UNIVERSITY OF KWAZULU - NATAL

Exploring Leadership's Role towards the Inclusion of People with Disabilities (PWDs) in the Workplace. A Case Study of the eThekwini Municipality Department of Health, KwaZulu-Natal.

By

Nokulunga Cynthia Mthombeni

Student Number: 218086368

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Supervisor: Dr. Emmanuel Mutambara

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DECLARATION

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ABSTRACT

Compliance to Employment Equity Act no.55 of 1998 as amended and all other legislative regulations, prescripts and policies are pivotal in breaking the cycle of poverty that People with Disabilities (PWDs) live in; and they address the issues of PWDs discrimination, marginalisation, stigmatisation, victimisation, denial of their autonomy, as well as their exclusion in the workplace. The organisational leadership that is committed in ensuring PWDs inclusion in the workplace, through their employment, providing conducive working environment, creating the organisational strategic intent, culture and behaviour that ensures PWDs are inclusive is pivotal to the Department of Health, eThekwini Health District. The failure of eThekwini Health District to ensure inclusion of 2% PWDs in the workplace motivated the study. The aim of the study was to explore the leadership's role towards the inclusion of PWDs in eThekwini Health District. Four hospitals were selected for the feasibility of the study i.e. Prince Mshiyeni Memorial Hospital, Wentworth Hospital, King Dinuzulu Complex Hospital, and Osindisweni Hospital. The study objectives were achieved through qualitative research methodology processes. Non-probability, purposive sampling was adopted; while 16 participants were selected for the study, 11 participated in the study. Data was gathered through semi-structured open-ended interview questions, which were guided by an interview guide to get multiple perspectives and detailed information on the topic by answering three research questions on leadership's role towards inclusion of PWDs in hospitals. A voice recorder was used to capture interview proceedings and key field notes were taken. Thematic data analysis was used. Emerging themes were coded and discussed in relation to the research questions on: What role should leadership play towards the inclusion of PWDs in the workplace, what role is leadership currently playing in ensuring inclusion of PWDs in the workplace and what challenges were experienced by the leadership towards inclusion of PWDs in the workplace? Major findings from the study revealed that PWDs are still discriminated in the workplace and leadership lacks knowledge and/or information about PWDs. PWDs are not included in decision-making. The study recommended the implementation of a turnaround strategy, which consist of 18 principles for accelerating PWDs inclusion in the workplace. The recommended future research studies were outlined.

LIST OF ACRONYMS

ADA	American Disability Law
ANC	African National Congress
AL	Authentic Leadership
CEO	Chief Executive Officer
COE	Compensation of Employees
CRPD	Convention on the Rights of People With Disabilities
DM	Diversity Management
DoH	Department of Health
DPSA	Department of Public Service and Administration
DVD	Digital Video Disk
EAP	Economically Active Population
EBP	Evidence-Based Practice
EEA	Employment Equity Act
EECF	Employment Equity Consultative Forum
EEO	Equal Employment Opportunities
EEP	Employment Equity Plan
HRM	Human Resource Manager
HRM Circular	Human Resource Management Circular
HRIP	Human Resource Implementation Plan
HRP	Human Resource Practitioner/ Human Resource Plan
IDP	Integrated Development Plan
IHETDC	Institutional Health Education Training and Development Committee
IMLC	Institutional Management and Labour Committee
INDS	Integrated National Disability Strategy
KM	Knowledge Management

KZN	KwaZulu – Natal
LOCI	Leadership and Organizational Change for Implementation
LMX	Leader – Member Exchange
LRA	Labour Relations Act
MASEA	Minister's Annual Service Excellence Awards
MOPD	Medical Out – Patients Department
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
NGOs	Non – Governmental Organisations
OCB	Organisational Culture Behaviour
OECD	Organisation for Economic Co-operation and Development
OHS	Occupational Health and Safety
PERSAL	Personnel Salary System
PFMA	Public Finance Management Act
PMMH	Prince Mshiyeni Memorial Hospital
PWDs	People With Disabilities
QLFS	Quarterly Labour Force Survey
SABPP	South African Board for People Practices
SDA	Skills Development Act
SSA	Statistics South Africa
TFL	Transformational Leadership
TPB	Theory Planned Behaviour
UN	United Nations
UNCRPD	United Nations on the rights of Persons with Disabilities
VUCA	Volatile, Uncertain, Complex and Ambiguous
WDM	Workforce Diversity Management
WHO	World Health Organisation

WPRD	White Paper on the Rights of Persons with Disabilities
WSP	Workplace Skills Plan

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CHAPTER 1

Overview of the Study

1.1 Introduction

Success of any country, amongst other things depends on job creation, employment rate, considering Economically Active Population (EAP), which has a direct impact on countries' economy, in terms of its growth and sustainability. EAP refers to fifteen to sixty four years' old employed people or non-employed job seekers. EAP provision is:

(i) for the employers through leadership to work on equitable and representative workforce since the Public Service had set a goal of achieving a minimum of 2% representation of People with Disabilities (PWDs) in organisations by year 2015,
(ii) to assist leadership during the analysis of their workforce in establishing the inadequate employment of the previously disadvantaged groups and
(iii) to further guide leadership in setting organisational numerical goals and targets for the purpose of achieving the National goal (National Department of Labour, 14 ceereport – part 3).

The rationale of the study was the exploration of leadership's role towards the inclusion of People with Disabilities in the workplace in eThekwini Municipality Health Department. This component covers introduction, background highlights, problem, aim, focus, objectives, research questions, significance, motivation, brief methodology and organisation of the study. The chapter concludes with a summary.

1.2 Background of the study

The study is motivated by the fact that the Department of Health is not managing to employ and retain a minimum of 2% of PWDs in the workplace. Several researches on leadership's role in organisations have been conducted, however, gap existence in studies specifically on leadership's role towards the inclusion of PWDs in the

workplace has been noted. The barriers emanate from society, in inadequate legislation compliance, ineffective policies and strategic implementation, poor monitoring and review, compromised disability awareness and understanding thereof, negative attitudes and discrimination, lack of accessibility, inadequate funding, and lack of participation in decision – making on issues that affect the lives of PWDs in the workplace (South African Board for People Practice (SABPP), 2017 and Statistics South Africa (SSA), 2011, Report Number 03-01-59). The aim of the study was the identification of challenges and discussion of PWDs workforce incorporation through Human Resource professionals' guidance and leadership (SABPP, 2017). PWDs experience hurdles which include expression of opinions, equal receiving and imparting of information and views using preferred suitable communication strategy (White Paper on the Rights of Persons with Disabilities (WPRPD), 2015).

These barriers contribute to the disadvantages experienced by persons with disabilities. According to SABPP (2015) mostly in developing countries, persons with disabilities experience poorer health than people without disabilities, as well as higher rates of poverty, lower rates of educational achievement and employment, reduced independence and restricted participation. Number of hurdles they experience are preventable and disability disadvantages can be addressed. Empirical research studies conducted in other countries proved these origins of the problem.

Globally, all countries in the world operate under a turbulent environment that is influenced by various factors, including political, economical, social, technological and legal. These factors have impacted on people in different ways and for the rationale of this study the focus is on People with Disabilities (PWDs). The World Health Organisation (WHO) global disability action plan (2014 – 2021) was devised to ensure a better life for all PWDs through improving their health, functioning and well-being. Furthermore, this organisation explicitly explains that disability is a medical condition; therefore, prevention of health conditions that may lead to disability as well as risks or threats to health are of essence. In addition to that, this organisation emphasises that PWDs are marginalised, stigmatised, discriminated, experience inequalities, violation of their rights, abuse, prejudice, disrespect, acts of violence and are denied their autonomy. It must further be noted that this organisation alludes to the fact that women with disabilities are more discriminated since they are further abused and marginalised.

WHO (2014 – 2021) and the Organisation for Economic Co-operation and Development (OECD) (2011) posit that PWDs live in poverty which has the likelihood of increasing the impairments through malnutrition, poor health care and dangerous living conditions as they lack access to education and employment. It is, therefore, noted from WHO (2014 – 2021) that exclusion of PWDs is a world phenomenon. Several researches have been conducted on PWDs, including a study done by Sezgin and Esin (2016) in Turkey on *'Vulnerable groups in working life*'. This study discovered that only 14.3 per cent of PWDs were employed in Turkey. PWDs' legislation revealed prejudice in payment policies, compromised organisational environment, different work tasks for their qualifications and negative managers' attitudes. Furthermore, these researchers provided leadership responsibilities which include Occupational Health and Safety of PWDs, hazards' assessment, proper work positioning, physical environmental policies, baseline examinations, periodical and work resumption examinations, counselling, health education provisioning, effective follow – ups and rehabilitate staff. In America, a study on '*The Employment Puzzle: A Field Experiment on Employer Hiring Behaviour'* was conducted by Ameri, Schur, Adya, Bentley, McKay and Kruse (2017) for the purpose of investigating prospects of discriminating PWDs. A total of 6,016 job applications for accounting firms was investigated. The study targeted people with disabilities such as Spinal Cord Injury and Aspergers Syndrome that are unlikely to affect productivity. The findings of the study were that only 26 per cent employers showed interest and positive behaviour in employing the prospective candidates. Ameri et al. (2017) explained that a policy on the employment of PWDs should be initiated, because employment disparity faced by PWDs affect not only their economic well – being but also their social inclusion, which includes disparity in job training and security, employer discrimination stemming from the stigma of disability, perceptions of lower productivity among PWDs, attitudes of employers and co-workers, reservation of wages (transportation, medical issues, adaptive technologies) needed for PWDs employment and level of education.

Araten–Bergman (2016) conducted a study in Israeli as this country is also experiencing challenges of employment and retention of PWDs. It has been established that 2.1 per cent of government employees have disabilities. The study conducted was on *'Managers' Hiring Intentions and the Actual Hiring of Qualified Workers with Disabilities'.* The aims of the study were the exploration of the recruiting

managers' attitudes towards employing PWDs. The researchers used the research model incorporating the Theory of Planned Behaviour (TPB's) principles and demand – side factors. The study also examined the retentive relationship between the managers' expressed rationale and actual employment behaviour which was measured after six months. The results of the study revealed that 70 per cent of PWDs experienced discrimination in the workplace, 50 per cent were perceived to have been rejected for employment because of their disabilities, 65, 2 per cent of PWDs average household income was below minimum wage; compared to 27 per cent of people without disabilities (Araten – Bergman, 2016).

The Israel government had tried to put measures in place to eliminate discrimination on PWDs by ratifying the United Nations Convention on the Rights of People with Disabilities of 2007 (Araten – Bergman, 2016). Furthermore, the author shared that the government promulgated 'The Equal Rights of People with Disabilities Law of 1998 and regulations on Equal Rights for Persons with Disabilities' (State participation in Financial Adjustments of 2006) which would permit an employer or future employer who employs PWDs at least part – time (1/3 of a full – time) job for over a year to be entitled to government participation in financing of workplace accommodation.

Furthermore, in the study conducted, 250 Human Resource Managers were randomly sampled and completed questionnaires, of which after six months 146 reported on their hiring behaviour. The study concluded by highlighting the different factors that relate to this hypothesis and by emphasising that managers do not practise what they preach i.e. they do not hire persons with disabilities.

As alluded to earlier on that the exclusion of PWDs in the workplace is a universal challenge. It is prudent to emphasise that the low employment rate of PWDs is caused by discrimination; not necessarily by perceptions that PWDs lack interest in employment, qualifications or dependency on government's disability grants (Schur, Colella and Adya, 2016). The authors further posit that several countries have designed legislations to eliminate employment barriers for PWDs. These include 1990 Americans with Disabilities Act in the United States, the 1992 Disability Discrimination Act in Australia and the 1995 Disability Discrimination Act in the United Kingdom. The authors explain that hurdles like organisational negative attitudes among employers, supervisors and co-workers frequently hinders employment, job performance, pay,

security of the job, advancement and capacitation opportunities of PWDs. These job-related factors in turn affect their job satisfaction, organisational commitment, organisational citizenship behaviours and turnover intention of employees with disabilities. It is interesting to note that incorporation of PWDs in the workplace has benefits, which include improved service delivery, quality of life improvement through income earned by PWDs, enhanced self-confidence, expanded network and a sense of community (Lindsay, Cagliostro, Albarico, Mortaji and Karon, 2018). These authors posit that organisations' ability to provide proper accommodation or disability training for all employees contribute positively to improved inclusion, workplace culture and ability awareness.

South Africa has not managed to escape this challenge of ensuring inclusion of PWDs in the workplace. In 1994 South Africa got its democracy under the leadership of African National Congress (ANC) and that political change influenced the way the country should be governed; hence, the promulgation, enactment, and enshrinement of reviewed and/or new legislative regulation which was the most critical exercise in ensuring that the country has a clear direction. The purpose of a democratic government was and still is to ensure equality amongst all South African citizens. This can only be achieved by identifying the gaps and then implement strategies in addressing them. This necessity led to the enactment of the supreme law of the country; the Constitution of the Republic of South Africa of 1996 as amended.

One of the democratic government's aim is to address the imbalances of the past where some individuals and/or groups were discriminated against, and these include PWDs. PWDs prevalence in South Africa is 7.5% with a majority of females which is 8.3% compared to males who comprise 6.5% (SABPP, 2017). This indicates that during this era of high unemployment in South Africa, PWDs find it more difficult to secure employment, which means that more females are unemployed; females with no disabilities are included as they fall under designated groups. SABPP (2017) further illustrates that disability is a serious matter of concern that organisations need to focus on and there is a growing body of knowledge that PWDs are profoundly and more vulnerable to lifestyle and chronic diseases. SABPP (2017) identifies lack of commitment to disability causes as follows:

(i) Low social status frequently accorded People with Disabilities due to discrimination, stigma, and exclusion,
(ii) Misunderstanding and lack of information regarding gender and disability,
(iii) Common inadequate campaign on disability awareness,
(iv) Organisations lack the drive of employing and retaining persons with disabilities and recruitment policies which are not inclusive of persons with disabilities,
(v) Preference to be given to race and gender in employment equity plans, without prioritisation of PWDs.

The enactment of a number of legislative regulations, which are aligned to the Constitution, amongst them including Employment Equity Act (EEA) no. 55 of 1998, as amended which is aimed at addressing section 2 of the Constitution, which is the Bill of Rights; that spells out that all persons are equal were implemented. Section 9 (2-3) further emphasises the right to equality and non-discrimination against a person on the grounds of disability (Constitution of South Africa of 1996 as amended). (Section 25 (1), Chapter 2 of the EEA no. 55 of 1998 as amended provides information that PWDs, blacks and females are designated groups that were discriminated in all spheres of life, including employment. This section further elaborates on the prohibition of unfair discrimination while Chapter 3 provides lengthy information on affirmative action. “Affirmative action measures are intended to ensure that suitably qualified employees from designated groups have equal opportunity and are equitably represented in all occupational categories and levels of the workforce” (EEA no. 55 of 1998: p. 82).

The National Department of Labour provided workforce distribution and trends for aggregated workforce profile of PWDs from 2003 to 2013.

YEAR	2003	2005	20072	2009	2011	2013
All Employees	32 96844	2365 259	2030 837	4426 972	5174860	55 93 326
All PWDs	44 725	43 716	10 700	40 830	43 666	50 867
% of PWDs	1,3%	1,8%	0,5%	0,9%	0,8%	0,9%

Table 1.1 Source: National Department of Labour 2014 report

From an analysis of this report, it was established that South Africa was far from reaching the objective of minimum 2% employment and retention of individuals with disabilities. This called for immediate intervention to accelerate their retention and employment. The Department of Public Service and Administration (DPSA) issued a Job Access Strategic Framework on the Recruitment, Employment and Retention of Persons with Disabilities in the Public Service in 2009 with a vision of creating a transformed Public Service that is free of discrimination, inequalities and barriers to self-reliance; and where PWDs enjoy their rights and privileges as equal citizens. This framework was issued after the discovery that in 2005 Public Service personnel only constituted 0, 16% of PWDs. Furthermore, this piece of legislation was a strategy and innovative intervention to accelerate the inclusion of PWDs in the workplace. DPSA further issued a Handbook on Reasonable Accommodation for PWDs in the Public Service in 2009 with an aim of assisting institutions to understand types of disabilities and provision of reasonable accommodation (HRM Circular number 140 of 2009). Administratively, all Provincial departments are mandated to have their vision addressing the inclusion of PWDs in the workplace, which must be aligned to the national one. National Department has again issued WPRPD with a vision of the "creation of free and just society; inclusive of all persons with disabilities as equal citizens". Furthermore, WPRPD (2015) emphasised the need to work together in understanding PWDs diversity in ensuring South Africa and the belief that collective effort is crucial in effecting changes for transformation. The Integrated National Disability Strategy (1997) emphasises active involvement of PWDs in transformation in organisation (WPRPD, 2015). This document further outlines nine strategic pillars and three main interrelated barriers persons with disabilities experience, mentioned hereunder:

(i) Socially PWDs encounter communication challenges, society lacks awareness of disability and high cost of living due to devices they need,
(ii) Psychologically PWDs do not feel safe in societies, they live with fear and
(iii) Structurally PWDs are not catered for e.g. unavailability of lifts, ramps, tinted windows, information written in braille for the blind, etc.

Furthermore, the issue of disablism poses a challenge (WPRPD, 2015). Disablism involves unwelcoming viewpoints, conducts, operations and surrounding circumstances that eliminate either purposefully or inadvertently against PWDs and generate obstacles to their fair engagement in the workplace (WPRPD, 2015). It is therefore, of vital importance for leadership to understand and be knowledgeable about disability to avoid or eliminate disablism.

In support of the national vision on Persons with Disabilities, Ramaphosa (2019) emphasised the necessity of accelerating the inclusion of PWDs in the workplace for the betterment of their well – being, regardless of their socio – economic status, gender, place of origin or age in this country.

As per South African Statistics report 03-01-59 / report 03-01-592011, amongst nine Provinces; KZN has the highest proportion of PWDs as the country has 7,5% of PWDs. The DoH currently has no specific vision for ensuring the inclusion of PWDs in the workplace; however, it does have internal circulars embracing the national vision. The DoH is utilising bureaucratic structures with the leadership, which is normally referred to as top management, middle management and junior management in the Department. Top management is accountable for the functioning of the hospitals. The middle management and junior management are operational unlike top management, which is supposed to be strategic. The theory/theories that leadership utilises in decision-making is crucial. Maduenji, Oke and Ajagbe (2015) allude to organisational structure as the formal system, which measures the extent to which an organisation can use policies and procedures that prescribe behaviour, to inform the tasks, describing relations which control, synchronise and inspire employees in order to co-operate to achieve institutional aims.

A number of studies on PWDs have been conducted which include, ‘Identification of the Characteristics of Work Environments and Employers Open to Hiring and Accommodating PWDs’ (Gilbride, Vandergoot and Golden, 2003) and ‘HR Strategies

for Integrating Individuals with Disabilities into the Workplace' (Klimoski and Donahue, 1997). Some of the previous studies conducted identified the barriers of involvement PWDs in organisations; however, the challenges have not been eliminated hence eThekwini Municipality Department of Health is still failing to employ a minimum of 2% of PWDs.

According to the KwaZulu-Natal (KZN) DoH approved Annual Employment Equity Report of 2017, it was noted that the Province is failing to reach the target and indicated in the report that this is a legal implication by explaining that should the designated employer fail to comply with the provisions of EEA no. 55 of 1998, as amended; the Department of Labour may refer non-compliance to Labour Court and issue a certificate of non-compliance and the imposition of a fine. From the foregoing discussion, it is imperative that a study to explore leadership's role towards the inclusion of PWDs in the workplace be undertaken. The study was conducted in hospitals that have failed to employ and retain a minimum of 2% of PWDs.

The Department of Health in KZN did an analysis and realised that all eleven Health Districts were failing to comply with EEA no. 55 of 1998 as amended of employing a minimum of 2% of PWDs in the workplace (Human Resource Management (HRM) circular number 40 of 2012). This necessitated intervention strategies from the Province where all Health Districts were mandated to develop and implement action plans detailing strategies each District Office was going to put in place in order to accelerate the inclusion of PWDs in all hospitals and warrant achievement of 2% target. Furthermore, it was directed that the action plans needed to be monitored (HRM circular number 40 of 2012).

HRM circular number 40 of 2012 further mandated the districts' leadership to submit bi-monthly reports on progress made hiring and engagement of PWDs in all institutions.

