions. However, the participants highlighted that even though policies are in place, implementation is still a challenge.

b) Women Empowerment Programmes

Participants indicated that the organisation has women empowerment programmes that are aimed at addressing gender equity within the institution. For instance, women are sent for training in their various areas of job specialisation, and they are equally mentored. They also revealed that women managers are empowered by sending them for training and development opportunities and that bursaries and leave allowances are provided for during such training period to broaden their areas of skills and knowledge. However, they indicated that the department is finding it difficult to implement the programmes. One of the challenges indicated was the financial constraints to conduct the planned programmes.

According to Kara (2006), policy-makers should promote women's education, as education reduces the inequalities between genders. In addition, education is important, but it is not adequate in creating gender equality (Steyn & Jackson, 2014). Yamauchi and Tiongco (2013) revealed evidence supporting the notion that females, particularly young women, are advantaged by education.

4.3.2.2 Identified challenges that the department faces in achieving gender equity

Objective two of the study intended to investigate any challenges that the department may be facing in its attempt to achieve gender equity in leadership positions. When research participants were asked to explain what the main challenges of addressing gender parity in this organisation are. The following main themes were identified, namely:

- Budgetary constraints,
- Social and cultural stereotypes, negative perceptions on competencies of women leaders among women themselves,
- Lack of confidence, experience, and of relevant skills and/or qualifications

a) Budgetary constraints

The participants indicated that budget is one of the biggest challenges in addressing gender equity within the organisation. They stated that there are programmes intended to equip previously disadvantaged gender over certain job opportunities. However, the finance to fund the programmes remains a major challenge.

b) Social and cultural stereotypes

The research participants suggested that socio-cultural stereotypes are part of the society culture which constrains women to advance to leadership positions in the Department of Health. They explained that the society within which they operate still does not believe that women can be in leadership positions and do well while there. For example, one of the managers said: *“You know ... there is high community stigma attached to certain jobs which results in more men applying for a specific higher position job as compared to women”*. The statement by the participant may also imply that because society does not believe in women, they (the women) also end up not believing in themselves and thus not applying for leadership positions even when they become available/open.

Participants mentioned that removing socio-cultural stereotypes should involve a transformation in employees' and management's mind-sets, as well as change in organisational processes and organisational culture. This view is consistent with Oswald and Chapleau (2010) who stated that the challenge women face with gender stereotyping, is that the deep conditioning about gender has affected their self-esteem and the perception of their own leadership capabilities. In addition, cultural beliefs play an important role in a diverse institution such as the Department of Health.

According to Lessing (2004), men have greater credibility as authority figures, whereas women tend to be recognised for stereotypical qualities such as sympathy, creativity, openness and patience, and thus are viewed as less suited for leadership positions.

The Employment Equity Act (No. 55 of 1998) of the Republic of South Africa states that even where women are well qualified and experienced, the predominance of men in leadership has resulted in a culture in which men's behaviour patterns are perceived to be norms and women often find it difficult to be accepted as equals by their male colleagues. There is a continued perception among employees which views women managers as not confident and as such they need to prove themselves more as managers than compared to men.

c) Lack of requisite experience and qualifications

One of the senior managers during the interview session said: “ *Ahmm.....As much as we are trying hard to empower women, most females are resistant to change, they lack the required skills and experience together with stereotypes imposed by other staff members with regard to gender and work relations*”.

d) Budgetary constraints

The participants indicated that budget is one of the biggest challenges in addressing gender equity within the organisation. They stated that there are programmes intended to equip previously disadvantaged gender over certain job opportunities. However, the finance to fund the programmes remains a major challenge.

e) Social and cultural stereotypes

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Work institution is a community where employees carry their cultural beliefs at their places of employment. According to Lessing (2004), men have greater credibility as authority figures, whereas women tend to be recognised for stereotypical qualities such as sympathy, creativity, openness, and patience, and thus are viewed as less suited for leadership positions.

