



POLICY

BRIEF

May 2017



www.chp.ac.za | 011 717 7420 | Further information: Please contact Shakira Choonara at shakira288@gmail.com

Developing leadership competencies in the health system: practical lessons from a South African district

Introduction

Decentralisation has been widely implemented in South Africa and other developing countries. It transfers authority over functions such as financial management and human resources from higher to lower levels of the health system, seeking to achieve efficiency, innovation and service adaptation to local contexts.

Achieving these outcomes requires effective management and leadership in the health system, particularly at district level. Management entails coordinating technical processes such as planning and budgeting. Leadership refers to individuals who create a vision, inspire, motivate and enable staff to achieve results in complex conditions.

Although some researchers have treated management and leadership separately, we have found them to overlap in practice and to both be crucial to strengthening the district health system. However, despite its centrality to the success of decentralisation and the implementation of health reforms, there are significant leadership challenges at the district level.

Effective leadership requires a range of competencies (Figure 1).

This policy brief highlights district-level informal, workplace-based learning through which these key leadership competencies can be learnt and developed. This adds to the relatively small body of empirical literature on informal learning in the health system and complements existing leadership development thinking, much of which is focused on formal training through courses or workshops.

Conclusions and policy implications

- Although district-level staff are key to the implementation of health reforms, they are often not adequately trained and prepared for their leadership roles.
- However, despite the structural constraints of workplaces, staff can implement various workplace-based strategies – e.g. delegation, shadowing, constructive communication and team-based learning – to build necessary leadership competencies.
- These competencies, in turn, help staff to push back against structural constraints and to fulfil their roles more effectively.
- Health system managers should therefore consider ways of incorporating informal leadership development strategies into workplaces.
- Not only are they cost-effective, but they can also help to overcome some of the challenges of formal leadership training, for example the struggle to apply formal training to everyday settings.



Figure 1: Leadership competencies

Methods

This study investigated financial management at the district level and contextualised core technical tasks such as planning, resource allocation, budgeting and evaluation in wider organisational realities of communication practices, relationships and mentorship. Data collection (March 2015-February 2016) was set in a single district in Gauteng province, South Africa and entailed:

- In-depth interviews with key informants involved in financial management and finance-related tasks such as human resources, information technology, health information systems and procurement;
- Non-participant observation, through the job shadowing of individuals in finance; and
- Participant observation, through participating in processes such as budgeting and assisting with finance tasks.

Results

The district officials worked under clear structural constraints. These included:

- Centralisation and limited delegation of authority, due to the fact that the provincial department of health was placed under administration because of over-expenditure;
- Difficult and slow bureaucratic approval processes due to centralisation, which made it difficult to access financial resources; and
- A lack of IT equipment and slow or no internet connectivity, which hampered e-mail communication and made it difficult to complete tasks and meet deadlines.

However, it was still possible for district managers and officials to overcome these constraints through supporting informal learning and leadership competency development. The key informal learning strategies and the competencies they developed were:

Delegation of tasks

Managers learnt delegation strategies from their superiors and passed these on to those they were supervising.

Delegation challenges and encourages those who receive more responsibility, giving them the opportunity to tackle problems and gain new knowledge in the process. Those who delegate improve their own prioritisation, enabling them to better plan and implement their programmes and projects.

Competencies developed: people management & empowerment; problem solving; knowledge management; programme & project management

Shadowing / learning the organisation

Some managers took colleagues along to meetings where they were not strictly required to be, for example finance managers taken to nursing meetings. This strategy empowered staff members by exposing them to different settings and increased staff's knowledge and learning because they could see how things worked across the district.

Competencies developed: people management & empowerment; knowledge management

Constructive communication and feedback

The district manager made a point of ensuring regular communication with staff and giving them feedback on their work in meetings or through one-on-one feedback sessions. This created good relationships with staff, who are now also implementing the same communication practices.

Competencies developed: people management & empowerment; communication

Team-based learning

Managers often encouraged staff to work together on tasks, so that they could support each other and gain new knowledge. Each staff member was also trained on every finance-related task.

This strategy spread knowledge and allowed staff to stand in for each other, potentially improving the implementation of projects and programmes.

Competencies developed: people management & empowerment; knowledge management; programme & project management

Source: Choonara S, Goudge J, Nxumalo N, Eyles J. Significance of informal (on-the-job) learning and leadership development in health systems: lessons from a district finance team in South Africa. *BMJ Global Health* 2017;2:e000138. doi:10.1136/bmjgh-2016-000138. <http://gh.bmj.com/content/2/1/e000138>.

Funding: National Research Foundation South Africa Research Chairs Initiative (SARChI) and Freestanding Doctoral Scholarship, Resilient and Responsive Health System Consortium, University of the Witwatersrand, School of Public Health, Seed Funding Grant.

CHP Policy Briefs aim to make CHP's research accessible to key stakeholders by summarising the work and presenting key policy implications and recommendations. This policy brief is produced and distributed under the terms of the [Creative Commons Attribution-NonCommercial-No Derivative Works 3.0 Unported licence](https://creativecommons.org/licenses/by-nc-nd/3.0/).