SHORTFALL OF PEOPLE WITH DISABILITIES PER DISTRICT

DISTRICTS	FILLED POSTS	VACANT POSTS GRAND TOTAL	GRAND TOTAL	2% DISABLED	CURRRENT DISABLED PERSONS	SHORTFALLOF PWDS PER DISTRICT
AMAJUBA	3938	543	4481	79	8	71
ETHEKWINI	22689	5552	28241	454	50	404
HEAD OFFICE	1478	1254	2732	30	3	27
ILEMBE	3467	1078	4545	69	14	55
SISONKE	3409	862	4271	68	10	58
UGU	5126	1737	6863	103	16	87
UMGUNGUNDLOVU	9708	1960	11668	194	16	178
UMKHANYAKUDE	5192	858	6050	104	7	97
UMZINYATHI	3881	655	4536	78	7	71
UTHUKELA	3001	1204	4205	60	8	52
UTHUNGULU	6682	1399	8081	134	11	123
ZULULAND	5353	1188	6541	107	17	90
GRAND TOTAL	73924	18290	92214	1478	167	1313

Table 1.2- Source: HRM Circular number 40 of 2012

EThekwini Health District is most populated which is one of the reasons why the study was conducted in this area.

In an endeavour to meet the target, the Province further issued HRM circular number 82 of 2012 on workplace campaign on the commemoration of 16 days of activism on no violence against women, children and PWDs. This is an annual global campaign to

raise awareness, address policy and legal issues on the subject and leadership is mandated to forward reports on activities performed.

The disability awareness month is from November 3 to December 3 of each year and is observed globally (HRM circular 117 of 2013). All institutions are mandated to commemorate the Disability Rights month by performing activities that will create awareness and sensitise staff not to discriminate against PWDs (HRM Circular 117 of 2013).

Furthermore, the DoH in KZN issued a circular on the filling of non-clinical entry grade posts where it explicitly directs the leadership that as much as these posts are advertised internally in a closed circular, these posts must be opened to physically challenged people who must be headhunted and be requested to apply should they qualify for the post (s) as per skills stipulated in the advertisement. If they are found suitable for the job, they must be given first preference (HRM circular number 23 of 2012). This circular raises some concerns though as it addresses only one category of PWDs which are physical and visible disabilities thus discriminating against invisible and, mental disorder disabilities. In its quest for compliance with the Public Service Job Access Framework, the Provincial DoH issued a circular regarding the establishment of employees with disabilities districts forums. The forums' purpose is to afford employees with disabilities a platform on bi-monthly meetings to discuss, share their work-related challenges and experiences and further devise strategies to address them (HRM circular number 60 of 2013). The leadership was further requested to support this initiative by allowing employees with disabilities time to organise, hold meetings, and provide them with venue and transport (HRM number 60 of 2013).

In an endeavour to re-enforce compliance to EEA no. 55 of 1998 as amended, in order to support and enable local government to effectively implement Integrated National Disability Strategy (INDS) and all relevant disability policies, for improving marginalised groups' lives, accelerating sustainability of their economic and material status; another legislative prescript was issued. All municipalities were compelled to develop Integrated Development Plans (IDPs) and conduct studies involving local communities to identify gaps and conduct needs analysis of PWDs prioritisation (Disability Framework for Local Government, 2009 – 2014).

Local Government Municipality Systems Act (MSA) 2000 directs municipal entities to take a developmental approach by establishing and accommodating the needs of PWDs and ensure that they benefit from the developmental initiatives. Furthermore, municipalities must address employment and recruitment challenges as per Constitutional rights of PWDs to enjoy benefits brought about democracy, PWDs' growth, development and potential prioritisation. Municipality Finance Management Act (2003) assures effective, efficient economic support as well as sustainability of the municipality and other organs of local municipality through financial management events and transactions. In addition, the act makes it certain that the budget is aligned and allocated as per prioritised needs for developed programmes.

EThekwini Municipality has developed an Integrated Development Plan (IDP) as mandated, with the vision of "Prosperous Province with a healthy; secure and skilled population; acting as a gateway to Africa and the world". Its vision further states that "By 2030 eThekwini municipality will enjoy the reputation of being Africa's most liveable city; where all citizens live in harmony and this vision will be achieved by growing the economy and meeting people's needs; so that all citizens enjoy a high quality of life with equal opportunities; in a city that they are truly proud of." In plan seven 'Good Governance and Responsive Local Government', one of the desired outcomes is to have a municipality where all inequalities of the past are eradicated (eThekwini Municipality IDP, 2017/2018).

According to SSA, the following numbers of PWDs live in eThekwini municipality, which has population of 3, 7 million:

DISABILITY	**NUMBER**
Sight – cannot see	2, 753
Hearing – cannot hear	2, 326
Communication - cannot communicate	3, 777
Walking – cannot walk	13, 637

Table 1.3 - Source: SSA Community Survey 2016

It is a concern though that not all categories of disabilities are included in this information. There are more types of disabilities as per EEA no. 55 of 1998 as amended as well as Code of Good Practice on Employment of PWDs, which includes

people living with albinism and invisible disabilities, such as psychological or mental disorders. The current situation regarding PWDs prevailing in eThekwini Municipality indicates how crucial it is for this study to be undertaken in eThekwini Municipality Department of Health.

In pursuit of national aim realisation of a minimum of 2% PWDs integration in the workplace, leadership needs to review its strategies and implementation plans which will accelerate their comprehensive incorporation in organisations. Research was conducted with an intention of exploring leadership's role towards the inclusion of PWDs in selected four hospitals. The study background which underpins the need to conduct the research, also provides information crucial for the literature review.

This chapter focuses on the problem statement, which provides the reasons for undertaking the study because challenges remain unresolved, the aim of the study, which provides the researcher's purpose in conducting the study, focus of the study which identifies hospitals where the research was conducted, motivation for the study, which explains what motivated the researcher to conduct the study, significance of the study which provides positive results that will assist in resolving the study problem, objectives and study research questions which will give answers to the research problem. The chapter concludes with a summary.

1.3 Problem Statement

The government delivers its mandates through different structures in the country and as South Africa has nine provinces, all of them must deliver and ensure compliance to legislative regulations, notwithstanding that compliance is mandatory for both Public and Private sectors. Strategists are accountable for their organisational performance by providing effective leadership. Hence, leadership is of vital importance in any organisation. In order to ensure compliance, a strategic plan is crucial as it provides a road map and the vision of the organisation. KZN DoH, eThekwini Health District has twenty-five hospitals and twenty – two thousand four hundred and ninety-three employees (Personnel Salary System (PERSAL) report as at 31/01/2018); and it is the largest district in the Province. The DoH is mandated to ensure inclusion of minimum

of 2% of PWDs in the workplace through employment and retention; furthermore, by implementing all policies which guarantees that the conducive working environment is supplied. The DoH has developed policies and procedures in order to address Employment Equity issues in the employment of PWDs. These policies include Human Resource Management (HRM) Circular No. 8 of 2018 and HRM No. 23 of 2012.Each institution has management, who must play its leadership role in ensuring compliance. But despite all the policies and procedures eThekwini Health District has failed to reach a target of employing a minimum of 2% of PWDs. The DoH has gone as far as creating a new Sub - Component called Diversity Management, which amongst other things focuses on disability management in the workplace and is supposed to warrant implementation of strategies by all hospitals in accelerating the recruitment, employment and retention of PWDs as per the DoH representation; and also to fast track the attainment of a minimum of 2% of PWDs. Bases on the above discussion, research was done in eThekwini hospitals because should these hospitals succeed in attaining a minimum of 2% of PWDs in the workplace, the province will make great improvements in the country. Exploring the leadership role in hospitals in terms of roles/contributions and challenges that needed to be addressed in order to reinforce compliance will contribute and provide new knowledge to the problem under investigation.

1.4 Study Aim

The study aim is to explore leadership role towards the inclusion of PWDs in the workplace. The study will assist in strategising methods to reinforce compliance in eThekwini Health District.

1.5 Focus of the Study

The study focused on four health facilities within eThekwini Health District. These hospitals were as follows:

i. Prince Mshiyeni Memorial (PMMH) Hospital

PMMH is a regional hospital situated in Umlazi. The hospital has no vision that is aimed at ensuring the inclusiveness of PWDs in the workplace; however, in its core values it considers diversity. The exclusion of PWDs in the institutional strategic framework indicates non-prioritisation of PWDs inclusion in the workplace and this somehow provides insight as to why the institution is not managing to employ and retain PWDs (KZN - Department of Health intranet).

ii. King Dinuzulu Complex Hospital

King Dinuzulu Complex Hospital is situated in Springfield. In this institution the core values are referred to as objectives, there is nothing associated with PWDs; however, the matter of PWDs inclusion can be factored under positive attitude to learning and change. Non - inclusion of persons with disabilities acceleration for PWDs fair representation, in the hospital strategic framework raises huge concerns, as this indicates no intention of ensuring PWDs inclusion in the workplace (KZN – Department of Health intranet).

iii. Wentworth Hospital

This hospital is situated in Wentworth. In this facility's strategic framework there is no mention of PWDs inclusion. Again, this questions the leadership's intentions of ensuring PWDs inclusion in the workplace as mandated by the EEA no. 55 of 1998 as amended.

iv. Osindisweni Hospital

This hospital is situated in Buffelsdraai area on the boarder of Ndwedwe District. The hospital has no strategic intent of PDWs inclusion in the workplace. In a nutshell, it is also non- compliance to EEA no. 55 of 1998 as amended, since PWDs are not represented as mandated.

1.6 Study objectives

Objectives that the study sought to realise follow hereunder:

i. To establish the role leadership ought to play towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.
ii. To assess the current role played by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.
iii. To identify the challenges faced or experienced by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.

1.7 Study Research Questions

The following research questions were developed to address the above listed objectives:

i. What role is the leadership supposed or ought to play towards the inclusion of PWDs at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital?
ii. What role is the leadership currently playing towards the inclusion of PWDs at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital?
iii. What challenges are faced or experienced by leadership towards the inclusion of PWDs at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital?

1.8 Study significance

The study will contribute to existing knowledge which is significant in addressing challenges that lead to the inclusion of PWDs as a failure in the workplace; thus, ensuring compliance legislation as well as all other policies and prescripts aimed at

eliminating unfair and unjust discrimination of PWDs in facilities. Study recommendations, if effectively implemented by leadership would allow organisations to successfully implement Employment Equity Act and all strategic legislations and policies on inclusion of PWDs in the workplace. This may improve the lives of PWDs in general. Considering that the study was based on government organisations, this can also translate to the private sector. The study will also contribute to the existing body of knowledge on inclusion of PWDs in the workplace.

1.9 Motivation of the study

The study was motivated by the fact that still in the year 2018 which is 22 years after the country got its democracy, the target that was set for 2015 by the Department Public Service Administration of inclusion of a minimum of 2% of PWDs in the workplace has not been achieved. The province will benefit from the findings of the research since they can be implemented in all hospitals.

1.10 Brief Methodology

This study utilised a case study research design in order to gain deep insight or detailed understanding into the problem of the study as to why the leadership at PMMH, Wentworth hospital, King Dinuzulu Complex hospital and Osindisweni hospital fail to ensure the inclusion of at least 2% of PWDs in the hospitals. This study found the case study research design most appropriate because it explores leaderships' role towards inclusion of PWDs was being done for the first time in these hospitals; even in the DoH at large and, therefore obtaining rich information was absolutely necessary. The attempt was to get an understanding of why leadership failed to ensure inclusion of PWDs in the mentioned hospitals. Since this area has not been previously investigated, it was decided to conduct this study to get detailed information that will enable the researcher to understand the problem and offer recommendations to address the problem.

Qualitative research method was adopted as the topic of the study, study problem as well as research questions were aimed at exploring participants' ideas, views or opinions which have elements of subjectivity. This method allowed the researcher to probe the participants when necessary to get more detailed information. Non - probability sampling which is purposive, or judgement sampling was executed by the researcher guided by her knowledge, rationale of the study and objectives. Hospitals' CEOs, HRMs, HRPs (recruitment and selection) and one employee with disabilities from each institution were sampled as study participants. For data collection, the researcher devised interview guide comprising of nine semi-structured open-ended questions. Each research question had three sub-questions that were aimed at providing answers to each research question. The researcher conducted face – to - face interviews, observing all ethical research principles during data collection. All interviews were tape recorded as per participants' consents. Field key notes were taken by the researcher as a back-up should recordings experience challenges. The interview data was then transcribed on the data sheet for analysis. The researcher employed thematic data analysis using coding and categorizing dominant ideas into themes. This was vital information in providing responses on the hospitals' leadership failure towards the inclusion of PWDs in their institutions.

1.11 Study organisation

The study comprised of five chapters as outlined underneath:

1.11.1 Chapter 1: Overview of the Study

This section presented a historical view of the challenges that motivated the researcher to conduct the study at eThekwini Health District as it has failed to achieve a minimum of 2% of PWDs employment and retention in PMMH, Wentworth Hospital, King Dinuzulu Complex Hospital and Osindisweni Hospital. Further to that, research questions, objectives and significance of the study were presented.

1.11.2 Chapter 2: Literature Review

This chapter provides theoretical background to the research and discusses terms that are key to the topic, the dynamic nature of disability identity, theoretical framework, the role leadership ought to play towards the inclusion of PWDs in hospitals, the role leadership is currently playing towards the inclusion of PWDs in hospitals, the challenges that the institutional leaders face or experience towards the inclusion of PWDs in hospitals which leads to non- compliance are identified. Chapter is then concluded in summary.

1.11.3 Chapter 3: Research Methodology

This chapter outlines research paradigm, research philosophy, research methods, and plans that were used in conducting the study to achieve research objectives. Furthermore, the chapter presents the population and sampling techniques of the study. In addition to that, the chapter examines methods of collecting data, research instruments, research trustworthiness measures, processes of analysing data, study limitations and ethical considerations.

1.11.4 Data Presentation, Analysis and Discussion of Findings

In this component description of key themes for three study objectives, analysis and interpretation of the findings was done. In addition, the researcher interprets and discusses the findings in terms of leadership's role towards the inclusion of PWDs in the four selected hospitals. The chapter ends with a summary.

1.11.5 Study Conclusion and Recommendations

This section encapsulates study overview, summary of the findings and outlines eighteen principles to accelerate inclusion of PWDs in the selected hospitals. Furthermore, the chapter provides suggestions for future research topics and ends with a summary.

1.12 Summary

It is factual that the country has failed to reach its target despite affording leadership with several legislations, policies and prescripts to guide them. It is for this reason that the leadership role in this matter warrants exploration. The study of such failure in reaching a minimum of 2% target of PWDs in the workplace inclusion is crucial; hence, study findings will provide recommendations that can be easily implemented. In this chapter, introduction, background, problem statement, aim, focus, objectives, research questions, significance, motivation, brief methodology and organisation of the study have been discussed. In the following chapter literature and theories relevant to the study of leaderships' role towards the inclusion of PWDs in the workplace are extensively reviewed. Furthermore, the succeeding part presents the introduction of the chapter, the definition of terms, the dynamic nature of disability identity, review literature related to the study and then ends with the summary of the chapter.

CHAPTER 2

Literature Review

2.1 Introduction

This chapter focuses on the definitions of terms that are key to the study. Thereafter, it presents the dynamic nature of disability identity. Furthermore, the chapter reviews the literature on the leadership role towards the inclusion of PWDs in hospitals, the role leadership is currently playing towards the inclusion of PWDs in hospitals and the challenges institutional leaders face or experience towards the inclusion of PWDs in hospitals that leads to non- compliance. In addition to that, the chapter ends with a summary.

2.2 Terms' Definition

2.2.1 Leadership

This is a complex process that is defined by different authors, however, it must be noted that what is central to leadership definitions, is the ability to influence people who are referred to as followers to willingly commit themselves, to manage change and to persuade and motivate followers to strive for one common purpose of achieving organisational objectives (Armstrong, 2013; DuBrin, 2013 and Lussier, 2013). Price (2015) defines leadership as a process of influencing the individuals to willingly and enthusiastically direct their efforts towards the attainment of set goals for the organisation. The authors posit that this process includes strategic leadership and servant leadership. Achua and Lussier (2013) define strategic leadership as person's ability of anticipation, envisioning, maintaining flexibility, strategical thinking and being a team player to effect changes. The authors further explain leadership as a process of direction provisioning and inspiration of creating and implementing organisational strategic framework for institutional objectives attainment. Vision is a futuristic long - term desired goal of the organisation that leadership must facilitate and motivate all

employees in striving for its attainment (Achua and Lussier 2013). Achua and Lussier (2013) further describe mission as explaining the business, its purpose and existence and how it differs from other organisations. Having mentioned that, it is vital to note that leaders with diverse skills can be more effective in an organisation as they have several talents and skills which permit achievement of organisational aims. Therefore, this study values all leadership styles as they are required in different organisational contexts in pursuit of goals achievements. Kunz, Siebert & Mutterlein (2016) state that the leadership with the involvement of all stakeholders and decision – makers is responsible for identifying objectives aligned to the vision of the organisation, structuring those objectives and ensuring that they relate to each other. This can be achieved by utilising clear internal communication and identifying clusters of objectives where the context of each objective needs to be logically analysed.

Lussier (2013) posits that since organisations operate in an open system that is dynamic, it is crucial to invest in leadership not management. The author further argues that management is a formal title and authority who may lack skills to influence people, unlike the leader who has the ability to influence people, regardless of the title or authority in the organisation. This indicates that regardless of the level of management the individual occupies, if that individual has leadership skills; he has the ability of influencing all stakeholders in understanding the importance of including PWDs in the workplace. Provision of direction and support in organisation is one of leaderships' primary roles. The betterment of employees, organisations and all stakeholders require an approach that promotes openness, allows employees at all levels including management and formal leadership to challenge actions based on consequentialism and enables leadership to challenge actions based on individual consequentialism and enables stakeholders to hold their formal leaders accountable for their actions and inactions (Burnes, Hughes and By, 2016).

Leaders need to be flexible and effective in order to analyse the challenges and utilise the most suitable approach or combination of approaches in different situations. Armstrong (2013) mentions the following leadership styles:

I. Coercive, which can be used when dealing with difficult people, demanding to comply.
II. Authoritative that can be used when implementing changes.

III. Affiliative which is proper in counselling stressful people.
IV. Democratic that can be utilised to get support through the involvement of people in decision – making.
V. Pacesetting, which is used to motivate people to meet deadlines.
VI. Coaching, that is suitable for people development for performance optimisation.

Leadership effectiveness and efficiency is vital as diverse situations, demand competencies in leadership types to be equipped in managing issues. The following are different types of leadership that can lead an organisation to competitive advantage and vision attainment if utilised appropriately:

Armstrong (2013) mentions the following:

I. Charismatic leaders: they can inspire trust and operates as visionary and transformational leaders.
II. Visionary leaders: they are future determined with a clear vision and understanding of how vision can be actioned through a mission statement.
III. Transformational leaders: they are good at persuading followers in the implementation of changes in the organisation.
IV. Transactional leaders: they can plan, organise and control, solve problems utilising processes within the organisational structures.
V. Authentic leaders: they always observe organisational ethics.

DuBrin (2013) explains leadership style as consistent behaviour and pattern that characterises a leader. The following leadership styles are explained (DuBrin, 2013):

i. Participative/ Shared/ Collaborative Leadership

Participative leaders promote teamwork and stakeholders' participation in decision – making. The participative division is divided into three as follows:

1. Consultative leaders engage in discussions with the group before making a decision although they retain the authority for decision –making.

2. Consensus leaders involve all stakeholders in the matter for discussion, providing their inputs and a final decision is taken once it has been ensured that all stakeholders agree.
3. Democratic leaders collect group opinion and decide after taking a vote.

Autocratic Leadership is concerned with meeting the set targets. They assign tasks to employees and they take decisions expecting the employees to comply.

Entrepreneurial Leaders are high risks takers as they find and operate innovative businesses. They possess a high degree of enthusiasm and strong drive, determined and enthusiastic, not minding about hours they work but focus on their achievements.

It must be noted that no leadership style is perfect, they all have different shortfalls, what is important is to strive to use a leadership style that is going to be effective, depending on the objectives and targets of the organisation.

Therefore, it is vital to note that leaders with diverse skills can be more effective in an organisation as they have several talents and skills that enable organisational goals achievement. In addition to that, this study values all leadership styles, as they are required in different organisational context in pursuit of goals' achievements.

2.2.2 People with Disabilities (PWDs)

The American Disability Act (ADA) (2014) redefines disability as a mental or physical impairment that interferes with a major life activity or body function including activity limitations, environmental factors, impairments and participation restrictions. This ADA (2014) definition of disability was provided after discovering that the World Health Organisation (WHO) of 2001 had limitations in its definition (Lunsford and Dolison, 2019).