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f) Lack of requisite experience and qualifications

One of the senior managers during the interview session said: “ *Ahmm.....As much as we are trying hard to empower women, most females are resistant to change, they lack required skills and experience together with stereotypes imposed by other staff members with regard to gender and work relations*”.

4.3.2.3 The perceived significance of transformational leadership in achieving gender equity

Objective three intended to determine the perceived significance of transformational leadership in relation to achieving gender equity. Participants were asked if transformational leadership is necessary to address gender parity. All the participants agreed that transformational leadership is necessary to address gender equity. One of the participants said: *“Yes, eehhh..... Transformational leadership is important in relation to gender equity, for the gender equity gap to be closed, it requires transformed leadership to encourage and support structures in place to close up the gap. Transformational leadership encourages and supports change within organisations in order to provide quality services.”*

Participants indicated that transformational leadership is important in relation to gender equity in that transformed leaders are able to take informed decisions, a quality that will be crucial in terms of gender equity. They further added that an organisation with transformational leadership has a good vehicle to ensure that the workplace is represented in terms of diversity and sharing of skills for both genders within the institution. Moreover, according to the participants transformational leaders have the ability to encourage team work, support and encourage diversity within organisations, which also includes gender equity reinforcement

4.5. SUMMARY

This chapter presented the findings and discussion from the study on the role of transformational leadership in achieving gender equity in the Department of Health, Limpopo Province. Budgetary constraints, mentorship, socio-cultural factors, and attitudes of staff members were amongst the challenges perceived by the participants at the Department of Health when addressing issues of gender equity. The study revealed that the majority of participants understand that transformational leadership is essential for either achieving or closing the gap in relation to gender equity.

During interviews, the managers indicated that the department has policies, mentorship programmes, women empowerment programmes, retention strategies, recruitment policies that are in line with the Employment Equity Act aimed at addressing the gap in relation to gender equity. In addition, the study revealed that the Department of Health is highly committed to addressing gender equity, however, research participants also stated that there are still challenges.

In contrast, while questioning the non-managerial employees' perception on transformational leadership in relation to gender equity the study revealed that the department is not committed to addressing issues of gender. Furthermore, the study found that non-managers are not sure if the Department of Health is offering mentorship programmes for women empowerment or not. The next chapter will present the summary of results, conclusions and recommendations.

CHAPTER 5

SUMMARY OF RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter provides a summary of the study findings, conclusions, and recommendations on the study that investigated the role of transformational leadership in relation to gender equity. The study also proposes areas for further research.

5.2 SUMMARY OF RESULTS

The study results are summarised in line with the study objectives.

5.2.1 The first objective was to examine if the Department of Health in Limpopo is committed to addressing the issues of gender equity or not.

The results indicated that the majority of participants (non-managers), 116 of 155 (74.9%), felt that the Department of Health is not showing a level of commitment to gender equity.

The results were supported by the participants as follows:

- Firstly, participants indicate that according to them there are no inclusive skills development programmes in the organisation.
- Secondly, they believe that there are no structures in place to address identified gaps in relation to gender equity.
- Thirdly, participants thought that their organisational culture does not support women empowerment even though women were seen to be working hard to get themselves promoted within the organisation.
- Lastly, participants reported not to be sure about the availability of policies within the organisation that addresses gender equity issues within their organisation.

However, the non-manager perceptions on the department's level of commitment towards gender equity are in contrast with the managers' perception. Managers reported that the department is highly committed towards addressing issues of gender equity. They also

indicated that the Department of Health has policies in place which are aligned with national government employment equity policies aimed at addressing issues of gender equity. They further highlighted that the organisational culture supports women empowerment; they also said that annually they host functions where women get motivated or empowered by different invited speakers.