According to EEA no. 55 of 1998, as amended, PWDs refer to either physically or mentally impaired, which is long period or re-occurring and which significantly, restricts ones' possibilities of employment access or advancement. This act further stipulates

that a person can have physical or mental or both impairments. Code of Good Practice on the Employment of PWDs (2015), in terms of section 54(1) (a) of the EEA no. 55 of 1998 as amended which is based on the constitutional principle that no one must unfairly discriminate a person on the grounds of disability; illustrates that the scope of protection of PWDs in employment focuses on the effect of a disability on the person in relation to the working environment and not on the diagnosis of the impairment. Code of Good Practice on the Employment of PWDs (2015) then stipulates that a person must satisfy the following criteria to be considered as a PWD:

i. Being either physically or mentally impaired or both. A person is declared physically impaired if he or she has totally or partially lost body part or functioning thereof, including sensory impairments such as deaf, hearing, or visually impaired. Mental impairment is a clinical diagnosed state of mind or sickness with an effect on individual's processing of thoughts, judgment as well as emotions.
ii. It must be long period and re-occurring, meaning it should have persisted or there is likelihood that it will persist for a year. Recurring impairment refers to the one that is likely to happen again and to be substantially limiting the person's ability to perform the essential functions of the job for which they are being considered.
iii. It must substantially limit persons' prospects of entry into, or advancement into employment.

Based on the above disabilities' definitions, it can be concluded that America and South Africa are congruent.

Price (2015) mentions four types of discrimination in the workplace as follows:

i. Particularism

This includes discrimination through dependence on individual associations; like ethnic origin, religion or tribal community, as well as age where arbitrary age boundaries excluding younger and older workers exist, appearance where people of certain height or weight are preferred, disability where people with special needs are discriminated against, gender where certain kinds of positions are limited to either

males or females, ethnic origin where particular racial or linguistic communities are preferred, nationality, religion, background where best jobs are reserved for a network of people from the same background and people with socially undesirable background are discriminated against, e.g. ex-offenders and nepotism where family members are employed of which the latter can be further argued if the recruitment process was transparent and fair. Universalism, unlike particularism emphasis is on criteria that include qualifications, expertise and ability to do the job, i.e. skills and capabilities and personal relationships are ignored. This indicates that universalism is ethical, just and fair.

ii. Direct discrimination

Unequal and unfair treatment of individuals and groups on grounds of disability, race, religion, age, gender or sexual orientation.

iii. Indirect discrimination

Requirement of criteria that are more easily satisfied by one group than others which include appearance where a certain height is the requirement of the job and educational background where unnecessarily high standard of spoken or written language e.g. Afrikaans is a requirement.

iv. Occupational segregation

Segregation comes in two forms, horizontal and vertical, which includes unequal presentation of particular groups in specific types of jobs, sectors and levels of responsibility.

Code of Good Practices on the Employment of PWDs Gazette (2015:10) states that Disability discrimination means any “distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and

fundamental freedoms in the political, economic, social, cultural, civil or any other field". Denial of reasonable accommodation is inclusive in discrimination.

2.2.3 Inclusion

Roberson, (2006) Stevens et al.(2008), cited in Cottril, Lopez and Hoffman (2013: p. 275), define the two interrelated concepts of diversity and inclusion by clarifying that while "diversity focuses on demographic make-up of groups and organisations, inclusion emphasises encouraging participation and moving beyond appreciating diversity towards leveraging and integrating diversity into daily work life". Cottril, Lopez and Hoffman (2013: p.277) define inclusion as "the degree to which the individuals feel a part of the critical organisational processes, such as access to information, connectedness to co-workers and ability to participate in and influence the decision-making processes". From these two definitions of inclusion, the emphasis of "participation" is noted, the presence of PWDs in the workplace needs to be valued and recognised. It is noted with disappointment that the exclusion of PWDs still prevails, as Collela et al. (1998), cited in Nota, Santilli, Ginevra and Soresi (2013), in their study on 'Employer Attitude Towards the Work Inclusion of People with Disability' indicated that PWDs are still subjected to prejudice, avoided, and viewed as being less desirable employees than individuals with no disability, and unfairly treated.

According to WPRPD (2015: p.7-8) "inclusion implies a change from an 'individual change model' to a 'system change model' that emphasises that society must change to accommodate diversity, i.e. accommodate all people. This involves a paradigm shift away from the specialness of people to the nature of society and its ability to respond to a wide range of individual differences and needs. Inclusion is the ultimate objective of mainstreaming". Furthermore, inclusion is defined as a universal human right and aims at embracing the diversity of all people irrespective of race, gender, disability or any other differences. It is about equal access and opportunities and eliminating discrimination and intolerance for all. It is about sense of belonging: feeling respected, valued for who you are, feeling a level of supportive energy and commitment from

others so that you can best fully participate in society or workplace without constraints or limitations (WPRPD, 2015).

2.3 Dynamic Nature of Disability Identity

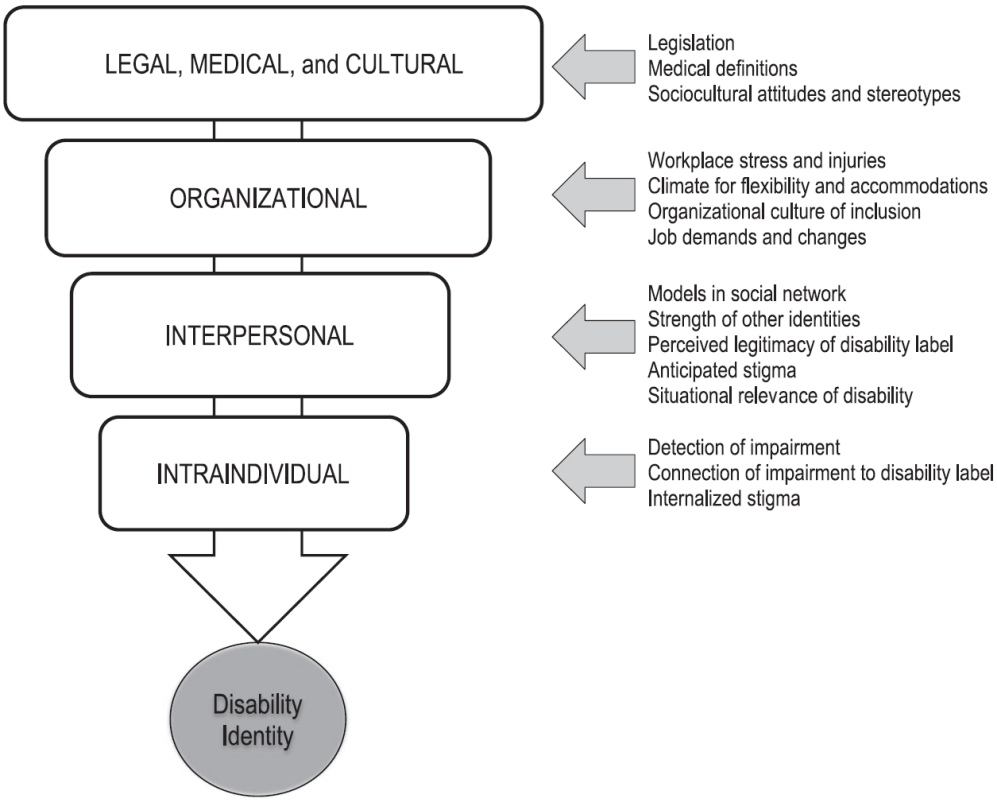

Figure 2.1: Adapted from Santuzzi and Waltz (2016:3)

Santuzzi and Waltz (2016) posit that there are four factors that influence an employee with disability to decide on disability identity. Furthermore, these authors mention that these four factors are intraindividual, interpersonal, organizational and legal, medical and cultural. In addition to that, the authors emphasise the importance of disability identity as employee's acknowledgement of disability identity can enable the employer to recognise him or her and provide required equipment, mitigate risks, and/or ensure accommodation provision. Bogart (2014) describes disability identity as a dynamic and complex term which involves the worker's self-concept, internal experiences, beliefs, attitudes towards disability, stigma and social reaction to PWDs. Santuzzi and Waltz

(2016) argue that disability involves biological component which is an impairment that might acquire medical monitoring and interventions. Furthermore, these authors assert that personal related experiences contribute on how a person chooses to manage disability identity.

2.3.1 Intraindividual Factors

Santuzzi and Waltz (2016) explain that this has to do more with a person's internalised perceptions, beliefs and labelling about disability. Furthermore, these authors emphasise that for visible disability, a person likely has no strategies to deny disability, however, disability identity may not be detected and labelled with impairment due to lack of knowledge or stigmatization avoidance.

2.3.2 Interpersonal Factors

The interactions and relationships with the co-workers and supervisors contribute to a person in deciding on disability identity (Santuzzi and Waltz, 2016). The stronger the relationship more especially on employees with invisible disability, the easier for them to strategise on the ways to disclose. Employees with invisible disabilities may employ the passing strategy, then no one will be aware of their disabilities until they disclose it themselves (Santuzzi and Waltz, 2016). In addition to that, these authors clarify that they first test the reactions from the staff, if the reaction is positive, then they disclose. Santuzzi and Waltz (2016) emphasise that it is a risk to have employees with disabilities who are using the passing strategy as their impairment may be detrimental to their job.

2.3.3 Organisational Factors

Organisational culture and organisational climate have direct impact on disability identity and its management in the workplace (Santuzzi and Waltz, 2016). These authors also mention that unhealthy work demands increase stress levels, policies that

are not inclusion of PWDs in the workplace, limit flexibility can create negative attitude and decrease in disability identity. Compromised work ergonomics and, risks, perceived treatment by PWDs lead to low job satisfaction and turnover (Santuzzi and Waltz, 2016). Furthermore, these authors assert that organisational climates that devalued and did not support disability identity, lead to workers hiding their disabilities. In addition, these authors argue that job design including structural barriers contribute to disability identity as well as new demanding jobs that may compel especially employees with invisible disabilities to hide their disabilities.

2.3.4 Legal, Medical, and Cultural

Santuzzi and Waltz (2016) comment on the ambiguity of the interpretation of disability in terms of law as it does not include a medical component. In addition, the authors note that this ambiguity leads to conflict in terms of disability identity in organisations. Lastly, the authors criticise the 'pity' that some staff show towards PWDs as this may lead to non-disclosure.

2.4 Theoretical Framework

Leadership literature tells that refinement and modification of theories have been done as time went by and their relevance is determined by the context in which it is applied (Khan, Khan, and Nawaz, 2016). Several theories exist which include Great – Man Theory, Trait Theory, Contingency Theory, Situational Theory and Behavioural Theory (Khan et al., 2016). Situational theory was adopted in this study as it denotes that no leadership style supersedes the other, however, the leader must be guided by the situation in specific context considering the task and the followers' needs considering their maturity levels. It is vital that leadership bear in mind the level of knowledge their followers possess regarding the issues pertaining to inclusion of PWDs in employment. This implies providing resources and enabling environment for line managers in order to be able to recruit and retain PWDs. Great – Man and trait theories were discarded because of their limited scope as they believe that traits and characteristics of an individual can able him or her to be an effective leader. In this

dynamic environment and globalisation, it is critical that leaders keep abreast with the developments and trends for them to be able to apply necessary skills in leading the organisations. As the study involves PWDs, virtue theory was applied as it is a qualitative characteristic which includes integrity, compassion and courage and it works through the organisational culture and processes (Barclay, Markel and Jennifer, 2012). It was adopted in this study to explore leadership behaviour and actions towards the inclusion of PWDs in the workplace.

In this case study qualitative constructivist lens was used as detailed information was sought from participants with different perspectives on the matter, which indicates subjectivity. Positivist lens was discarded as it considers one single truth be attained when using quantitative research methods.

2.5 Leadership's role towards the inclusion of PWDs in hospitals

Leadership has a major role to play in hospitals as discussed hereunder.

2.5.1 Strategic Management

Strategic management is to do with strategy and structure, where strategy is a way of doing things in terms of decision-making taking into cognisance the environment it operates in (Cummings, 2014). Strategic management is a process that determines the organisational desired goals, the strategy adopted to pursue those goals and the organising and fair and equitable distribution of sufficient resources necessary for the attainment of organisational goals (Cummings, 2014). The leadership is responsible to strategically facilitate the planning of the organisation's direction, organising and allocating resources, leading by example through displaying acceptable and ethical behaviour, and further control the organisational systems, notwithstanding evaluating them (Cummings, 2014). Furthermore, the author posits that leadership is responsible and accountable for the organisations' success or failure.

Strategic planning is a standardised periodical process that gives a systematised approach to the formulation of strategy, implementation, and control (Wolf and Floyd, 2013). Furthermore, the authors argue that strategic planning is used by leadership in influencing an organisation's strategic direction for a set duration and coordination and integration of deliberated as well as unfolding strategic decisions.

Organisational leadership in consultation with all hospital stakeholders, including PWDs representatives, hospital board and organised labour are supposed to ensure the availability of strategic plan which provides strategies to include the minimum of 2% of PWDs in the workplace, as this is the vital document that determines a hospital's vision (Taylor, Cornelius and Colvin, 2013). The inclusion of PWDs in the workplace does not end at employing them and just being there to increase numbers; it further means they must be recognised and participate in decision-making (Shore, Cleveland and Sanchez, 2018). Sundar, O'Neill, Houtenville, Phillips, Keirns, Smith and Katz (2017) assert that as much as barriers towards inclusion of PWDs in the workplace still exist, should leadership give them a platform, value their ideas and action them, they can realise how much PWDs strive for their inclusion in the workplace. The Medium-Term Expenditure Framework (MTEF) strategic plan needs to provide guidance through specifying how it intends to achieve its vision through the mission statement and specific, measurable, attainable, realistic and time-bound objectives. This document further informs the development of other documents aligned to it, including operational plans; which must be quarterly reviewed to measure organisational effectiveness as per the set objectives, Human Resource Plan (HRP) where posts targeted for PWDs must be clearly specified for all levels and categories and Workplace Skills Plan (WSP) (Taylor et Al., 2013). HRP is informed by the objectives of the organisation and it is crucial in identifying skills for human capital that will fit in the organisation. From HRP, the Human Resource Implementation Plan (HRIP) quarterly reports need to be consolidated and submitted by all provincial health institutions to the district office for further management and submission to Head Office. The deviations from the HRIP need to be narrated and valid reasons for not achieving the set objectives must be provided.

It must be noted that KZN DoH has 2015 – 2019 Strategic Plan, which is in line with planned national outcomes, therefore, eThekwini Health District's strategic plan must be aligned to it and the hospitals in eThekwini Health District must align theirs to

eThekwini Health District's one. Leadership must have a drive in order to guide, provide direction, influence and motivate staff towards the incorporation of workers with disabilities in employment as leadership must be instrumental in activating hospital vision and manage change, including core values that include diversity acceptance than just tolerance and organisational culture that embrace PWDs in the workplace (Taylor et Al., 2013). Perez – Conesa, Romeo and Yepes – Baldo (2017) argue that leadership is accountable for promoting the hiring of PWDs through designation and implementation of a fully inclusive organisational culture, organisational policies strategic designs, clear guidelines as well as rules and procedures.

2.5.2 Change Management

Armstrong (2013:185) defines change management as "the process of achieving the smooth implementation of change by planning and introducing it systematically, taking into account the possibility of it being resisted or at least misunderstood". The leadership must identify the need for change, its benefits and then communicate it. Armstrong (2013) describes three types of change as follows:

2.5.2.1 Transformational / Gamma change

This type of change is applicable in the case of important underlying and inclusionary changes in organisational composition, operations and behaviour, which has huge impact on how the organisation operates.

2.5.2.2 Strategic change

This type of change involves strategic issues of the organisation which includes its vision, mission, long –term goals, culture and stakeholders' values including employees. It is a change that is influenced by external factors, which has a direct impact on organisational functioning.

2.5.2.3 Operational change

This type of change needs to be carefully managed as it has a huge impact on employees. Its effects can be noted in specific operational areas of the organisation as new systems, procedures, structures and technology are implemented. This dictates the importance of continuous monitoring and evaluation as well as review.

In this study, strategic change is applicable, notwithstanding other types of change, hence, the inclusion of 2% of PWDs is long-term which calls for a strategic framework, inclusive of vision, mission, values, culture and organisational internal environment is influenced by external factors. Operational change cannot be ignored in this study as it has a direct impact on the working environment which needs to be accessible and conducive to PWDs.

Furthermore, having mentioned before that different external factors influence the operations of organisations as they cannot be detached from the environmental factors, political factors lead to new legislation that needs to be implemented in organisations. Change and leadership in the organisation are inseparable. The implementation of such policies cannot be separated from the organisational strategy and its strategic direction, which therefore, informs the review and/or amendments thereof. For this study, leadership must devise a strategy that ensures the inclusion of PWDs in the workplace. Diverse styles of leadership; like visionary, strategic, charismatic and transformational, are important in such change. Effectiveness and performance of the organisation in achieving its objectives measure leadership skills, including values and ethics (Burns, Hughes and Staffordshire, 2016).

In 2018, the eThekwini Health District realised that the objective of inclusion of a minimum of 2% of PWDs in the workplace, which was set for 2015 initially, has not been met. This calls for immediate leadership interventions and turnaround strategies. Changes in the current approach are therefore of vital importance. Change is a process that is not easy as the leaders must align it to organisational values and communicate the need and purpose thereof to all employees with different perceptions (Franklin, 2014). It is important to note that change must be initiated if there is a need, in this instance, when re-enforcing the involvement of PWDs in organisations. In this study the DoH has guided all health facilities on strategies to be executed in hiring and

retention of PWDs in hospitals. Unfortunately, while all support and direction are provided the organisations still fail to meet their targets; implying that the activities of leadership require close monitoring. In this study, leadership must implement legislative framework and prescripts as mandatory, and yet review their strategies where necessary. The change process is, therefore, vital.

Listed hereunder are Kotter's eight steps for implementing change, as adapted from Achua and Lussier (2013):

1. Leadership, as change agents with necessary skills and capabilities has to facilitate and lead the establishment sense of urgency of change and importance thereof, notwithstanding the benefits.
2. Formation of a support platform.
3. Ensure a compelling vision is developed.
4. Spread out the vision throughout the employees in the organisation.
5. Capacitate followers to act on the vision through training and empowerment.
6. Achievements must be recognised and rewarded to motivate the staff.
7. Integrate gains through culture change, systems, and policies and ensure structure alignment with new vision, a vision of 2% inclusion of PWDs in the workplace by 2030.
8. Institutionalise the change in the organisational culture. Organisational norms and beliefs (culture) inform leadership style which is linked to performance.

2.5.2.4 Change process

Kurt Lewin's (1951), as cited in Viljoen (2015), mentions that change management theory is based on the following mechanisms:

2.5.2.4.1 Model of unfreezing

This is the process of changing the current solid equipoise that underpins existing behaviours and attitudes in cognisance of threats that may be posed by change, which needs to be managed through motivating the affected employees to accept change.

2.5.2.4.2 Changing

This refers to recently developed reactions built on recent details.

2.5.2.4.3 Refreezing

This is the process where recent reactions are introduced into the personalities of those concerned in order to stabilise change.

Schein (1987), cited in Viljoen (2015), agrees with Lewin's model although he improved on it by specifying the mechanisms at work in each stage. Viljoen (2015) further mentions that Lewin's three-stage model is the framework adopted by many authors, as they built from it, as Lippett, Watson and Westley (1958) expanded from it into seven-stage model. Further to that, Kolb and Frohman (1970) and Burke (1994) supported these authors as they produced the same model (Viljoen, 2015).

2.5.2.5 Resistance to Change

Zaltman and Duncan (1977:63), cited in Georgalis, Samaratunge, Kimberly and Lu (2015), define resistance to change as "any conduct that serves to maintain to status quo in the face of pressure to alter the status quo." Burke and Barron (2014) define resistance to change as an individual or team's action (s) that they take according to their perception, when they feel or view that a change that is being implemented is a threat to them. These definitions of change resistance translate that human capital in the workplace is central to change, can be resistance or acceptance. In contrast, Coch and French, (1948), cited in Burnes (2015), assert that resistance arises from the context in which change takes place, not from the individual. This translates that the individual is affected by the environmental factors.

Employees are diverse and unique; therefore, they perceive change in different ways, some may resist, and some accept change. Armstrong (2013) comments that all

change generates stress anxiety because people handle uncertainty independently. Burke & Barron (2014) allude that people resist change because of the fear of the unknown, feelings of uncertainty, distrust and confusion. Employees who welcome change and consider it as appropriate, need to be identified and be utilised to assist in change management as champions because they can successfully drive the process of accepting, fairness as well as equal treatment of PWDs in the workplace (Armstrong, 2013). Some employees may not welcome PWDs in the workplace for various reasons, some viewing them as threats, as they are supposed to be given preferences in the job opportunities.