Therefore, based on the above analysis, the study showed that the differences in opinions might be based on the level of employment (manager versus non-managers) together with the age group. The majority of participants in the non-manager group that were involved in the current study were aged between 30-39 years while participants who were interviewed for the qualitative part of the study were aged between 40-49 years which might have influenced their level of thinking, knowledge of the organisation and its policies and mostly the older age participants had more experience within the health care sector. There might be policies aimed at addressing gender issues as the managers have indicated but the study suggests that those policies are not visible enough, hence the non-managers showed that they were not sure of their existence.

5.2.2 The second objective of the study was to investigate any challenges that the department may be facing in their attempt to achieve gender equity.

Mentorship and organisational culture are of the challenges that many organisations face in the attempt to achieve gender equity in leadership positions. Participants indicated that the department is not offering mentorship programmes (100 of 155, 65.8%). Mentoring would assist women to develop self-esteem, leadership personalities, and non-traditional attitudes about women and employment. The use of mentors would also assist to produce future powerful leaders who will produce effective labour practices. In order for women to thrive in obtaining leadership positions in a workplace, mentoring must be observed (Agarwal, 2007). He further argued that mentoring experience should be incorporated into the organisational policy to make it a normal operation in the organisational job performance as each employee will do his/her best in a specific job.

Participants (managers in the qualitative study) further highlighted several challenges faced by the Department of Health while attempting to address gender equity issues which included:

- a) Budgetary constraints ,
- b) Social and cultural stereotypes.
- c) Negative perceptions on competencies of women leaders among women themselves,
- d) Women's lack of self-confidence,
- e) Women lack managerial experience,
- f) People's beliefs and attitude towards women leadership.

Participants felt that the department has programmes in place to address issues of gender equity. However, the budget to fund these programmes remains a challenge. They further indicated that there are negative perceptions on competencies of women leaders among women themselves and also perceived women to be lacking in self-confidence.

The lack of confidence in women might be due to their lack of previous managerial experience, lack of managerial training and people's beliefs, and stereotyping and attitudes towards women leaders. Previously women were perceived as people who did not qualify to work and also deemed not to be leaders, but men were associated with leadership. Even though there were a lot of changes regarding women and leadership, women remained underrepresented in leadership positions (Grant, 2016).

5.2.3 The last study objective was to determine the perceived significance that organisational transformation can play a role in relation to gender equity.

Participants who were non-managers agreed that transformational leadership is necessary for addressing gender parity (107 of 155 participants). This matter is further elaborated by the managers. Participants who were managers reported that transformational leadership is crucial in addressing issues of gender equity. In addition, participants also indicated that for organisations to be transformed, it requires transformed leadership to encourage and support structures in place to close up the gap of gender inequality.

It is perceived by participants in this study, both managers and non-managers, that transformational leadership can encourage and support change within this organisation in order to provide quality services, but specifically to change attitudes towards gender equity and the empowerment of women into leadership positions. Furthermore, participants associated organisations that have leaders who use the transformational leadership style to be successful in addressing gender equity challenges. The perception and belief is that transformational leaders are able to encourage teamwork, are supportive of any change and transformation within organisations including change in terms of women empowerment and encouraging diversity within organisations. Diversity includes gender equity and support of advancement of women into higher hierarchies within the organisation. Therefore, the study found that all participants (both managers and non-managers) agreed that transformational leadership could be significant in relation to gender equity.

5.3 CONCLUSIONS

The results of the study were presented in Chapter 4. Based on the analysis of the results, the following conclusions are drawn:

The organisational commitment to gender equity is not satisfactory because it is not evident to all employees, especially those in non-management positions and may be aspiring to become managers. The managers in the current study explained that the organisation is highly committed, while the majority of the participants, the non-managers, were uncertain about the organisational commitment towards addressing issues of gender. In addition, the non-managers did not even know about the policies and programmes that support gender equity that were explained by the managers.

The results further suggest that the majority of those participants who thought that the organisation is committed to addressing issues of gender were males, while non-manager females especially disagreed.