Georgalis, Samaratunge, Kimberly and Lu (2015) conducted a study in Australia on '*Change process characteristics and resistance to organisational change: The role of employee perceptions of justice utilising change process characteristics of Leader-Member Exchange (LMX), participation and information as antecedents'*. The aim of the study was to examine the influence of employee perceptions of justice on resistance to change. The results of a survey of 100 employees in an Australian workplace indicated that informational justice mediated the relationship between LMX and resistance to change (Georgalis et al., 2015). This study proved the importance of the relationship between the supervisor and supervisee, as it asserted that employee's justice perception emanating from positively viewed change operations and sound supervisor-supervisee relations contribute significantly in change negativity reduction, effective communication and quality information dissemination to employees play a vital role as employees play a participative role in the change process (Georgalis et al., 2015). These researchers further allude to the fact that improvement of change awareness leads to justice promotion, perceptions and resistance to change reduction, while perceived injustice by employees leads to less co-operation, low productivity, layoffs and turnover (Georgalis et al., 2015). Umble and Umble (2014) share the same sentiments with Georgalis et al. (2015) as they allude to the fact that change makes an individual feel uncertain, fearing risks which cause change resistance that results in change failure.

Change processes can be hugely obstructed by organisational change resistance, disabling it to generate expected results, which is why the change process needs to

be strategically and effectively implemented (Georgalis et al., 2015). In support of this statement on change failure, Umble and Umble (2014) allude to the fact that change is difficult and failed change initiatives breed cynicism, kill motivation and trigger withdrawal from involvement in future efforts.

2.5.2.6 Overcoming Change Resistance

Change is a process, which needs close monitoring throughout, and effective leadership needs to be proactive in recognising resistance and responds appropriately (Burke and Barron, 2014). Rafferty and Jimmieson (2016) cite that when change is implemented in the workplace, which of course influences major issues including organisational culture, the employees experience many disruptions, as they have to adapt to new changes. It is, therefore, important that change is planned according to new legislation and communicates the need for change effectively. Appelboaum, Degbe, McDonald and Nguyen-Quang (2015) assert that leadership style may address resistance to change for organisational goal attainment through effective communication and learning that will lead to job satisfaction, commitment and performance.

Appointment of change agents is vital and beneficial to the organisation in overcoming resistance to change as these individuals play a significant role in the implementation and they guide and support other employees who show resistance to change (Lines, Sullivan, Smithwick, and Mischung, 2015). Change agents must promote change considering the organisational culture re-enforcement, which includes beliefs and values (Burke and Barron, 2014).

2.5.3 Diversity Management

Robins and Judge (2013:91) define diversity management as “the process and programmes by which managers make everyone more aware and sensitivity to the needs and differences of others”. Organisational change through the inclusion of PWDs in the workplace is inseparable from diversity, therefore, is it important that

leadership optimally manage it in order to ensure that organisational performance is not adversely affected through poor performance that may be caused by dysfunctional conflicts which may lead to high turnover (Cloutier, Felusiek, Hill and Pemberton-Jones, 2015). In an organisation, diversity comes in various forms, including gender, race, ethnicity, age, religion, level of education as well as abilities and disabilities (Cottril et al., 2013). PWDs differ themselves; hence, they are categorised differently, there are visible disabilities which are physical e.g. albinism, dwarf, paraplegia, etc. and invisible disabilities which are mental disorders and include bipolar disorder, autism, anxiety disorder, etc. Cottrill et al. (2013) mention that diversity and inclusion are different however interrelated and further point that diversity influences organisational behaviour and performance since the employees are also diverse in terms of education and backgrounds.

Jackson (2014) defines diversity management as practices which involve inclusiveness with an ideal goal of creating a sense of cohesion amongst diverse individuals, groups and teams aimed at improving the effectiveness with which organizations; through human capital utilisation can realise their visions. Price (2015) partially agrees with Jackson (2014) as he describes management of diversity as a concept of ensuring elimination of workplace discrimination by providing equal opportunities for diverse individuals not groups. The author further argues that opportunity focuses on various groups, while diversity is about individuals, to “fit in” in the organisation through recognition and valuing their differences and variety, which includes fair selection and promotion procedures through a model of resourcing that will enrich an organisation’s capital which will be flexible. Arvinen-Muondo and Perkins (2013) mention that diversity management evolves from equal opportunities and it means that discrimination that disadvantages people because of differences need to be eliminated; and further define diversity management as strategies that organisations implement in ensuring that all employees, including potential employees are fairly treated. Bagrain, Cunningham, Potgieter and Viedge (2017) argue the importance of organisations leadership to shift from recognising diversity as a process of managing numbers (employment equity) to a process where diversity is perceived and used as a source of competitive advantage (management of diversity). Bargain et al. (2017) concur with Jackson (2014) that optimal diversity management is good for business strategy as diverse workforce is vital to improving work problems and

challenges through innovation. In addition, the author emphasises the importance of organisations in ensuring that diversity contributes to decision - making for it to become a competitive advantage. Guillaume, Dawson, Sacramento, Woods, Higson, Budhwar and West (2014) also mention that conducive working environment which is inclusive of persons with disabilities has equal and fair recruitment processes that recognise and value diversity and also ensure participation of employees with disabilities in taking organisational resolutions. Cole and Salimath (2013) assert that incorporation of organisational strategy by top leadership signify its diversity commitment. Alcazar, Fernandez and Gardey (2013) state that effective management of diversified workforce needs a comprehensive modification of Human Resource approaches.

Syed and Ozbilgin (2009), cited in Arvinen-Muondo and Perkins (2013), advocate that for organisational leadership to understand strategies to promote diversity in the workplace, consideration of three different levels as follows is necessary:

a) the macro level, which comprises of society's attitudes and characteristics where the organisation is situated,
b) the mezzo level, the actual organisation,
c) the micro level, which comprises of each worker's attitudes and commitment .

For this study, the strategies needed at these levels are of primary concern.

In ensuring effective diversity management in an organisation, leadership needs to:

1) Familiarise itself with legislation and devise strategies for formulation and implementation of effective systems that eliminate people discrimination in the workplace including PWDs,
2) Know what the law requires and ensure compliance thus avoiding organisation liability to legal proceedings as enshrined in the Disability Discrimination Act and
3) Create a conducive work environment (Arvinen-Muondo and Perkins, 2013).

Bagraim et al. (2017:27-28) share seven best practices for diversity management and inclusiveness as per the study of diversity management practices at 14 hospitality and customer services organisations that were common:

a) “A corporate diversity council - a cross-sectional group of people, which includes senior leaders, who drive the diversity mandate of the organisation,
b) Diversity training programmes - ranging from diversity workshops to diversity speaker series, and communicating these programmes via the corporate intranet,
c) Supplier diversity - building networks with non-representative and female suppliers, and providing some type of mentoring to them,
d) Employee networking and mentoring programmes - special training courses for underrepresented groups, including coaching, peer coaching and virtual mentoring programmes and establishing affinity networks for diverse employees,
e) Cultural awareness - promoting as culturally sensitive, by offering specials during religious celebrations, and providing international experience and language proficiency training to employees,
f) Support for women - recruiting, developing and retaining women. For this study the support must be for PWDs and
g) Same-sex benefits and sexual orientation non-discrimination”.

As much if not all of these best practices can be applicable to the DoH as it is a non-profit organisation, which does not produce products but health care services, these can be used as a guide and be edited to fit in the organisation.

Gotsis and Grimani (2016) further explore four frameworks that value inclusion of all employees in the workplace; including PWDs and strategies, that diversity leadership implement in ensuring conducive work environment for all through observing and displaying ethical principles. These frameworks classify the leadership styles are inclusive in nature (Gotsis and Grimani, 2016).

2.5.4 Inclusion Frameworks

Framework 1: Ethical Leadership (EL) and leader inclusiveness

Avolio, Walumbwa and Weber (2009), cited in Gotsis and Grimani (2016), allude that ethical leadership mirrors confirmation of the organisational set rules through displaying ethical behaviour, conduct and skills that are encouraged, instilled and promoted to all employees. This ethical behaviour inculcates good interpersonal relations among employees in an organisation, thus ensuring sound staff relations. Ethical leadership behaviour takes into cognisance the followers as the belief is that they are a critical component in performance outcome, hence, the motivation which is intrinsic in this case is valued considering the fact that they are treated with dignity and inclusive in decision-making processes; and feel that they are valuable to the organisation's operations. This type of leadership has both components of authentic leadership who observes organisational ethics as well as consensus leadership as they strive for discrimination elimination through ensuring that all stakeholders are engaged in decision - making processes (DuBrin, 2013). It is, therefore, based on these facts that ethical leadership has significant task in ensuring inclusion of PWDs hospitals.

As per Departmental code of conduct which mandates ethical behaviour in the workplace, leaders have to ensure that sound labour relations are maintained in hospitals. Discrimination of PWDs in the work must be eliminated through reinforcement of ethical behaviour. Ethical leaders need to explicitly communicate and implement disciplinary processes as per the departmental disciplinary code. Ethical leaders must lead the processes of PWDs inclusion in the workplace with integrity and honesty (Yukl, Mahsud, Hassan, Prussia, 2011). In all hospital structures PWDs need to be represented in ensuring their participation in decision-making.

Framework 2: **Authentic Leadership (AL) and leader inclusiveness**

Gotsis and Grimani (2016) state that Authentic Leadership (AL) is understood as a developmental undertaking which circumscribes life exposure, explicit and tacit knowledge and righteous and moral perspective routing in a highly supportive environment to harvest self-awareness (a deep knowledge of one's skills, values, and utilisation of that knowledge in guiding their interactions with others), individual's advancement, pragmatic individual's controlled behaviours, internal sureness and assisting behaviours. Cottril et al. (2013) concur with Gotsis et al. (2016) on AL quality of self- awareness, and they argue the three as follows:

i. Rational transparency – openness and integrity in interactions,
ii. Balance processing – consideration of diverse perspectives in decision – making and
iii. Internalised moral perspective – the demonstration of integrity and using one's values and well-evaluated external standards to guide the behaviour.

In the workplace, leaders need to lead by example, display ethical behaviour for the followers to follow suit. DuBrin (2013) explains that AL displays ethical leader behaviour through transparency in order to encourage openness while accepting followers' inputs in decision - making in pursuit for the followers to have trust in their leadership as they participate in decision – making. Furthermore, the author notes that this is a part of empowerment and should the employees perceive that the leadership is valuing their well-being, they can be motivated and comply with organisation regulations and policies thus accepting diversity in the workplace. As alluded to earlier on, that inclusion of PWDs in the workplace is not just a matter of adding numbers, but rather of ensuring diverse workforce in terms of skills and capabilities. The empowerment of PWDs in the workplace is vital to unleash their optimal potential.

Framework 3: Servant Leadership (SL) and leader inclusiveness

According to Gotsis et al. (2016) servant leadership theory integrates leadership motive with natural intrinsic will of serving other people. Servant leadership plays a crucial role and it values strong relationship qualities between supervisor and supervisee, thus ensuring equal and fair treatment of all employees. SL creates

inclusive work environment for employees to achieve self-actualization, which is the highest need according to Maslow's hierarchy of needs, incorporated in employees' positive attitudes, engaging themselves in the job, which results in improved production as well as more commitment in the organisations. Winston and Fields (2015) share the same sentiments as they mention that SL puts the interests of the followers at heart and they focus on creating trust between the leader and follower, follower capacitation which further motivates the follower and eventually improving organisational performance. Servant leadership capitalizes on the following core outlined below:

a) Development of employees through training and development, assists in ensuring that their full potential in unleashed,
b) Diverse employees' experiences add value to the organisation if properly managed and
c) This type of leadership assists individuals in realising their true purposes and commitments to work as well as recognising the uniqueness of the diverse employees. The relevant approach to deal with diverse issues in a transparent, consistent and fair manner is ensured in order to achieve the common goal.

   Thus, in alignment with Guillaume et al. (2014), it can be inferred that organizational processes and strategies reinforced through servant leadership styles which provide sufficient cues with respect to empowerment, humility, authenticity, interpersonal acceptance, valuing other identities and securing societal welfare, are expected to establish a strong climate for inclusion. Servant leadership is, therefore, critical in an organisation as it strengthens the relationship between the supervisor and supervisee, which will assist in understanding the employee's disability, thus enabling the employee to disclose in terms of disability identity management as the context and the environment will be perceived as positive towards PWDs.

Framework 4: Spiritual Leadership and leader inclusiveness

According to Benefiel, Fry and Geigle (2014) employees are members of the society and or community which have beliefs and values. The uniqueness of the individual employee is pivotal when it comes to values, cultures, beliefs and religion since these

elements play a major role in one's inner-life, self-realisation and satisfaction which is spiritual. These authors further assert that spirituality and religion are inseparable and put emphasis on the integration of these elements in the workplace. Spirituality leadership is thus fundamental in understanding and recognising employees' spirituality and religion in the workplace (Benefiel et al., 2014). This is in line with the supreme law of the country, which mandates the respect and dignity of individuals in terms of their cultures, beliefs, values and religion. This is supported by the annual religious holidays which include, Easter, Ascension Day and Christmas holidays for Christians, Eid for Muslims, Diwali for Hindus, etc. Spiritual leadership comprises of faithfulness and loyalty and values the wellness of employees in an organisation in pursuit of achieving the set goals. The Department of Health has created the Health and Wellness Sub-Component under the Human Resource Management Component; and the body and soul of the employees are taken care of through the services of Employee Assistance Programme.

Benefiel et al. (2014) posit that spiritual leadership is important in creating organisational culture and behaviour that recognises and integrate employees' spiritual needs and experiences. Furthermore, these authors say that if employees realise that leadership values their spirituality, cultural and personal values, they become motivated, commit themselves to the organisation and they behave ethically since their inner-self nourishment leads to faith, hope, love and purposefulness of the organisational goals. In addition to that, the authors argue that the strength of the relationship between employees and spiritual leaders leads to trust and optimal performance and productivity as the employees draw strength from their beliefs. Gotsis and Grimani (2016) support the findings of Benefiel et al. (2014) as they argue that positive leader-follower interaction leads to internal motivation which leads to employees' sense of calling, thus being passionate and value their work. Benefiel et al. (2014:178) posit that SL comprises of two linked processes mentioned hereunder:

(1) "Creating a transcendent vision of service to others culminating in an experience of a sense of calling substantiated in meaningfulness and purposefulness in life and

(2) Establishing or reinforcing an organisational culture founded on the values of altruistic love that shape a sense of membership through which one feels appreciated

and understood, and displays genuine care, concern and appreciation for both self and others".

Advocates of spiritual leadership support individuals' subjectivities as they emphasise respect thereof (Gotsis and Grimani, 2016). Furthermore, these proponents argue that respect of one's subjectivity is necessary as it forms the framework of leadership which is versatile in heterogeneous and connecting features' and negotiation of different characteristics. Visionary spiritual leaders focus on revealing the eminence of spiritual organisational culture, thus ensuring that all employees feel valued, appreciated and cared for, which further strengthens interpersonal relationships. Workers are supported and encouraged to be themselves and perform to their optimal levels. The importance of spiritual leadership in the workplace cannot be further argued as its role in ensuring functional teams as well as sound employee relations cannot be overemphasised in ensuring synergy and satisfaction among employees that will lead to optimal performance. The fact that individuals are encouraged to be themselves may play a positive role in disclosing disabilities.

Davis, Frolova and Callahan (2016) conducted a study in Australia to identify Australian managers' attitudes and understanding of Workforce Diversity Management (WDM) and the practices as well as integration of WDM in organisations. A total of 650 questionnaires were distributed, 325 of them were given to HR Managers and the remaining 325 to non – HR Managers. The findings were that WDM is not well appreciated and understood especially by non – HR Managers. Furthermore, these authors highlight the benefits of effectively implementing Diversity Management (DM) policies in the workplace as follows:

1) "Improved bottom line,
2) Increased competitive advantage,
3) Superior business performance,
4) Higher levels of employee satisfaction and loyalty,
5) Strengthened relationship with multicultural communities and
6) Attracting the best and brightest candidates" (Davis et al., 81:2016).

Further, these authors emphasise the vitality of Equal Employment Opportunities (EEO) inclusiveness in organisations' policies and business practices for the success of DM. This strategy ensures that all people are treated equally and impartially regardless of different characteristics to remove discrimination (Davis et al., 2016). Furthermore, the authors indicate that effectively implemented DM leads to strengthening employee – employer relationship, equal employment opportunities, fair appointment procedures, fair job advancement, acknowledgement, and accessibility to developmental programmes.

Baixauli – Soler, Belda – Ruiz and Sanchez – Marin (2015) and Nielsen and Nielsen (2013) argue that top leadership diversity positively influences organisational performance and optimal services. According to these authors, diversity and equality management benefits include:

a) Improved production,
b) Top degree of innovated workers,
c) Minimal spontaneous exits,
d) Organisational goals attainment through teamwork,
e) Increased levels of job satisfaction,
f) Employee loyalty,
g) DM programmes result in competitive advantage and
h) Creation of an inclusive work climate.

Cole and Salimath (2013) stress the involvement of employees when Diversity Management policies and procedures are developed and implemented. Davis et al. (2016) explain that DM effects are realised by execution through significant worker interaction and through reciprocal appreciation in cross – functional committees, diverse teams' establishment and people involvement in social and ceremonial activities.

In the workplace, it is therefore important that leadership communicates hospitals' values with intention of harmonising workplace where employees understand expected behaviour and are guided by one organisational culture in their interaction.

2.5.5 Recruitment

Recruitment is a planned organisational process of attracting and retaining competent, minimally qualifying and potential applicants to apply for the advertised vacancies. The aim is to have a pool of diverse applicants in order to address identified gaps that are / may be caused by the shortage of human capital and for meeting organisational objectives (Babu and Rao, 2018).

2.5.5.1 The Recruitment Process

Babu and Rao (2018:58) mention the several activities involved in a successful recruitment process are as follows:

1. Designation and implementation of inclusive recruitment and retention policies. The leadership must ensure that the organisational recruitment policy provides all due processes throughout from the initial stage up to the placement of successful candidate (s), thus being transparent. Beyond that, the policy is vital for auditing purposes, thus assessing compliance,
2. Forecasting and prioritisation of human resource needs. This can be best achieved if the leadership does forecast and have a Human Resource Plan (HRP) in place that is aligned to the organisational objectives. Price (2015:322) defines Human Resource Planning as “a process that anticipates and maps out the consequences of the business strategy on an organization’s human resource requirements. This is reflected in the planning of skill and competence needs as well as total headcounts.”

3. Knowledge and recognition of employees’ competencies. An organisation that is led by conversant and knowledgeable management in terms of the internal talent it has, is pivotal for this task to avoid unnecessary external recruitment while there are competent and skilful potential candidates for the posts,

4. Understanding the needs and importance of each job and alignment thereof to worthiness. Price (2015) defines job analysis as a process whereby job-related information is gathered and analysed through which qualities required in

performing the job/specifications of the job are ascertained; and further to that job analysis process gives information valuable for training needs determination, development criteria and personnel specifications,

5. Analysis and knowledge of each job and tasks involved, including the competencies of the job incumbent to perform well and

6. Have assurance of human resources component effectiveness in processing staff's salaries and benefits within timelines.

2.5.5.2 Shortlisting process

This refers to an activity in which an employer examines applications using minimum requirements of the post (s) as per the advertisement; thus eliminating those who do not meet the requirements and also shortlisting those who do meet requirements of the post (s) for interview process (Code of Good Practice: Human Resource Policies (7)).

HRM circular 8 of 2018 further stipulates that if a large number of applications for the posts advertised are received by the organisation; shortlisting must be done in phases, including the raising of criteria for promotional posts; if the minimum number of experience required was three years, it can be raised to four years. This impacts negatively on PWDs since they were excluded from employment for a long period. It is, therefore, impossible for them to have several years of experience in the posts.

2.5.5.3 Interviews

This part of recruitment process affords an employer the chance to meet prospective employees in person where standardised interview questions to ascertain applicant's fitness for the job are asked by the approved selection panel that did the short-listing process (Code of Good Practice: Human Resource Policies (7)). Work contestant who have a valid reason of not being able to attend the interview in person are afforded an opportunity to communicate such challenge with the selection panel chairperson to be

interviewed telephonically (HRM Circular 08 of 2018). Code of Good Practice: Human Resource Policies (7) section 7.3.22 mentions that an employer should capacitate interview panellists on:

1. Best practices in conducting interviews,

2. Utilisation of performance measuring tool,

3. Importance and adherence to employment equity/ targets and affirmative action and

4. Diversity issues.

2.5.5.4 Making the job offer

Employer's and candidate's expectations must be congruent and the candidate's offer letter must specify conditions of service and should the candidate declines it, exit interview must be conducted by an employer in order to establish the reasons and devise strategies to remove barriers in order to facilitate the retention of PWDs (Code of Good Practice: Human Resource Policies (7)).