The organisation is facing challenges in regard to addressing issues of gender equity. The challenges outlined included budgetary constraints, social and cultural stereotypes, negative perceptions on competencies of women leaders among women themselves and women's lack

confidence. Thus, the stereotypes, prejudices and negative attitudes towards women as leaders seem to be persisting despite the country's attempt to empower women through well-drafted policies and programmes.

Overall, all the participants are of the opinion that transformational leadership can help in facilitating the empowerment of women and addressing the attainment of gender equity targets.

5.4 RECOMMENDATIONS

The study recommends the following:

5.4.1 Women Support by the Organisation and other Women

Removing socio-cultural stereotypes about women leaders which involve not only a transformation in employees' mind-sets but also management practices, processes and organisational culture. Women who are already in leadership positions should try to be more visible and should mentor and/or coach those women in non-management positions who aspire to be leaders. Showing that it is possible for women to be leaders and do well can be a motivator for the stereotyped, sceptical people and the community at large. Furthermore, since women leaders often lack the support from other workers or leaders, there is a need of establishing women based networks and networking events as well as online forums to support and promote one another.

Since some of the women leaders lack self-confidence, there is a need to encourage them to work through the moments of self-doubts, by commending them to ignore that inner voice that may discourage taking tough decision, speaking up and getting outside their comfort zone. The study recommends women leaders to stay focused on departmental and/or organisational goals

5.4.2 Communication and Dissemination of Information Vital for Advancing Women Empowerment

Management should make sure that the organisational policies are both available, visible and clear to all employees within the organisation. This could be achieved by employing better communication strategies to disseminate information. It is unfortunate that such policies are known only by those already in management and cannot be helpful to those who are still aspiring to be managers.

5.4.3 Further Support by the Organisation and Government

Despite the government initiatives that aimed at empowering women in various aspects including leadership posts, as well as organisational policies within the Department of Health nationally and in Limpopo, it would appear that there are still challenges in terms of addressing social and cultural stereotypes of women in leadership. The study therefore recommend developing more women leadership platforms or networking opportunities in order to let women share success and challenges they face in their leadership practices in a way of encouraging those who still aspire to be leaders.

5.4.4 Seeking Opportunities for Development and for Mentoring and Coaching

- The onus also rests upon the women themselves to look for opportunities out there for being coached or mentored by those people, male or female, who are already in leadership positions. These women also need to look out for workshops and conferences that are already out there and attend them in order to develop themselves.
- They also need to go for leadership and management training and development courses to equip themselves.
- These training and development courses, as well as workshops and conferences, are also opportunities for networking and for identifying established leaders who can be asked to coach or mentor them.

5.5 SUMMARY

The study aimed at investigating the perception of whether transformational leadership style can be utilised as one of the strategies that can enhance achievement of gender equity in the Department of Health, Limpopo Province. The objectives of the study intended to examine the department's commitment on addressing issues of gender equity as well as finding out the challenges faced by the department in its attempt to achieve gender equity.

A Literature review on the progress made in terms of gender equity internationally and nationally was done and presented. The study followed a combination of quantitative and qualitative research methods i.e. mixed methods design with concurrent collection of data and equal weight placed on both the qualitative and quantitative data. In the qualitative part, the study targeted only managers who were interviewed and the quantitative section targeted only non-managers who were given questionnaires to answer.

The results of the study show that the perception of managers and non-managers differed on the level of commitment of the organisation to gender equity as well as on the availability of programmes and policies to advance women. However, both managers and non-managers agree that transformational leadership should be considered in addressing gender issues. This final chapter presented recommendations for the organisation, women and men in leadership positions to look at alternatives in order to enhance women empowerment, as well as the aspiring women to help themselves as much as possible.

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APPENDIX A:

ETHICAL CLEARANCE



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 05 May 2016

PROJECT NUMBER: TREC/33/2016: IR

PROJECT:

Title: The significance of Transformational leadership in pursuing gender parity

Project Leader: Dr MM Kanjere

Project Team: Prof Z Mpehle
Ms MF Rachidi
Dr KI Theletsane
Dr JDM Matshabaphala
Ms AM Mvundlela
Ms HF Golele
Ms KM Mokomane
Mr MM Masemola

School: Turfloop Graduate School of Leadership

Degree: Independent Research

MAB 23/20
PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

- Note:**
- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
 - ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX B:

CONSENT FORM FROM THE DEPARTMENT OF HEALTH PROVINCIAL OFFICE



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila (015 293 6650)

Ref:4/2/2

Kanjere MM and others
University of Limpopo
Private Bag X1106
Sovenga
0727

Greetings,

RE: The significance of Transformational leadership in pursuing gender parity

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
 - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.
 - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.


Head of Department


Date

APPENDIX C:

CONSENT FORM FROM DEPARTMENT OF HEALTH DISTRICT OFFICE



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

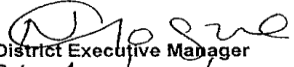
DEPARTMENT OF HEALTH
MOPANI DISTRICT

Ref: S4/2/2
Enq: Mohatlil IE
Tel: 015 811 6543

To **Ms. Golele H.F**
P.O.Box 1328
KHOMANANI
0933

Re: PERMISSION TO CONDUCT RESEARCH IN MOPANI HEALTH FACILITIES: YOURSELF

1. The matter cited above bears reference
2. This serves to respond to the request submitted to research on the topic: **"The role of transformational leadership in achieving gender equity in the Department of Health, Limpopo Province, South Africa"**.
3. It is with pleasure to inform you about the decision to permit you to conduct research in the facilities within Mopani District.
4. You will be required to furnish hospital authorities with this letter for purposes of access and assistance.
5. You are further advised to observe ethical standards necessary to keep the integrity of the facilities.
6. The Mopani District wishes you well in your endeavour to generate knowledge.


District Executive Manager
Date: 12/12/2016

APPENDIX D:

QUESTIONNAIRE FOR QUANTITATIVE STUDY

Topic: The role of transformational leadership in achieving gender equity in the Department of Health, Limpopo Province

Dear Participant

Thank you for taking your time to participate in this study. This is the NRF-Funded study that is geared towards investigating the role that transformational leadership can play in achieving gender equity in the Department of Health, Limpopo Province. Therefore, your willingness to provide your observations in the matters raised is all that is required. There are no wrong or right answers.

Please be informed that your identity will remain anonymous and that your participation in the study is voluntary. You are also free to withdraw from participating in this study at any point in time.

Thanking you

Golele Faith

INSTRUCTIONS:

This questionnaire is divided into two sections, kindly complete all the sections. Section A requests that you complete your biographical information and Section B is a Likert Scale.

The questionnaire will take approximately 15 minutes to complete.

Indicate your choices with an “X” in the appropriate boxes.

SECTION A

Biographical information

Indicate your choices with an “X” in the appropriate boxes.

1. Gender

Male	Female
------	--------

2. Race

African	White	Indian	Coloured	Asian
---------	-------	--------	----------	-------

3. Age in years

21-29	30-39	40-49	50-59	60 and above
-------	-------	-------	-------	--------------

4. Highest qualification

Matric	Diploma	Degree	Honours	Masters and above
--------	---------	--------	---------	-------------------

5. Position at work

Non manager	Junior manager	Manager	Senior manager	Executive manager
-------------	----------------	---------	----------------	-------------------

6. Experience in managerial position

None	1-5	6-7	8-10	Above 10
------	-----	-----	------	----------

SECTION B

LIKERT SCALE

Indicate your choices with an “X” in the appropriate boxes

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1. Transformational leadership is necessary for addressing gender parity.					
2. Transformation in relation to gender parity is taking place at this organisation.					
3. Women are underrepresented in managerial positions in this organisation.					
4. The organisation is committed in addressing gender parity.					
5. Leadership in this organisation supports gender parity.					
6. There are policies on gender parity in the organisation.					
7. Policies in the organisation are aligned to national government employment equity policies.					
8. Policies on gender parity are implemented.					
9. There are structures in place to identify gaps in relation to gender parity.					
10. There are structures in place to address identified gaps in relation to gender parity.					
11. Women are working hard to get themselves promoted in this organisation.					