2.5.5.5 Recordkeeping

Section 7.3.8 of the Code of Good of Practice: Human Resource Policies (7) specifies that the employer may keep the data of its employees in order to assess managers' attitudes and compliance to employment equity numerical targets in their departments as per Employment Equity Plan and pay more focus on the organisational domains that are unsuccessful in accelerating and achieving the employment equity objectives.

2.5.5.6 Reference checks of job applicants

The employer needs to conduct fair reference checks where it is relevant for information verification supplied by work contenders (Code of Good Practice: Human Resource Policies (7)).

2.5.5.7 Implementing Employment Equity

Code of Good Practice: Human Resource Policies ((7):177) stipulates that, “Recruitment and selection must be aligned to the employer’s affirmative action strategy, as reflected in Employment Equity Plan, which sets out the details in relation to the numerical targets for each designated group by occupational categories and levels, further to that the employer should not unfairly discriminate on the ground of disability, but to provide reasonable accommodation for the needs of applicants with disabilities.”

2.5.5.8 Committees and Forums

In terms of EEA no. 55 of 1998 as amended, PWDs must be represented in all organisational structures and committees, and these include:

i. Health and Safety Committee,
ii. Institutional Human Resource Education, Training and Development Committee,
iii. Employment Equity Consultative Forum,
iv. Staff Wellness Committee,
v. Men’s and Women’s Forums; and there must also be a
vi. PWDs’ Forum.

These structures have significant role in ensuring the inclusion of PWDs in hospitals through consultation, employee - engagement and decision-making. PWDs forum further adds important value as the employees are provided with a platform to discuss their unique and different experiences and challenges they encounter in the workplace and forward their recommendations for the elimination of barriers to the Chief Executive Officer through the chairperson of the forum.

Gewurtz, Langan and Shand (2015) conducted a study on *Hiring PWDs in Canada.*

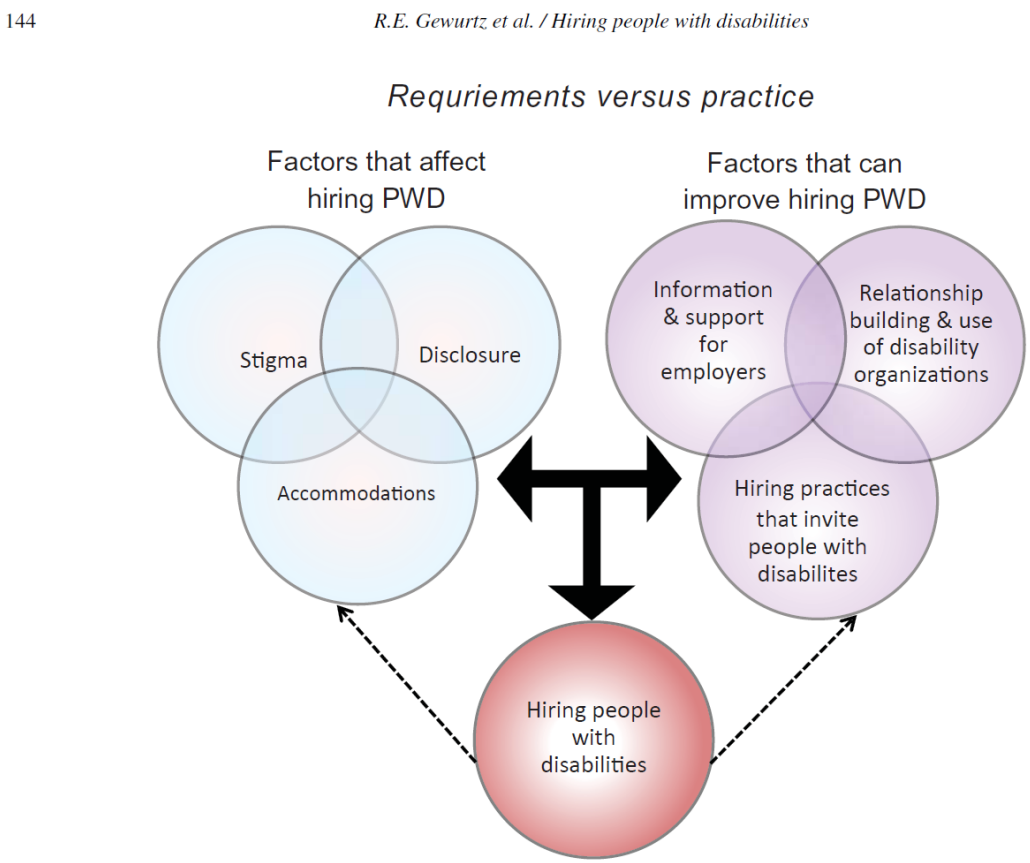

Figure 2.2: Hiring PWDs: Summary of existing research - Adapted from Gewurtz, Langan and Shand (2015:144)

Gewurtz et al. (2015) clarify that employment breaks the chain of poverty and is a significant form of belonging. PWDs still face multiple barriers in finding and keeping jobs due to the negative assumptions about PWDs (Gewurtz et al., 2015). Furthermore, these authors discovered that PWDs turnover rates and absenteeism is lower than those of people without disabilities. In addition, these authors' study findings revealed that:

1. There is imbalance between what the law expect leadership to do or action in hiring PWDs and actual action due to fear provocation.

2. Employers' inadequate knowledge of law which can adversely affect PWDs employment. The authors recommended a solution to this problem, which is accountability framework with hiring process, annual reports that disclose the numbers of hired PWDs.
3. Employers assume that PWDs would threaten their productivity and profitability. It will be assumed that it can compromise service delivery for this study.
4. The issue of visible and invisible disabilities and the attached stigma contribute to non – disclosure of disability. According to Gewurtz et al. (2015) strategies to reduce stigma can be executed through education, harnessing strengths that PWDs possess for particular jobs and sharing their success stories at work.

Gewurtz et al. (2015) emphasise that when it comes to visible disabilities, disclosure is inevitable unlike invisible disabilities where people are afforded more chances for disclosure with no significant effects on hiring decisions and employability ratings. Furthermore, the authors suggest that the applicant's qualification, the way in which the individual chooses to disclose his or her disability and the nature of request of accommodation influences the hiring decisions. Further, the authors allude to the fact that the timing of disclosure during the interview influences ratings, invisible disabilities disclosure early in the interview are positively viewed with counselling.

2.5.6 Socialisation

This is a process of introducing and integrating new employees in the workplace, new employees cannot be placed or allocated to their working stations before they undergo this process. In the DoH the term socialisation is interchangeably referred to as induction and orientation which has an integrated plan from appointment to exit (Meacham, Cavanagh, Shaw and Bartram, 2016). This exercise is crucial for new employees, in particular PWDs to adapt to the new environment, by understanding the whole system as it enables them to realise where they fit in the whole picture. They must be informed about the vision, mission, core values and strategic objectives of the organisation and they must be referred to their component leadership for orientation specifically on their components' objectives (Gotsis and Grimani, 2016). Leadership is

obliged to ensure that the orientation and induction of new employees is accessible, responsive to and reasonable to accommodate the needs of employees with disabilities, and further ensures that all employees are treated equally (Code of Good Practice on the Employment of PWDs, 2015).

During this process the issue of organisational behaviour is discussed as per Labour Relations Act (LRA) 66 of 1995 as amended, as well as Code of Good Conduct. Successful applicants sign the undertaking declaring that they understand what is expected of them including actions that may be taken against them should they act contrary to the law. LRA no. 66 of 1995 as amended specifies that for an employee to be charged with misconduct, there must be a rule transgression that was valid and known to the employee, and this includes PWDs in the workplace. All other employees must be orientated in understanding PWDs about their different specific needs as per the type of disability and disability sensation must be included in the training programmes of the organisation (Code of Good Practice on the Employment of PWDs, 2015).

2.5.7 Organisational Culture

The researchers perceive that culture is something that the organisation has, including physical structure, systems and people characteristics, which is distinct and interrelated to organisational behaviour and climate as it prescribes the way an organisation does things (Arvinen-Muondo and Perkins, 2013). Schein (1983), cited in Arvinen-Muondo and Perkins (2013:213), defines culture of the organisation as “the patterns of basic assumptions that a given group has invented, discovered, were developed in learning to cope with its problems of external adaptation and internal integration, and that it works well enough to be considered valid and, therefore, to be taught to new members is the correct way to perceive, think, and feel in relation to these problems”. Bargraim, Cunningham, Potgieter and Viedge (2017:39) summarised organisational culture functions as:

1. “It creates a cooperate identity that distinguishes one organisation from others,

2. Therefore, it gives members of the organisation an identity,
3. Identifying with the organisation creates commitment to organisational goals and objectives,
4. Organisational culture guides the organisation in terms of acceptable behaviours and attitudes, especially in decision-making and problem – solving,
5. It creates social system stability associated with emotional security and
6. It serves as a yardstick for evaluating and correcting deviant behaviours and for rewarding desired behaviours".

As alluded to, organisational culture, climate and behaviour are inseparable. If the leadership has created a conducive organisational climate that is anti – discriminatory on PWDs, it will be easy for them to disclose their disabilities, including invisible ones (Lyons, Martinez, Ruggs, Hebl, Ryan, O'Brien and Roebuck, 2016). The authors argue that acknowledgement strategies like claiming and downplaying and self – identity in accepting one's disability may assist in removing stereotypes and managing people without disabilities impressions.

Therefore, based on the above explanation of organisational culture leadership must play a critical role in managing its organisational culture so that employees understand the behaviour expected of them and stress aspects that may lead to exclusion of PWDs in the workplace. This process may include awareness and training programmes on PWDs. Observation of annual International Day of PWDs which is the 3rd of December as well as PWDs Awareness Campaign months (3 November – 3 December) is the period when employees are educated about issues pertaining to disabilities that will accelerate welcoming behaviour and inclusiveness (CRPD, 2006).

2.5.8 Health and Safety Management

The organisational leadership is accountable for the compliance to all legislation and prescripts adherence through effective utilisation of human capital that is delegated with the duties; however, accountability cannot be delegated from the leadership. Occupational Health and Safety Amendment Act 181 was proclaimed with the following objectives:

a) Provision of health and safety of employees in the workplace and for the health and safety of persons in connection with the use of plant and machinery,
b) Protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work and
c) Establishment of an advisory council for occupational health and safety provision for matters connected therewith.

OHS (1993) defines medical surveillance as a designed periodical medical plan whereby suitably authorised clinician examines staff in an organisation. New recruits need to undergo screening tests within 14 days as this will assist both the employee and employer to be aware of any health challenges, and thereafter-periodical examinations as well as exit ones (OHS number 85 of 1993 as amended).

Leadership is tasked with the provisioning of secure workplaces, formulating and implementing policies in pursuit of re-enforcing compliance to avoid injuries and accidents on duty as well as occupational diseases, as these may negatively influence organisational performance (Chughtai, 2015). Amposah – Taiwah and Mensah (2016) postulate that organisational leadership's commitment to health and safety and well-being of the employees is very crucial as employees' organisational commitment and attitude and performance is positively influenced by positive leadership behaviour and caring attitude.

OHS Amendment Act number 181 of 1993 mentions the following leadership responsibilities:

Duty to inform (Section 13)

Without derogating from any specific duty imposed on an employer by this Act, every employer shall–

(a) "as far as is reasonably practicable, cause every employee to be made conversant with the hazards to his /her health and safety attached to any work which he/she has to perform, any article or substance which he/she has to produce, process, use, handle, store or transport and any plant or machinery which he/she is required or permitted to use, as well as with the precautionary measures which should be taken and observed with respect to those hazards;

(b) inform the health and safety representatives concerned beforehand of inspections, investigations or formal inquiries of which he/she has been notified by an inspector, and of any application for exemption made by him/her in terms of section 40; and

(c) inform a health and safety representative as soon as reasonably practicable of the occurrence of an incident in the workplace or section of the workplace for which such representative has been designated".

Health and safety representatives (Section 17) compels employers to appoint health and safety representatives through consultation with the employees

Health and Safety representatives' functions (Section 18)

1) A health and safety representative may perform the following functions in respect of the workplace or section of the workplace for which he/she has been designated, namely –

(a) "Review the effectiveness of health and safety measures,

(b) Identify potential hazards and potential major incidents at the workplace; (c) in collaboration with his/her employer, examine the causes of incidents at the workplace,

(d) Investigate complaints by any employee relating to that employee's health or safety at work,

(e) Make representations to the employer or a health and safety committee on matters arising from paragraphs (a), (b), (c) or (d), or where such representations are unsuccessful, to an inspector,

(f) Make representations to the employer on general matters affecting the health or safety of the employees at the workplace,

(g) Inspect the workplace, including any article, substance, plant, machinery or health and safety equipment at that workplace with a view to the health and safety of employees, at such intervals as may be agreed upon with the employer: provided that the health and safety representative shall give reasonable notice of his/her intention

to carry out such an inspection to the employer, who may be present during the inspection;

(h) Participate in consultations with inspectors at the workplace and accompany inspectors on inspections of the workplace,

(i) Receive information from inspectors as contemplated in section 36; and

(j) In his / her capacity as a health and safety representative attend meetings of the health and safety committee of which he/she is a member, in connection with any of the above functions.

3) An employer shall provide such facilities, assistance and training as a health and safety representative may reasonably require and as have been agreed upon for the carrying out of his / her functions.

4) A health and safety representative shall not incur any civil liability by reason of the fact that he/she failed to do anything which he/she may do or is required to do in terms of this Act".

Health and Safety Committees (Section 19)

Leadership has an obligation of appointing health and safety committee in pursuit of ensuring elimination of risks/hazards in hospitals

2) Number of health and safety committee will be set by the employer if–

(a) "If one health and safety committee has been established in respect of a workplace, all the health and safety representatives for that workplace shall be members of the committee,

(b) if two or more health and safety committees have been established in respect of a workplace, each health and safety representative for that workplace shall be a member of at least one of those committees and

(c) The number of persons nominated by an employer on any health and safety committee established in terms of this section shall not exceed the number of health and safety representatives on that committee.

3) The persons nominated by an employer on a health and safety committee shall be designated in writing by the employer for such period as may be determined by him/ her, while the health and safety representatives shall be members of the committee for the period of their designation in terms of Section 17(1).

4) A health and safety committee shall hold meetings as often as may be necessary, but at least once every three months, at a time and place determined by the committee: Provided that an inspector may by notice in writing direct the members of a health and safety committee to hold a meeting at a time and place determined by him/her: Provided further that, if more than 10 per cent of the employees at a specific workplace have handed a written request to an inspector, the inspector may by written notice direct that such a meeting be held.

7) If an inspector is of the opinion that the number of health and safety committees established for any particular workplace is inadequate, he/she may in writing direct the employer to establish for such workplace such number of health and safety committees as the inspector may determine".

Functions of health and safety committees (Section 20)

1) A health and safety committee –

(a) "may make recommendations to the employer or, where the recommendations fail to resolve the matter, to an inspector regarding any matter affecting the health and safety of persons at the workplace or any section thereof for which such a committee has been established;

(b) shall discuss any incident at the workplace or section thereof in which or in consequence of which any person was injured, became ill or died, any member may in writing report on the incident to an inspector; and

(c) shall perform such other functions as may be prescribed.

2) A health and safety committee shall keep record of each recommendation made to any employer in terms of sub-section (1) (a) and of any report made to an inspector in terms of sub-section (1) (b).

3) A health and safety committee or a member thereof shall not incur any civil liability by reason of the fact only that it or he/she failed to do anything which it or he/she may or is required to do in terms of this Act.

4) An employer shall take the prescribed steps to ensure that a health and safety committee complies with the provisions of section 19 (4) and performs the duties assigned to it by sub-section s (1) and (2)".

Sheehan, Donohue, Shea, Cooper and Cieri (2016) investigated the relationship between lagging and leading indicators of OHS and the moderating effect of safety leadership which justified the crucial role played by middle-management in safety issues. Since they are policy implementers and communicate through dissemination of information more effectively to their supervisees as compared to senior management who are strategists and have more responsibilities and are accountable for overseeing implementation, monitoring and review of organisational systems. The study further endorsed the importance of organisations to change from utilising lagging indicators as these are failure-outcomes, being reactive from the incidents which had already happened and focus on leading indicators which are proactive and preventative measures. Hence, it is important that leadership implement systems which will mitigate or eliminate incidents and conduct risks audits in the workplace (Sheehan et al., 2016.) Based on the contributions of the study, leadership is encouraged to implement an effective Risk Management Plan, which is inclusive of all potential risks that may affect the diversified workforce including PWDs.

2.5.9 Reasonable Accommodation

This refers to measures initiated by employer which include job alteration in ensuring PWDs' employment access and employment (EEA no. 55 of 1998 as amended). The leadership of an organisation, as an employer should reasonably accommodate PWDs and reduce the impact of the impairment of the person's capacity for him/her to be able to perform effectively to achieve set objectives (Code of Good Practice on the Employment of PWDs, 2015). Code of Good Practice on the Employment of PWDs

(2015) further informs that leadership should be knowledgeable about its obligation of ensuring reasonable accommodation whenever the need arises for PWDs. The work contender or worker may voluntarily disclose a disability related to accommodation need which is apparent to the employer.

Accommodating PWDs justifiable comprises of:

(i) “Adapting existing facilities to make them accessible,

(ii) Adapting existing equipment or acquiring new equipment including computer hardware and software,

(iii) Re- organizing workstations,

(iv) Changing training and assessment materials and systems,

(v) Restructuring jobs so that non -essential functions are reassigned,

(vi) Adjusting working conditions, including working time and leave and

(vii) Providing specialized supervision, training and support in the workplace” (Code of Good Practice on the Employment of PWDs, 2015:13).

Code of Good Practice on the Employment of PWDs (2015) outlines the responsibilities of the employer as follows:

Ensure effectively removal of hurdles that may hinder employee’s performance.

Adaptation to changes which may affect the ability of the employee to executive his or her tasks effectively.

Consultation with the employee and, where reasonable and practical, technical experts to establish appropriate mechanisms to accommodate the employee.

Provision of reasonable accommodation that depends on the individual, the degree and nature of impairment and its effect on the person, as well as on the job and the working environment.

Consideration of the nature and extent of the disability in providing reasonable accommodation whether is temporary or permanent.

Adoption of evaluation tool that is fair and fit for an employee with disability.

It is therefore necessary that the leadership prioritise the inclusion of PWDs in the workplace from strategic planning. It is prudent to advise that financial resources are required to reasonably accommodate PWDs, e.g. blind person may need braille, tinted glasses and transport.

2.5.10 Retention

Cloutier, Felusiak and Pemberton-Jones (2015) conducted a study on 'The Importance of Developing Strategies for Employee Retention' and provided recommendations for managers. Cloutier et al. (2015) argue that successful employee retention is essential to an organization's stability, growth, improved overall performance and revenue. They recommend the following four strategies that the organizations can adapt and implement the situation demands to retain staff:

1) Encouragement of efficacious communication, which is two-way,
2) Employ mixed personnel in terms of their characteristics,
3) Employ properly equipped and capacitated staff; and
4) Provide capacitation programmes to staff.

Organisational leadership must strive for the retention of PWDs in the workplace through:

Reasonable re-integrating who happen to have disability while in employment for effective management of disability effect.

Consulting the worker who become disabled for assessing to ascertain whether there are crucial needs of accommodating the worker in a reasonable manner.

Maintaining contact with the employee who has become disabled, encourage early return – to – work and provide relevant therapy.

Consulting the employee who become disabled from work due to sickness for assessing and determining any special needs.

Leadership has to consider all strategies that will prevent a worker with disability from terminating employment due to hostile work environment and these include provision of flexible time and work re-arrangement (Code of Good Practice on the Employment of PWDs, 2015).

Cloutier et al. (2015) provide the following recommendations to prevent high staff turnover and ensure retention of experienced high performers:

a) Organisational strategic intent review is paramount for creation of culture where employees feel valued and afforded development opportunities. Effective and transparent communication where all issues are clarified to employees.
b) Leaderships' realisation of diverse workforce instrumentality for success of the organisation. Diverse includes different cultures, skills, education, etc. therefore effective management of diverse workforce contribute to organisation's success.
c) Organisational culture must guide the behaviour of employees. Since as they are diverse their backgrounds, semantics, etc., differ. Organisational culture will enhance respect, diversity tolerance and prescribe acceptable norms thus eliminating dysfunctional conflicts in the workplace. Professional staff development in diversity and work itself will enable employees to perform optimally working in harmony.
d) Managers need to begin the hiring process with a search for the right employee. In a time when employees are not always looking for a job for life, the researchers recommend organizations to look at a few imperative points to extend the tenure of employees. One size does not fit all; different personalities measure different motivations for Person-Job and Person-Organization fit. This applies across all realms: employee job title, team, supervisor, organization and culture. Organisational induction programme needs effective implementation thus ensuring that all new employee are inducted to organisational culture before they are allocated with specific tasks. Leadership must be obligated and

strive for the retention of their unique, rich and competitive skills as staff turnover may negatively affect organisational performance hence human resources may find work elsewhere thus loosing on the skills, credentials and knowledge they possess. Therefore cruciality of leadership caring of staff cannot be overemphasised. Organisation itself, meaning its leadership as well as employees must be motivated to accomplish extended tenure.

e) Learning organisation succeeds in retaining employees as they feel valued and afforded developmental opportunities through internal and external training programmes. Employees are provided formal work-related and career pathing chances where employees participate through choosing their training needs. Organisational performance improves as capacitated and motivated employees perform at their best thus leading to improved organisational results.