12. Organisational culture supports women empowerment.					
13. Women are mentored for leadership positions.					
14. Women are motivated to apply for leadership positions in this organisation.					
15. Women are involved in decision making processes.					
16. There are inclusive skills development programmes in the organisation.					

APPENDIX E:

SEMI STRUCTURED INTERVIEW GUIDE QUESTIONS

INTERVIEW SCHEDULE

THE SIGNIFICANCE OF TRANSFORMATIONAL LEADERSHIP IN PURSUING GENDER PARITY IN SOUTH AFRICAN ORGANISATIONS

Dear Participant

Thank you for availing yourself for this interview. This is the NRF-Funded study that is geared towards investigating the significance of transformational leadership in pursuing gender parity in South African organisations. Therefore, your honest opinion in the matters raised is all that is required from you. Therefore, there are no wrong or right answers. Kindly note that a tape recorder is going to be used throughout this interview to collect data, this is done for the purpose of capturing all the information presented and not to incriminate you in any way. Your permission to use the tape recorder in this interview is thus sought.

Please be informed that your identity will remain anonymous and that your participation in the study is voluntary. You are also free to withdraw from participating in this study at any point in time.

Thanking you

Golele Faith

INFORMATION WORTH NOTING:

This interview will last for about 15 minutes at most. You are requested to answer all the questions to the best of your knowledge.

SECTION A

Biographical information

Kindly provide the following information:

1. Gender

Male	Female
------	--------

2. Race

African	White	Indian	Coloured	Asian
---------	-------	--------	----------	-------

3. Age in years

21-29	30-39	40-49	50-59	60 and above
-------	-------	-------	-------	--------------

4. Highest qualification

Matric	Diploma	Degree	Honours	Masters and above
--------	---------	--------	---------	-------------------

5. Position at work

Non manager	Junior manager	Manager	Senior manager	Executive manager
-------------	----------------	---------	----------------	-------------------

6. Experience in managerial position

None	1-5	6-7	8-10	Above 10
------	-----	-----	------	----------

SECTION B

ANSWER THE FOLLOWING QUESTIONS:

1. What is your understanding of gender equity?
2. How important is gender equity in this organisation?
3. In your opinion how is your organisation doing in terms of empowering women?
4. What are the main challenges of addressing gender equity in this organisation?
5. Explain how transformation is taking place at this organisation?
6. Is transformational leadership necessary to address gender equity? Elaborate.
7. How can transformational leadership contribute to gender equity?
8. Do you have policies and targets for employment equity in this organisation? Elaborate.
9. How committed is your organisation to empowering women?
10. Would you say the leadership of this organisation is transformational?
11. What mechanisms does this organisation have in place to identify and address equity gaps in managerial positions?

This signifies the end of this interview. Thank you for your time. You are free to share any additional information.

CONSENT FORM

Name of the Researcher	Golele Faith
Title of the study	The role of transformational leadership in achieving gender equity in the Department of Health Limpopo Province

Dear Participant

You are hereby requested to give your consent to participate in the study. If you are willing, kindly complete the form below.

Kindly note that the information that you will provide, will be treated with confidentiality and for the study purposes only. You will also not be named in any written work arising from the study. Should you require further clarity, you are free to discuss your concerns with the researcher.

I----- give my consent to participate in the study titled;” **The role of transformational leadership in achieving gender equity in the Department of Health Limpopo Province** I am aware that my participation in the study is voluntary and that I am free to withdraw my participation at any time.

Signature_____

Date_____