   Code of Good Practice: Human Resource Policies (18) also allude to the fact that provision of equal training and capacitation opportunities assist to retain employees' retention, mostly if the skills development programme is linked to career development. When employees terminate their services exit interviews may play a vital role in providing reasons for employee turnover.

It is prudent to advise that while the recommendations are for United State of America where the study was undertaken, the strategies and recommendations are applicable to the Republic of South Africa, KwaZulu - Natal Province, and eThekwini Health Municipality as the issue of diversity management through inclusion and proper management and empowerment of unique employees, in particular PWDs is of superior significance.

Code of Good Practice: Human Resource Policies (17-18) emphasises the significance of employees from designated groups as this is critical for achieving and sustaining numerical targets and goals as enshrined in EEA no. 55 of 1998 as amended. While there are challenges, the employer needs to develop strategies that eliminate barriers through implementation of effective policies and procedures. Coetzee and Stoltz (2015) explore how career adaptability relates to employees' satisfaction with factors that organisations regard important for their retention. The results of the study unveiled that career concerns explained the participants' level of satisfaction with their experiences of the career opportunities, work-life balance, training and development opportunities and the characteristics of the jobs offered.

2.5.11 Disability confidentiality and disclosure

Leadership is mandated to manage confidentiality and disclosure of disability as enshrined in the Code of Good Practice on the Employment of PWDs (2015) as follows:

2.5.11.1 Confidentiality

1. An employer must get the employee's consent should there be lawful reason and aim to access records
2. It is the task of the employer to ensure that disability records are kept confidential.
3. Should the information become obsolete, it must be correctly discarded.

2.5.11.2 Disclosure

I. As much as it is within PWDs' rights not to disclose her/his disability status, it however limits right of being provided with reasonable accommodation by the employer. In this instance, the employer cannot be held accountable for any adverse or incident caused due to employees' undisclosed disability. It is therefore advisable that disability status be disclosed so as to make employer aware for the employer to execute its obligation of ensuring that PWDs are furnished with justifiable accommodation in order limit any hurdles that can impede on their performance. PWDs cannot be compelled to disclose disability at any time as it is within PWDs' right to disclose whenever the environment is perceived positive. (EEA, 1998).

II. Employer cannot act unjust and unfair towards a PWDs because of disclosure. It is responsibility of the employer to ensure integration of PWDs in organisation through elimination of unequal treatment.

Section 7(1) of the Act provides that "medical testing of an employee is prohibited, unless - (a) legislation permits or requires the testing; or (b) it is justifiable in the light of medical facts, employment conditions, social policy, the fair distribution of employee benefits or the inherent requirements of a job. 7(2)

testing of an employee to determine employee's HIV status is prohibited unless such testing is determined to be justifiable by the Labour Court in terms of Section 50(4) of this Act." Section 18(1) of the Act provides that "when a designated employer engages in consultation in terms of this Chapter that employer must disclose to the consulting parties all relevant information that will allow all those parties to consult effectively, and 18(2) Unless this Act provides otherwise, the provisions of section 16 of the Labour Relations Act, with the changes required by context, apply to disclosure of information."

III. In a case whereby concealed disability status has been disclosed, it is within employer's right to ask for more clinical information for confirmation and ascertainment of reasonable accommodation needs

IV. Should there be gaps in medical reports provided by the employee, it is employers' entitlement to ensure determination of the condition by referring an employee to health professional nominated by the organisation and the costs incurred be paid by the employer.

V. Assessment and interpretation of medical findings need to be done by a competent technical professional.

VI. The employer can ask for more information only in the cases where the disability may affect the execution of work. Therefore it warrants crucial management in terms of affording an employee with relevant resources.

VII. Employer has no right or entitlement of revealing employee's disability, with exception of health and/or safety requirements.

VIII. Proper consultation with PWDs is vital in determining the specific adequate accommodation needs.

It is imperative that leadership effectively manages and encourages the disclosure of disabilities as poor management thereof may prevent employees to disclose their status. This may impact negatively on organisational reports about PWDs. The information may be inaccurate or skewed. This will apply more to employees who acquired a disability during his or her employment, e.g. line manager diagnosed with major depression, which may affect her/his tasks, like decision-making.

2.5.12 Consequence Management

Labour Relations Act 66 of 1995 as well as Resolution 1 of 2003 mandate that organisational leadership implement disciplinary measures where and when required, i.e. transgression of a rule. For the purpose of this research the leadership's disciplinary actions towards employees, including supervisors who have negative attitudes towards PWDs need to be implemented. Such measures will raise an alarm to all employees in realising how committed the leadership is on matters of fair and equal treatment of PWDs in the workplace, thus ensuring their inclusion.

2.6 What role is the leadership currently playing towards the inclusion of PWDs in hospitals

Legal prescripts and policies, which form advices and guidelines issued by the government show how committed and serious the government is on the issue of PWDs inclusion in the workplace. KZN Provincial DoH proves to be committed on the matter considering the number of Human Resource Management circulars that it has issued on the inclusion of PWDs in the workplace. However, it is regretted that these are not been effectively monitored regarding their implementation! Gotsis and Grimani (2016), Arvinen – Muondo and Perkins (2013) argue that organisational behaviour is important, and this is inseparable from the organisational culture, which is informed by effectively communicated organisational values. KZN DoH has the following values (Annual Performance Plan 2017/18 – 2019/20):

1. Trustworthiness, honesty and integrity.
2. Open communication, transparency and consultation.
3. Professionalism, accountability and commitment to excellence.
4. Loyalty and compassion.
5. Continuous learning, amenable to change and innovation.

The Districts and institutions adopt the Provincial DoH values. Therefore, leadership skills in effective communication and implementation is necessary. The under listed circulars have been issued by the DoH leadership guiding the institutions in terms of

what is expected of the leadership to do in ensuring the inclusion of PWDs in the workplace:

1. HRM Circular No. 14 of 2009
2. HRM Circular No. 93 of 2011
3. HRM Circular No. 23 of 2012
4. HRM Circular No. 40 of 2012
5. HRM Circular No. 82 of 2012
6. HRM Circular No. 4 of 2013
7. HRM Circular No. 60 of 2013
8. HRM Circular No. 117 of 2013
9. HRM Circular No. 69 of 2014
10. HRM Circular No. 08 of 2018.

From the researcher's perspective all these circulars are not been monitored for implementation. A careful audit is necessary to bring the ineffective leaders to task regarding implementation.

2.7 Identifying the challenges that the institutional leadership experience towards the inclusion of PWDs in hospitals.

Nota, Santilli, Girievra and Soresi (2014), Stone and Colella (1996), cited in Procknow and Rocco (2016), advance that the term 'disabilities' has a negative connotation on its own which lead to employers' disablist attitude that is exclusive of PWDs in the workplace. Miller, Parker and Gillinson (2004:9), cited in Procknow et al. (2016), define disablism as the discriminatory, oppressive or abusive and marginalizing behaviour arising from the belief that disabled people are inferior to others.

Procknow et al. (2016) state that PWDs are unfairly, unjust treated and discriminated as citizens as their citizenship declass. (Rocco and Delgado, 2011) mention that these individuals are rendered "unequal citizenship" (Devlin and Pothier, 2006:1) and refused "access to meaningful work and the full spectrum of society" (Rocco and Delgado, 2011:8). PWDs worth as workers is diminished as they are costly employees

who need extra care thus creating a state of economic subordination (Darcy, Taylor and Green, 2016).

Procknow et al. (2016) conducted a study on PWDs inclusion, and identified the following barriers:

i. **Organisational entry**

PWDs are denied entry, disadvantaged and unduly precluded oppressed group from employment access because of society logic understanding regardless individual's capabilities and job's type (Government of Manitoba, 2016).

ii. **Organisational resistance**

Employers have resistance and discriminate PWDs when hiring from the initial selection and recruitment stages of employment (Hidegh and Csillag, 2013 and Darcy et al., 2016).

iii. **Attitudinal**

Employers with individual injustices, unfairness or stigmatised opinions that cause obstacles for PWDs prospective workers contributing to their exclusion. Employers have uncertainties about of employees with disabilities capabilities, productivity and lack of confidence in their performance ability. Employers perceive that employees will be upset at having colleagues with disabilities or inclusion of PWDs in the workplace would estrange nondisabled workers from the workplace and employee with disabilities would not fit with the organisation (Darcy et al., 2016).

iv. **Institutional**

PWDs' productivity is prejudged, and they are regarded as high risk.

v. **Self – created**

PWDs with self-doubts and abilities being the source of inclusion in the workplace themselves. Unrealistic expectancy of what task employee with disabilities can or cannot perform.

vi. **Self – styled**

Person with disabilities have a choice of making decisions whether to disclose or not. When the candidates with disabilities withhold information about their disabilities, they exclude themselves from being employed. The study proved that person with visible disabilities disclose while the ones with invisible disabilities withhold their abilities status, as they feel that self – disclosing may remove them from being considered for employment. This is because employees with disabilities experience discrimination, bullying and harassment in the workplace.

Maziriri and Madinga (2016) conducted a study in Sebokeng Township in South Africa on challenges faced by entrepreneurs living with physical disabilities and the findings were:

1) Lack of education and training
2) Lack of equipment
3) Lack of financial resources

Maja et al. (2011) highlighted barriers to employment of PWDs which include lack of knowledge and awareness of disabilities, employer and fellow employee attitudes, discrimination, physical infrastructure, cost of accommodations, productivity of PWDs and legislation guiding the employment of PWDs. This is a point of concern because the government has provided all the prescripts to mitigate them, yet they are not mitigated. Why? This is an area of concern. It is evident that the KZN Department of Health is doing well in ensuring employment of blacks and females in all levels, including senior management levels. Why leadership is failing to do the same with

PWDs inclusion in hospitals requires serious investigation. Enactment of the new legislation requires effective leadership skills and a positive attitude towards PWDs in ensuring optimal implementation. But the question arises whether these new legislations will be a remedy, or will they lie on the shelves like all the other circulars? The researcher begs the question: Are our leaders capable of managing change and a diverse workforce?

In 2007 South Africa ratified the Convention on the Rights of PWDs (CRPD) and its Optional Protocol, (Concept Document, 2013). CRPD recognises disability as an evolving concept that results from the interaction between person with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. CRPD implanted strategies in recognizing PWDs, which includes disability rights awareness months, which was further contextualised with the broader calendar of events, self- representation by organisations of PWDs.

According to Census 2011 Profile of PWDs in South Africa, they were 2 870 130 and in KwaZulu – Natal they were 620 481 which made 8, 4% of the total population. It must be taken into consideration that some PWDs do not disclose their status because of the stigma and discrimination attached to them. Another issue will be the understanding of all types of disability since most societies perceive that PWDs are only those who are physically challenged. It is a fact that the government is doing its best in ensuring inclusion of PWDs in the workplace through policies and procedures. But they are insufficient! A research report conducted on Community Based Rehabilitation in South Africa provides inputs on strategies that should be implemented for the lives of PWDs' improvement in communities. Mitra et al. (2017) allude to the fact that there has been growing attention regarding disability and its complex links to wellbeing and poverty. Considering the government's prescripts that include the National Framework on Employment of PWDs, Code of Good Practice on Employment of PWDs, the Handbook on Reasonable Accommodation for the PWDs in the Public Sector as well as social grant, is true. However, the question remains as to why eThekwini Health District still failing to achieve a minimum of 2% target of PWDs. What is the leadership doing about this?

2.8 Summary

Several studies on disability issues have been conducted in different countries including South Africa where the government is providing leadership with the map and strategies that need implementation in ensuring inclusion of PWDs in the workplace. Most of the studies conducted proved that the employer, as the organisational leadership have negative attitudes towards employees with disabilities. This indicates that government must focus on leadership capacitation to win this battle.

In this chapter, the literature relevant to the study has been reviewed and also the definitions of terms, the role leadership ought to play towards the inclusion of PWDs in the workplace starting from advertisement of posts, job offer, socialisation up to employee exit has been discussed at length. The role that leadership is currently playing towards the inclusion of PWDs as well as the challenges experienced by the leadership towards the inclusion of PWDs in the workplace have also been examined.

The following chapter presents the research paradigm and design, research philosophy, and research methodology which was used in conducting the research on exploring leadership role towards the inclusion of PWDs in the four hospitals which are Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.

CHAPTER 3

Research Methodology

3.1 Introduction

Research plan scrutiny utilised in this inductive qualitative research to answer the key research questions on leadership role towards the inclusion of PWDs in the workplace is the purpose of this component. Research paradigm, research design, population and sampling techniques used in this research are presented. Furthermore, data collection techniques and research tools, measures to ensure trustworthiness, validity of the research, data analysis procedures, limitations of the study and ethical considerations are discussed and then a summary is provided.

3.2 Research Paradigm

A research paradigm is a worldview that shares a set of beliefs that guide actions, past experiences and assumptions about the nature of reality (ontology), knowledge (epistemology) and values (axiology) that communities of researchers share about aspects which enable them to select strong approaches when conducting studies and interpreting the results (Wagner, Kawulich, and Garner, 2012; Creswell and Creswell, 2018). Furthermore, Bryman, Bell, Hirschon, Dos Santos, Massenge, Van Aardt and Wagner (2014:19) mention that “the notion of paradigm draws on the work of Kuhn, Burrell and Morgan (1970) which suggests that each paradigm contains the assumptions that can be represented either as:

1) Objectivist. An organisation constitute of persistently actual procedures and structures, which can be viewed externally.
2) Subjectivist. An organisation is socially established by persons to make sense of their social experiences, so it can only be understood from persons’ point of view who are engaged in its undertakings. In addition, these authors explain that each paradigm makes assumptions about the functioning and purpose of institutional research as either:

3) Regulatory, defining how the organisation operates and suggests possible changes for improvement but not judging the organisation,
4) Radical, the institution is judged in the way it operates and can be guided by improvement strategies to reach the expected performance.

There are four classifications of research paradigms namely, postpositivism, constructivism, transformative and pragmatism (Creswell and Creswell, 2018). Wagner et al. (2012) concur with Creswell and Creswell (2018) that there are four research paradigms, however, they differ in that they do not mention pragmatism instead they talk of postcolonial/indigenous research paradigm.

3.2.1 Postpositivism Paradigm

A postpositivism research paradigm is based on empirical observation and measurement, verifies theory, comprises of elements of determination and reductionism (Cresswell and Cresswell, 2018). The authors explain that postpositivism's belief is on one truth which is universal. Furthermore, the authors allude to the fact that postpositivism is objective thus relevant in quantitative study.

3.2.2 Constructism / Interpretative Paradigm

Creswell and Creswell (2018) assert that constructivism comprises of the elements of understanding, multiple participants, meanings, social and historical construction and theory generation. In addition, the authors emphasise that a constructivism research paradigm is hypothesised on multiple realities to any topic; i.e. subjectivity. Constructivism is practically disputatious and strives to find thorough details about circumstance (Coffey and Atkinson, 2014).

3.2.3 Transformative/Emancipatory Paradigm

This paradigm is political, collaborative, change, and power and justice oriented (Creswell and Creswell, 2018). The authors indicate that this worldview is based on the premise that the research focuses on the lives of diverse marginalised groups through inequities, disability, gender, race, and socioeconomic factors. These factors result in asymmetric power relationships that need to be investigated to establish their experiences of oppression to bring change that will improve the quality of lives. The participants such as PWDs can narrate their stories during the primary research phase (Creswell and Creswell, 2018). Participatory research can be a combination of quantitative and qualitative action research where applicable (Wagner et al., 2012).

3.2.4. Pragmatism Paradigm

Creswell and Creswell (2018) argue that a pragmatic worldview is characterised by consequences of actions, problem – centred, pluralistic and real – world practice oriented. Furthermore, the authors allude that pragmatists do not see the world as an absolute unity and look to the, *what* and *how* of research based on the intended consequences. In addition, the authors indicate that the pragmatists have different assumptions of the world and different forms of data collection, therefore, mixed methods which are both quantitative and qualitative are applicable.

3.2.5. Postcolonial/Indigenous Paradigm

Wagner et al. (2012) define this paradigm as participatory, liberating and informed by indigenous knowledge systems unlike transformative paradigm that is informed by critical theory.

Having discussed the five research paradigms, for the purposes of this study on exploring leadership role towards the inclusion of PWDs hospitals, a qualitative constructivism paradigm was adopted. This was the preferred choice because the researcher wanted to collect rich, fact filled data from the respondents using open-

ended questions. It is envisaged that a theory will be generated after analysing the primary data. As much as the topic has to do with PWDs and tentatively the results of the research may improve the lives of PWDs in the workplace, a transformative paradigm could not be adopted because the study focal point is on leadership's role in hospitals. Therefore, leadership is not expected to be political in the operations, but just be administrative. As much as the study involved PWDs, the study focus and aim was to explore leadership role.

3.3 Research Design

The research design refers to planned strategies of inquiry within quantitative, qualitative and/or mixed methods approaches, which involves interaction of philosophy that guides the researcher in a specific direction when conducting the study (Creswell and Creswell, 2018). The authors stress careful selection of research methods, including data collection and analysis. Qualitative research designs comprise of the following:

1) Narrative research
2) Phenomenology
3) Grounded theory
4) Ethnographies
5) Case study

This study adopted a case study research design. The research design involves an in-depth analysis of a case and collection of detailed information and is time – bound (Creswell and Creswell, 2018). For this study the information was collected from CEOs, HRMs, HRPs and PWDs in PMMH, King Dinuzulu Hospital, Wentworth Hospital and Osindisweni Hospital. The findings and recommendations thereof can be used by the Department of Health in all health institutions including the private sector to accelerate the inclusion of PWDs in the workplace. The following displayed provides guidance as how the study was conducted.

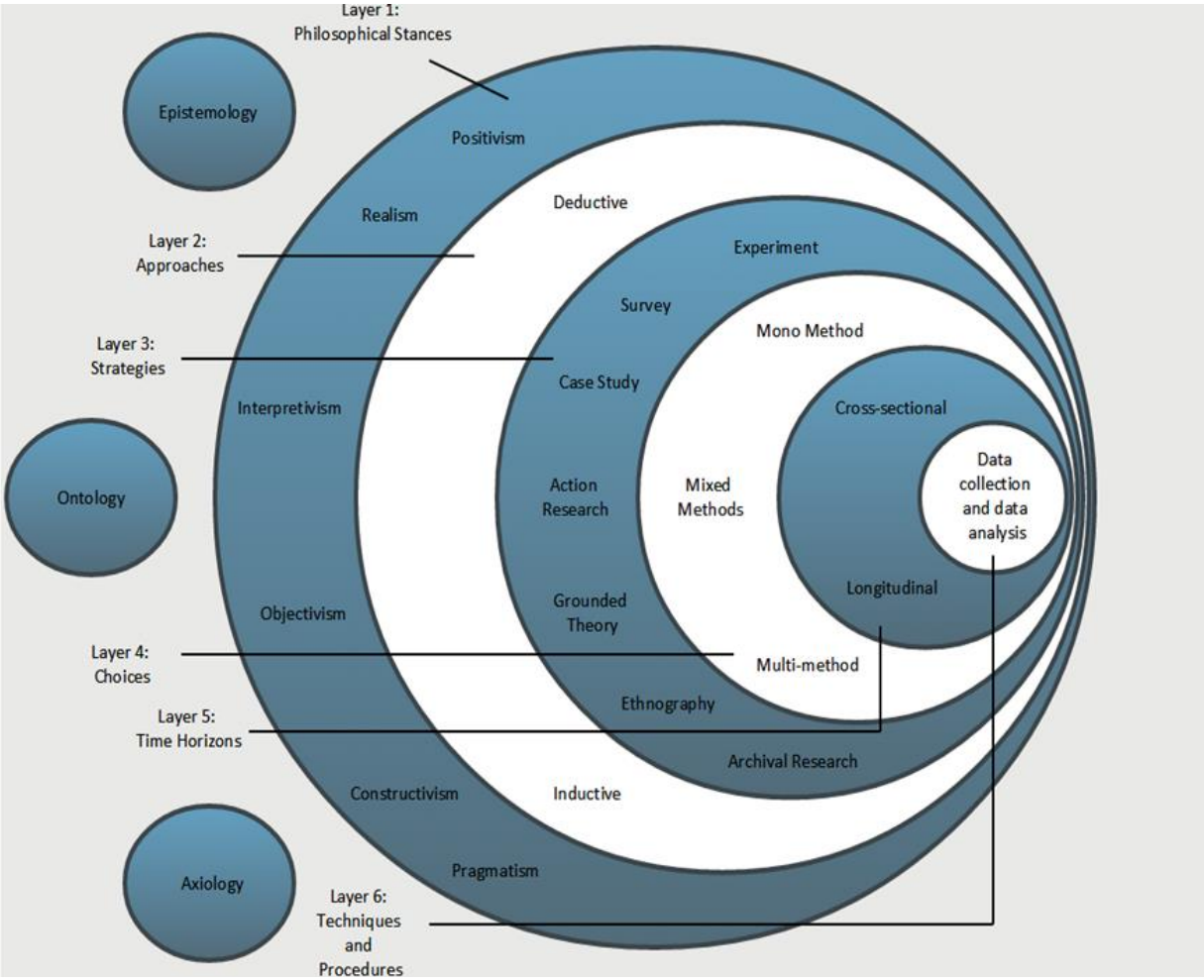

Figure 3.1: The Research Onion - Source: Saunders, Lewis and Thornhill (2013:176)

In conducting the study, the researcher followed the different layers in the research onion as outlined below:

- Layer 1: Philosophical Stance
- Layer 2: Research Approaches
- Layer 3: Research Strategies
- Layer 4: Research Methodologies
- Layer 5: Time Horizon
- Layer 6: Techniques and Procedures for Data Collection and Analysis

*3.3.*1 Research Philosophy

Research philosophy refers to the researcher's philosophical ideas which consist of a set of beliefs that will enable her/him to explain why a research approach (qualitative/quantitative/mixed methods) and methodology were used in conducting the study (Wagner et al., 2012 and Creswell and Creswell, 2018). Bryman et al. (2014:12) indicate that "epistemology (how do we know what we know?) is concerned with the question of what is (or should be) regarded as acceptable knowledge in a discipline". In addition, the authors posit that epistemology embraces several philosophies of research approach. Furthermore, the authors argue that "a central question is whether or not the social world can and should be studied according to the same principles, procedures and ethos as the natural sciences".

Bryman et al. (2014) provide three fundamental epistemological approaches as these authors include interpretivism which is in contrast with Saunders, Lewis and Thornhill's views (2013) as they dictate that interpretivism falls under ontology. Therefore, as this section is guided by the research onion, interpretivism will be considered under ontology.

a) **Positivism**

This approach is also called the scientific method and believes that science must be conducted in a value free way; thus, being objective and there is absolute truth of knowledge. Further to that positivists believe a scientist's formulation of reality directly reflects that reality. In addition, positivists view that there is an external reality different from the scientist's description and believe that the natural and social sciences can and should apply the same kinds of data collection and explanation.

b) Realism

This refers to the epistemological approach adopted by researchers in order to produce an account of the nature of scientific practice as opposed to positivists in their

study of social reality. Realists believe that their formulation of reality is simply a way of knowing that reality.

The two important types of realism are as follows:

(i) Empirical realism**:** These realists believe that through observation utilisation of correct procedures and methods, reality can be attained. This realism was criticised with a gap of not taking into consideration the enduring structures and mechanisms that underlie and produce observable phenomena and events. This critique leads to the development of critical realism.

(ii) Critical realism: These realists accept the critic by mentioning that they need to identify the structures at work that generate the events and discourses for them to understand and change the social world through social scientists.

c) Ontology (what do we believe about the nature of reality?)

These ontological positions are concerned with the nature of social phenomena questions:

(i) “Are social phenomena objective and independent of, or external to, social actors?” This position is frequently referred to as objectivism.

(ii) Or, “are social phenomena developed or constructed from the perceptions and actions of social actors?” This action is frequently referred to as constructionism (Bryman et al., 2014). Again, according to Saunders et al. (2013) in the research onion layer constructionism belongs under axiology.

d) Objectivism

Bryman et al. (2014:17) clarify that this ontological position asserts that “social phenomena and their meanings have an existence that is independent of social actors. Furthermore, it implies that social phenomena and the categories that we use in everyday discourse have an existence that is independent or separate from actors”.

e) Interpretivism

Interpretivists recognise differences between the human beings and the objects of natural sciences, and they respect subjectivity from any research approach and social scientists.

f) Axiology (what do we believe is true?)

This axiological position entails constructionism and pragmatism.

Having explained the research philosophies and epistemology, ontology and axiological approaches, it is worth mentioning that positivists is more qualitative, while interpretivists' is qualitative and realism is recommended for mixed method approaches (Bryman et al., 2014). The study was not intended to verify any theory nor conduct any empirical observations and measurements as for positivists' philosophy view, hence, this view was discarded. In interpretivists' philosophy, the researcher's aim is to rely on participants' views on the problem in question and also focus on specific contexts in which people live and work in order to understand the historical and cultural setting of the participants (Creswell and Creswell, 2018). Furthermore, the authors posit that the purpose of the researcher is to collect a lot of data through interacting with individuals and interpret data, using inductive theory. It is for these reasons that interpretivists philosophy was adopted as the researcher had to collect data from individuals within the Department of Health and selected hospitals in order to answer the research questions regarding non- compliance of leadership to include PWDs in hospitals.

3.3.2 Research Approach

Research onion second layer implores upon researchers to examine two types of research approaches which are deductive and inductive approaches (Wagner et al., 2012; Bryman et al., 2014; Creswell and Creswell, 2018). Furthermore, the authors concur that before the researcher can decide on the approach, it is of vital importance

that the purpose of the research, methods to be used to either test a hypothesis, to answer specific research questions or to explore new theory must be considered or whether data will be collected to build or to test a theory. Bryman et al. (2014:12) summarise the differences in processes between these approaches as follows:

“Deductive = theory – observations/findings”

“Inductive = observations/findings-theory”. A deductive research approach has its foundations in positivism and is concerned with discerning the true reality of a situation and is concerned with identifying and eliminating or disproving certain propositions and bringing out the objective truth and its emphasis is on causality (Bryman et al., 2014; Creswell and Creswell, 2018). In contrast to the deductive approach these authors posit that an inductive approach is concerned with exploring new phenomena and bringing in additional knowledge to what is already known. In addition, these authors concur that an inductive approach is generally a qualitative process and results in more detailed understanding of a given research phenomena compared to a deductive approach.

This study adopted an inductive approach so as to enable the researcher to achieve the purpose and objectives of the study in exploring the leadership role towards the inclusion of PWDs at PMMH, Wentworth hospital, King Dinuzulu hospital and Osindisweni hospital through interviewing CEOs, HRMs, HRPs and PWDs so as to understand reasons for non-compliance to EEA no. 55 of 1998 as amended.

3.3.3 Research Methodology Choice

There are three types of research methods that the researcher can carefully choose from considering the purpose of the study. Mixed research method comprises of elements of both quantitative and qualitative methods (Creswell and Creswell, 2018). Quantitative research method involves either identifying the characteristics of an observed phenomenon or exploring possible correlations among two or more phenomena (Leedy and Ormrod, 2015:182). Edward and Holland (2013) clarify that quantitative research generally seeks to get insights into a cause and effect relationship between variables and it generally quantifies and analyses research

findings in numerical forms. Leedy and Ormrod (2015) postulate that a qualitative research method is conducted in natural settings and focusses mainly on getting detailed different insights into human lived experiences, views, attitudes or perceptions, which indicate that it is subjective. Therefore, a qualitative research method was adopted in this study in exploring leadership role towards the inclusion of PWDs in four selected hospitals.

3.3.4 Research Strategies

This layer in the research onion focuses on strategies executed during the data collection phase. According to Saunders et al. (2013), there are three objectives for any research project which include exploring, describing and explaining topics under investigation. In addition, these authors assert that a research can be classified as exploratory, descriptive or explanatory. In this exploratory study, the focus was to ascertain why the hospitals' leadership fails to ensure inclusion of 2% PWDs in the selected four hospitals.

3.3.4.1 Data collection methods

There are several types of methods the researcher can use to collect data depending on the objectives and purpose of the research topic. These include case study, quantitative survey, qualitative interviews, etc. (Wagner et al., 2012; Bryman et al., 2014; Creswell and Creswell, 2018). For the purpose of this case study qualitative interviews were adopted.

a) Interviews

Wagner et al. (2012), Bryman et al. (2014) and Creswell and Creswell (2018) concur that interviews include respondents' information gathering through effective selection interview method depending on the need and research design. An interview is the verbal conversation between two people with the objective of collecting relevant

information for the purpose of research and the interviewer can pursue in-depth information on the study topic (Creswell and Creswell, 2018).

(i) Unstructured Interviews

Wagner et al. (2012) assert that in unstructured interviews the interviewer builds rapport with the participant so that she/he can open up and express herself/himself during their formal interaction. The authors emphasise that the interviewer considers interview focal point and rationale of the interview and utilise open-ended questions to probe and discover the participant's precepts on the topic under investigation. Unstructured interviews involve asking relatively open-ended questions to the research participants. Unstructured interviews have no pre-arranged questions which might be study limitation as much as they can determine people's behaviour complexity (Patton, 2012)

(ii) Structured interviews

In this interviewing method questions are pre-established and participant is provided with structured questionnaire with guided responses (McMillan and Schumacher, 2016). Wagner et al. (2012) assert that generally pre-arranged open-ended questions are asked and this type of interview is perfect for telephone survey not extensive interview research. This method limits and or restricts respondents' choices of responses.

(iii) Semi-structured interviews

An interview guide with a mixture of both structured and unstructured questions are used in semi- arranged interviews (Bryman et al., 2014; McMillan and Schumacher, 2016; Creswell and Creswell, 2018). Furthermore, these authors posit that this method enables probing interviewees on critical aspects where further thorough information is required.

A qualitative semi-structured interview strategy was adopted as the sole research strategy for this research. This method enabled the interviewer to probe the participants for more detailed information on the study problem, in order to get rich information.

3.5 Time horizon

Time horizon comprises of cross-sectional studies and longitudinal studies. Bryman et al. (2014) define the cross - sectional time horizon as the study of data collection on a series of variables at a single point in time while the longitudinal time horizon is defined as the study of a phenomenon over different time periods (Saunders et al., 2012). Creswell and Creswell (2018) assert that longitudinal collection of data over time is done to examine the development of ideas and trends and is mostly applicable in quantitative strategies that involve complex experiments with many variables and treatments. Due to time and cost constraints, this research adopted a cross-sectional study which involved gathering data at a specific point in time or almost at the same time period from respondents who have certain characteristics knowledge and/ or experiences about the importance of 2% inclusion of PWDs in the workplace at a given time. The data was collected from 07 February 2019 to 07 March 2019.

3.3.6 Target Population

This refers to all the individuals or units who are located in a specific area where the researcher will conduct the research (Mason, 2012; Kothari, 2012; Pascoe, 2014). As alluded to earlier, the total target population for this research comprised of 100 officials employed in 25 hospitals by the DoH, which were the CEOs, HRMs, HRPs (Recruitment and Selection) and one disabled person from each hospital. This target population was identified because they possess vital information regarding the research questions by virtue of the positions they occupy. The institutional leadership is responsible for leading the hospitals through advice and guidance and ensuring compliance to the legislative framework, EEA no. 55 of 1998. In addition, PWDs were

expected to be instrumental in the research problem because of their experience in the workplace.

3.3.7 Sampling

A sample is the sub-set of the whole target population whereby the researcher engages in a process of scrutinizing and identifying individuals that can truly represent the entire population (Gray and Guppy, 2014; Bryman et al., 2014). These authors state that the researcher must embark on the process of selecting a sample in order to reduce the larger population for the purpose of ensuring feasibility of the study, at the same time considering the whole population representation. Pascoe (2014), Wagner et al. (2012), Bezuidenhout (2014) and Bryman et al. (2014) indicate that there categorise sampling into two folds which are propability and non-propability sampling. Gray and Guppy (2014) and Bryman et al. (2014) assert that probability sampling method includes choosing sampling units randomly. Furthermore, these authors explain that in probability sampling all individuals or units have an equal opportunity or known probability of being selected as research participants. The authors argue that prospect sample elements random selection focuses on biasness elimination, which results in objectivity promotion, ideal study results. Probability sampling includes the following:

1) “Simple random sampling
2) Systematic sampling
3) Stratified random sampling
4) Cluster sampling” (Wagner et al., 2012:90-91).

Bryman et al. (2014) define non – probability sampling as a process which includes selecting study respondents using non-random selection method and indicate that some individuals or units in the population are more likely to be selected than others. As alluded to earlier on, the researcher considered the expected knowledge and skills that would provide information in achieving the research objectives. This illustrates that the researcher used her discretion guided by the study problem, the rationale and objectives as well as personal practical experience and skills in selecting the sample.

The advantages of non-probability sampling methods are cost effectiveness and convenience in selecting research participants (Wagner et al., 2012). Its short coming is that it is likely to underrepresent the whole population (Manson, 2012). There are seven types of non-probability sampling outlined as follows:

1) Convenience sampling
2) Snowball sampling
3) Quota sampling
4) Purposive sampling
5) Maximum variation sampling
6) Critical Care sampling
7) Theoretical sampling (Wagner, et al: 2012).

Purposive / judgement sampling was employed in this study which focused exclusively on the views of leadership and one disabled employee in each of the four hospitals in the DoH within the eThekwini Health District. A total of 16 participants was sampled. According to Bryman et al. (2014) the purpose of this sampling is to sample cases/respondents strategically way, ensuring relevancy of sampled individuals to the study. The sample was strategically drawn from the largest Provincial Health District (eThekwini) as its improvement of inclusion of 2% PWDs in the workplace can positively change the status quo of the province. Bezuidenhout (2014) also posits that the research approach and the purpose of the study are contributing factors when selecting the sample size.

The criteria used to select the participants included:

1. Knowledge and experience on PWDs
2. Accessibility
3. Leadership and officials dealing with recruitment
4. Employees with disabilities experiences

Creswell and Creswell (2018) emphasize that purposive sampling technique applied in identification and selection of participants who possess innermost and tangled knowledge about the matter being studied. This technique ensures isolation of less knowledgeable individuals about a research topic. Of the 16 participants; Africans, Indians, Whites, Coloureds and PWDs were represented. The participants' ages

ranged from 36 to 64 years of age. The experiences of the participants in the selected 4 hospitals ranged from 2 years 6 months to 29 years.

3.3.8 Data Collection Instrument and Procedure

Bryman et al. (2014:376) argue that “data collection is the process of gathering the basic information that the researcher will use to draw conclusions from”. According to Edwards and Holland (2013) posit that important types of research instruments are interview guides and questionnaires. Interview guide was developed and utilised (refer to Annexure C) for data collection. Furthermore, these authors posit that an interview guide is a list of few open - ended questions that are used by an interviewer to elicit views and opinions from the participants for the purpose of gathering information that will answer study questions. The selected instrument played a crucial role as the sample in this qualitative study was smaller compared to quantitative research studies. Furthermore, it permitted the interviewer effective probing of respondents intensively in order to collect the richest information that will answer the research questions upon analysis. The interview guide consisted of 9 questions excluding biographical data which had 6 questions. The researcher ensured that she had approval of accessing the selected hospitals and participants by complying with the Department of Health guidelines on conducting research. The researcher applied through eThekwini Municipality Health District for support and got approval (gatekeeper’s letter) from the Provincial Health Department – Health Research and Knowledge Management Directorate. The appointments were made with hospitals’ CEOs’ through e-mails where approved letter of the gatekeeper and approved UKZN ethical clearance to conduct the study were attached.

3.3.9 Pre-Testing of Interview Guide

Bhattacherjee (2013) asserts that a pilot study is a vital process considered in research. Bryman et al. (2014) postulate that piloting the study assists the research in establishing effectiveness of his/her research methods. Pre-testing assists to

recognise probability of potential issues in a research process which require scrutiny and corrections. By conducting a pilot study, the researcher is afforded the chance to review the questions, if the pilot study has revealed that some questions are unclear to the participants. This can be identified by examining the participants' responses which may be irrelevant to the question. A total of 2 respondents, 1 being a leader and 1 a PWD were interviewed for the pilot study using the interview guide. It is worth mentioning that there were no adverse reactions from the participants; therefore, no changes were made to the interview guide. The pilot study respondents were not selected nor included for the study interviews (Bryman et al., 2014).

3.3.10 Administering the Semi-Structured Interviews

This study adopted in – person or one – on – one interviews. This involved meeting respondents were personally met and interviewed using the interview guide. Face to face administration of the interview guide was advantageous since respondents had an opportunity to ask questions and seek clarifications on issues related to the interview guide. An informed consent letter 3C (refer to annexure A) signed and dated by the researcher was read and explained to the participants and handed over to him or her. Thereafter, the consent form (refer to annexure B) was read and explained to the respondents and requested to fill, sign and date it, if the participant had no objections or reservations to participate in research. The interviewer requested consent to record interview proceedings from respondents and none of them had objections. The recordings were thereafter transcribed in word format. A total of 11 interviews were conducted and interview questions were the same except for probing as it was done depending on the respondent's responses.

3.3.11 Data Analysis Method

The researcher used thematic analysis in analysing data to get intensive information on exploring the leadership role towards the inclusion of PWDs in the selected 4 hospitals. According to Bryman et al. (2014:385) thematic analysis refers to “a flexible technique that is not tied to a specific philosophical orientation. Furthermore, the authors mention that the goal of utilizing thematic analysis is to identify, analyse and describe patterns, themes, across a data set”. This indicates that the context of the research questions and responses are investigated to identify and build themes and codes. Codes refer to the names given to themes were also used (Bryman et al., 2014). The researcher read interview scripts several times to familiarise herself with the data in order to identify themes (Wagner et al., 2012; Bryman et al., 2014). The researcher categorized data and coded them into themes and sub-themes using her informed judgement in determining the importance of key themes by highlighting them in different colours.

Thereafter, the information was reviewed; related to each other and to the entire data to finally obtain the themes which are presented as findings of this study.

3.4 Research Quality

Wagner et al. (2012) posit that for a qualitative study to be deemed trustworthy, four criteria should be ensured. They are credibility, transferability, dependability and confirmability.

3.4.1 Credibility

Wagner et al. (2012:268) define credibility as “the extent to which the evidence can be accepted or trusted, as it is undistorted and sincere, free from error and evasion”. Bryman et al. (2014:376) refers to credibility as the quality of a report that is trustworthy because it was carried out according to the principles of good practice and submitted

to the people who were studied to confirm that the researcher has correctly understood their social world". This is achieved through utilising the triangulation method and member check. Triangulation refers to the use of more than one method or source of data in the study of social phenomenon so that findings may be cross-checked (Bryman et al., 2014). The researcher used member check as participants were given a chance to comment on the transcribed data in ensuring credibility of the study.

3.4.2 Transferability

Wagner et al. (2012:275) define transferability as "the extent to which the methods and the results of a qualitative study can be understood within the context of the reader of the study". Furthermore, these authors posit that transferability is concerned with the exchange of information and engagement with the individual reader rather than generalizable rules. In this study, the researcher provided full details on methods, roles, settings, and participants for readers to transfer findings to similar contexts, thus any reader can assess the findings and transfer what is relevant to his/her setting. In addition, the data is maintained in its original forms, in tape recordings stored safely by the UKZN Graduate School of Management and Leadership.

3.4.3 Dependability

Wagner et al. (2012:243) explain dependability as as "reliable measure achieved by triangulation of methods and providing an audit trail, this audit trail attests to the accuracy of translations of information from various data sources and provides the means for ensuring the confirmability of the findings, allowing for reconstruction of events and processes that led to the conclusions in the research". In ensuring dependability compliance, the researcher kept the audit trail, which included the key notes that were taken during interviews, transcripts of the audio tapes which have been confirmed by the interviewers as correct, as well as audi tapes.

Dependability is concerned with consistency of the data, which indicates whether the findings would be consistent if the study was repeated with the same subjects in

similar context. The researcher kept the audio tapes, field work notes and transcripts of the data collected to show that proper procedure had been followed. In this study, the researcher also presented complete details of the research process or audit trail to ensure dependability.

3.4.4 Confirmability

According to Wagner et al. (2012:243) confirmability refers to “ensuring that the findings are grounded in the data and gauging the degree of biases present to demonstrate that the data and findings were derived from events, rather than being solely from researcher construction”. Shenton (2016) posits that the concept of confirmability is the qualitative investigator’s comparable concern to objectivity. Confirmability helps to ascertain that the research’s findings are the result of the views, ideas, opinions and experiences of the study participants not the characteristics and preferences of the researcher. This research ensured confirmability by triangulation to reduce the effect of researcher’s bias and by admitting to one’s beliefs and assumptions.

Further, it assisted the researcher not to influence the findings with her values. In order to increase confirmability of the findings, the researcher used the following procedure:

a) Interruptions during interviews were avoided as far as possible.
b) The interviews were recorded on a voice recorder and in the form of notes, to ensure that key points were not missed.
c) The research report used direct quotations of what was actually said by participants in their own words to their ideas, views, opinions and experiences on leadership role towards the inclusion of PWDs in PMMH, Wentworth hospital, King Dinuzulu Complex hospital and Osindisweni hospital.

3.5 Ethical Considerations

Creswell and Creswell (2018) emphasise the vital importance of ethics in the research process. These authors explain that the informed consent form needs to be signed by the participants agreeing to the provisions of the study before they provide data. It is therefore, worth mentioning that the researcher ensured compliance to ethical issues as mentioned hereunder:

3.5.1 Informed consent

The researcher provided each participant with an informed consent letter (see Annexure A), which had UKZN logo, details of the researcher, details of the supervisor and details of the research office. The letter identified the researcher, the title of the study, the aim of the study, expectations from participation in the study and the intentions of the study results. This letter further informed the participants that participation is voluntary and she or he may refuse to participate in the study without adverse consequences, participation in research has no monetary incentives/rewards and documentation would be kept confidential and anonymous by Graduate School of Business and Leadership at UKZN. In addition, the participants were informed that if they have either concerns or questions regarding their participation in the study, they may communicate with the researcher's supervisor or Research Officer, and they were made aware that the interview would take about twenty minutes depending on engagements. This letter was signed and given to each participant to keep.

Thereafter, the consent form with the researcher's, supervisor's as well as research office details was explicitly read and explained to each participant and then they were requested to fill, sign and date them. The consent forms are kept by the researcher.

3.5.2 Voluntary participation

Participants willingly participated in the study, no one was forced. Voluntary participation was explained in depth when reading Annexure A.

3.5.3 No harm to the participants

Prior logistical arrangements with the participants were made ensuring that the interviews were conducted in a conducive environment. The interviews took place during the day at workplaces to eliminate any potential harm or danger to participants.

3.5.4 Anonymity and confidentiality

In ensuring anonymity and confidentiality no name of any participant was mentioned in the study. Their personal contact details were not taken during the interviews, therefore, the audio tapes that will be kept by UKZN in a secure place with restricted access do not have any contact details.

3.5.5 Deception

All participants were informed that the study was conducted for the researcher's academic studies, nothing else. However, the researcher explained that the findings and recommendations of the study may be used by the Department of Health in accelerating the inclusion of PWDs in the workplace. The researcher ensured that all participants were aware that the research was part of her academic studies.

3.5.6 Ethics clearance

The researcher obtained ethics clearance from the Humanities and Social Sciences Research Ethics Committee (Reference number: HSS/1235/018M) from the University of KwaZulu-Natal before commencing with the study.

3.6. Limitations

The researcher had sampled 16 participants employed in four selected hospitals (sites) for the study. One of these sites could not be accessed due to labour unrest which resulted in movement of leadership members who were selected for the study. The researcher overcame this challenge by locating one of the participants from this hospital, who was then interviewed at the place and time the participant suggested. It is worth mentioning that the study was then not compromised during data collection as there was no new data on the subject as data collection had reached saturation point.

The researcher experienced challenges in communication. The e-mails with the attachments of approvals to conduct the research were sent in November 2018 and follow-up e-mails thereafter with no responses. In order to overcome the challenge, the researcher personally went to selected sites to make appointments which was a great success.

Having made prior arrangements for the interviews, there was a challenge of disturbances during interviews in some instances. The researcher regarded this as one of disadvantages of interviewing participants in their workplaces, especially offices. In future this can be prevented by requesting interviews to be held in a neutral place, e.g. boardroom.

Load shedding had a negative impact on researcher's work plan and timelines which necessitated adjustment thereof.

This study only used interviews as a source of data collection. In this case, the use of other methods of data collections such as observation would have added more insights into the leadership role towards the inclusion of PWDs in the workplace.

3.7 Summary

This chapter examined the research plan for the study using the research onion. Several concepts and elements of the research plan, as shown in the research onion,

showed the interconnectedness that exists amongst each other and how researchers use research designs to develop a coherent research process. The research methodology chosen was discussed in detailed to reflect how this qualitative research was conducted to explore the leadership role towards the inclusion of PWDs in the selected sites. Furthermore, ethical considerations were addressed as well as study limitations with strategies executed to overcome them. The next chapter focuses on data presentation, analysis and discussion of findings.

CHAPTER 4

Data Presentation, Analysis and Discussion of Findings

4.1 Introduction

This chapter presents data collected that was categorised into themes, data analysis and discussion of findings in pursuit of achieving the objectives of the three research questions which were:

1. What role is the leadership ought to play towards the inclusion of PWDs at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital?
2. What role is the leadership currently playing towards the inclusion of PWDs at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital?
3. What challenges are faced or experienced by leadership towards the inclusion of PWDs at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital?

Furthermore, designation of the respondents will be outlined then each theme will be introduced, analysed, and interpreted for findings. To support the themes, participants' statements or data would be presented and then the chapter ends with a summary.

4.2 Designation of the respondents

Chief Executive Officers (CEOs), were interviewed as they are accountable for the overall hospitals' performance, which includes implementation of PWDs inclusion policies in hospitals. In the organisations' leadership hierarchy, CEOs are at the top and they report to the Chief Director who leads the hospitals in eThekwini Health District. Human Resource Managers were also interviewed as they are accountable for the functioning of Human Resource Management (HRM) components in hospitals which include appointments and retention of staff. HRMs are the implementers of all HR policies, including EEA no.55 of 1998 which regulates the appointment and

accommodation of PWDs in the workplace. In the organisations' leadership hierarchy, HRMs are also at the top, however, they report to the CEOs. Human Resources Practitioners (HRPs) were also interviewed since one of their roles is to advise and guide the selection committees during recruitment; this includes ensuring that there are no unfair deviations from the employment equity targets. According to organisations' hierarchy, HRPs are either at middle management or junior management level, depending on the size of the hospital. PWDs were also interviewed since the study is about their inclusion, however, it must be noted that none of the interviewees held leadership positions, they all occupied entry level positions, as much as they had a lot of experience.

4.2 Summary of themes

OBJECTIVE 1	**THEMES**
To establish the role leadership ought to play towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.	1. Creation of conducive working environment. 2. Participation of employees with disabilities in decision-making. 3. Provision of reasonable accommodation. 4. Accessibility of advertisements and employment of PWDs.
OBJECTIVE 2	**THEMES**
To assess the current role played by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.	5. Provision of reserved parking bays. 6. Provision of ramps. 7. Advertisements encouraging PWDs to apply using

	Associations or Organisations of PWDs. 8. Training of staff on sign language.
OBJECTIVE 3	**THEMES**
To identify the challenges faced by leadership towards inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.	9. Lack of commitment. 10. Lack of communication. 11. Lack of information. 12. Lack of training. 13. Disclosure. 14. Infrastructure. 15. Occupational segregation. 16. Budgetary constraints.

Table 4.1: Summary of themes

4.3 Presentation of themes

4.3.1 Theme 1: Creation of conducive working environment

Provision of conducive working environments is one of the themes that emerged from the participants as the role the leadership ought to play towards the inclusion of PWDs in PMMH, King Dinuzulu hospital, Wentworth hospital and Osindisweni hospital was explored. This is what the participants said regarding this theme:

Participant 2

"The leadership needs to look at accessibility to PWDs in developing a strategy to say, how we ensure that our facility is more user – friendly and accessible to PWDs and also to create environment for them that will be more conducive to work to work freely without prejudice".

Participant 6

This is what this participant said in a slightly different vein which also relates to creation of conducive working environment as the role leadership ought to play towards the inclusion of PWDs in the hospital.

"Inclusion means that the office itself is catered for PWDs that means the ergonomics, the environment where they are sitting, they are working in, the environment they move around in the office and the way they submit work."

Participant 8

This was the version of this participants regarding this theme which emerged as the role of leadership towards the inclusion of PWDs in the hospital.

"Ensuring that if they will be working with computer, special software is installed to enable staff to use it effectively".

Participant 11

This is what this participant cited regarding this theme when responding to the role leadership ought to play towards the inclusion of PWDs in the hospital.

"These managers are here to create a conducive working environment and eliminate risks in employing PWDs".

4.3.1.1 Finding

It would appear that very little consideration is afforded to making the working environment user friendly to promote maximum performance and productivity. Staff are unhappy about this lack of care and interest.

This finding is supported by the studies of Chughtai (2015) and Sezgin and Esin (2016) which indicate leadership's responsibility of ensuring provisioning of hazards free

working place and implementation of policies with a purpose of re-enforcing compliance to avoid injuries and accidents and occupational diseases that have negative influence on organizational performance. This view is endorsed by the studies of Amposah- Taiwah and Mensa (2016) that the safety and well-being of the employees is very crucial since employees' organizational commitment, enhanced performance and attitude is positively influenced by positive and caring leadership behaviour.

Judging from the responses it is obvious that PWDs are subjected to negative attitudes, hence their low morale. This finding is supported by the studies of Schur, Colella and Adya (2016) who found that negative attitudes towards PWDs by co-workers and supervisors contribute unconducive working environments that leads to low commitment and automatically to low job satisfaction.

The researcher shares the same sentiment with these authors since inclusion of PWDs in a workplace calls for institutional readiness in a way that the employee with disability is not set for failure by ignoring crucial elements that need to be in place to allow him or her to execute his or her duties to his or her optimal potential. Therefore, creation of conducive environments is a necessity and not a luxury.

4.3.2 Theme 2: Involvement of employees with disabilities in decision- making

This theme appeared in the study when the role ought to be played by the leadership towards the inclusion of PWDs in four selected hospitals was explored. Hereunder were the responses from participants.

Participant 1

"Firstly, is one of the decisions. I think for example if there are some changes or maybe they are doing any renovations to some building, I think PWDs must be involved in that set up so that they can have a say. Let me say most of the buildings there are no lifts which means they are not disability friendly and so in whatever changes that is supposed to take place I think we must be involved as well".

Participant 2

"*To accommodate PWDs in every activity that takes place within the institution like for instance there is employee wellness, they should be included in those activities like your committees, committee for employment equity they should be included and any other activity that is taking place within the organization".*

4.3.2.1 Finding

The most common response was that all PWDS must be involved in decision making, more especially if it concerns them. They will then feel a sense of belonging. This finding concurs with the studies of Hoffman (2013) who stressed the inclusion of PWDs to make them part of the organisation. He cited examples like access to information, connectedness to co-workers and afforded ability to participate in and influence the decision-making processes.

The study findings concur with these authors as the "Nothing About Us Without Us" explicitly explains that PWDs need to be heard, which is also their human rights as the citizens of South Africa. The transformation of the country necessitated changes in the organisations, which includes amongst other things the inclusion of PWDs who were discriminated and marginalised and not afforded opportunities like people without disabilities. It is, therefore, of paramount importance that employees with disabilities are involved in different committees in hospitals and are afforded opportunities of discussing issues that relates to them at work, like barriers and strategies to mitigate such with the hospitals' leadership. This alone, will boost their morale, and feel a sense of belonging which leads to organisational commitment and improved performance.

4.3.3: Theme 3: Provision of reasonable accommodation

This was one of the major themes in the study as it appeared several times when exploring the role leadership ought to play towards the inclusion of PWDs in four selected sites. This is what the participants mentioned in different words.

Participant 2

"*The role that is expected for leadership to play is to accommodate people living with disabilities like for instance to provide them with devices should they need one, ramps for those that are on wheelchairs and to provide lifts with braille for people who are blind".*

Participant 3

"Infrastructure must be accessible to PWDs. When the interviews are conducted the venue must accommodate PWDs by ensuring availability of ablution facilities so that people on wheelchairs can access ablution facilities without relying on other people".

Participant 5

"Infrastructure needs to accommodate PWDs meaning things like wheelchair ramps and ablution systems".

Participant 8

"Ensuring accommodation of PWDs that they have ablution facilities and all the necessary equipment to perform their duties in a reasonable manner".

4.3.3.3 Finding

The responses portray a sense of hopelessness because PWDs are not accommodated in the organisation. In fact, they must make do with simple “handouts”. And yet are expected to perform to the optimum.

This finding is contrary to the mandate as stipulated by the Code of Good Practice on the Employment of PWDs Gazette (2015) which states that leadership must ensure that they do not automatically exclude or discriminate PWDs because of barriers. The leadership must ensure that the hospitals are accessible to all people with different types of disabilities and further to that, ensure management thereof.

Accommodation of PWDs includes availability of user-friendly equipment, ablutions for wheelchair bound personnel, reserved parking bays for PWDs, systems and training material that accommodate blind personnel, support, lifts with braille, etc. In all sense no barrier must exist in hospitals that will limit the movement of PWDs and their participation in activities in hospitals. Furthermore, PWDs must be provided with information and respected through inclusive culture, prohibition of hate speech or communication of words against PWDs which perhaps can be elucidated to reveal a straightforward purpose to hurt, harm, or encourage hatred (WPRPD, 2015).

The study findings share the same sentiments as inclusion of PWDs is of paramount importance to break the circle of poverty they live in because of exclusion in employment. It is vital that the leadership is pro-active, to employ PWDs if they are serious about it. It should form part of the hospitals’ strategic plans. Furthermore, culture that respects the rights of PWDs re-enforcement is pivotal.

4.3.4: Theme 4: Accessibility of advertisements and employment of PWDs

The accessibility of advertisements and employment of PWDs also emerged as a theme in the study when exploring what role the leadership ought to play towards the inclusion of PWDs in four selected sites. Following hereunder are the interview responses.

Participant 2

"When we advertise the post, we use intranet which is a website that is accessible to all the citizens within the country. Currently we do not work Organisations of PWDs because the Department is only recruiting professional nurses and medical officers and Organisations of PWDs do not have those categories, they only have categories like people that have been trained on switchboard or administrative work".

In a slight vein to participant 2 response on working with Organisations for People with Disabilities, another participant's response was as follows:

Participant 3

"We have to identify organisations that have the list of PWDs so that when we advertise and recruit it becomes easy to recruit targeted people because normally if you put an advert openly without tapping to those organisations somewhere somehow we tend to miss people that are living with disabilities".

Participant 7

"To ensure that when the positions are being advertised, adverts are sent to those places where PWDs can be able to access those adverts in order for them to apply and encourage PWDs to apply for those positions that are vacant in the hospital through sending out a message that the government of the day has an objective to employ PWDs to represent PWDs in the total staff complement of the whole institution".

Participant 10

"I think there must be PWDs in your workforce, so the leadership needs to ensure they comply with the Employment Equity targets as per institutional Employment Equity Plan. Let's take patient admin, within patient admin, there is a leader there, when a post becomes vacant, when we advertise a post, we must take PWDs that goes to all

other departments as well. For example if there is a vacancy in admin I don't sit in that interview in terms of line function reporting, they don't report direct to me so that person who is a leader in patient admin will be responsible for shortlisting and interviewing people looking at employment equity target or looking at including PWDs".

4.3.4.1 Finding

The responses from the majority of the respondents support the decision for PWDs to be employed in all organisations irrespective of the nature of disabilities. Hence, recruitment and advertising must be favourable to the PWDs circumstances.

Babu and Rao (2018:58) state that "identification, within and outside the organisation, of the potential human resource pool and the likely competition for the knowledge and skills resident within it. An organisation that is led by conversant and knowledgeable management in terms of the internal talent it has, is pivotal for this task to avoid unnecessary external recruitment while there are competent and skilful potential candidates for the posts".

In this instance there are different views as Provincial Health Department Recruitment and Selection Policy (2018) explicitly mentions that all entry grade posts must be advertised in a closed advert within the hospital for internal employees; on the other hand HRM Circular 23 of 2012 paragraph 3 stipulates that the advertisement of non – clinical entry grade posts should be opened to physically challenged persons who must be headhunted and requested to apply in which first preference should be given to them if they met the minimum requirements for appointment. Schur et al. (2016) posit that institutional attitudinal barriers among employers, supervisors and co-workers impede the hiring, job performance, promotion and training opportunities of employees with disabilities. These authors allude to the fact that PWDs' discrimination contributes to PWDs' low employment rate.

The researcher concurs with the view of Babu and Rao (2018:58) as it does not limit the organisations from working with Organisations of PWDs where they have a pool of potential job candidates with different skills especially support service

skills. The researcher holds a different view when it comes to HRM circular 23 of 2012 for being discriminatory, as it only considers physical disabilities; thus, discriminating against people with invisible disabilities. Having said that, the Departmental Policy on Recruitment and Selection (2018) is silent on consideration of PWDs in non – clinical entry grade posts. The researcher supports Schur et al. (2015) findings, however, the issue of 'attitude' needs to be explicitly explained since every individual has an 'attitude', so it must explained whether it is positive or negative, it must not be left open, thus interpretation thereof depends on ones' perception.

4.3.5 Theme 5: Provision of reserved parking bays

In order to establish what the hospitals' leadership is currently doing to ensure acceleration of PWDs inclusion in the workplace, this theme emerged. Participant's response is presented hereunder**.**

Participant 2

"In terms of parking, there are a number of parking bays that have designated for PWDs particularly wheelchair based to ensure that those people are able to park on those areas and we are monitoring utilisation thereof. We have security around to ensure that those parking bays are not being abused. We always encourage that are wheelchair based to also use stickers so that their cars can be easily identified not being abused."

4.3.5.1 Finding

As per Code of Good Practice on the Employment of PWDs (2015) reserved parking bays availability for PWDs in organisations is one of leadership's responsibilities. It is a fact that PWDs who are wheelchair bound need more wide parking bays for them to be able park and assemble their devices, which are wheelchairs. Leadership limited

commitment on addressing PWDs' needs in hospitals was noted as only one hospital displayed that the parking bays are being managed. This indicates that the hospitals are not ready to recruit and retain PWDs.

4.3.6 Theme 6: Provision of ramps

This theme emerged from the study. This is how the participants responded when asked what role the leadership is currently playing in ensuring inclusion of PWDs in hospitals.

Participant 2

"To be honest with you there is nothing much that have been done, the only thing that I would mention is that there is a ramp that is provided for those that are on wheelchair but there is a process that is in Head Office infrastructure that is taking place now".

Participant 7

"In terms of other building that were refurbished which were not accessible to PWDs, there were ramps that were put in place".

4.3.6.1 Finding

Leadership is responsible for ensuring that workplace is accessible to PWDs and should an accident occur due to leadership's failure to eliminate risks for PWDs, they will be held responsible (Labour Relations Act no. 66, 1995 as amended). The absence of ramps in hospitals, reveals that PWDs are excluded from employment since only two hospitals indicated that ramps are available. The researcher and the findings of the study support these prescripts because leadership needs to ensure equal treatment of employees considering their unique needs.

4.3.7 Theme 7: Advertisements encouraging PWDs to apply using Associations or Organisations of PWDs.

The researcher asked the participants about the strategies that they use in ensuring that they recruit and retain PWDs in the hospitals to ensure compliance to EEA no. 55 of 1995 as amended. The participants responded as follows:

Participant 3

"The strategy that we have employed is to work with the organisations as one of the means to ensure that when the post that we advertise is designated for PWDs we can be assisted by those governmental organisations in ensuring that PWDs that meet the requirements are able to be identified and recruited as I said using local newspaper or whatsoever it somewhere somehow does not work. We need to be more vigilant and more driven at ensuring that we identify more and that is one of the strategies that we have looked at, at this point in time to work with Non – Governmental organisations".

Participant 5

"We make it a point that in our adverts we also put that close to say PWDs are encouraged to apply, they will also be given first preference if they meet passing mark in the interviews. As well as strengthening the relationship also with organisations that are representing PWDs and I always put emphasis to send advertisements to those organisations so that at least we can be to employ and retain PWD as mandated by the legislation".

Participant 7

"The role that is played by the leadership is to ensure that we got contact details of the organisations which are representing PWDs and the leadership has ensure that adverts are also disseminated or sent to those organisations to try and encourage

people to apply for positions and make sure that these people are able to access the adverts. We contacted our Diversity unit at Head Office, and they gave us those contact details.

Participant 11

"For my institution, we try to work with PWDs organisations".

4.3.7.1 Finding

The responses are promising in that they reveal that leadership is trying to involve and work with PWDs.

Head Office, Human Resource Strategy and Planning, issued Human Resource Management Circular no. 93 (2011) where it was explicitly explained that the DoH was struggling to reach the National target of 2% PWDs inclusion in the workplace as per the requirements in the National Job Access Recruitment Policy. In this HRM circular it was further stated that Diversity Management Sub – Component had compiled a database for qualified disabled persons; the list was attached to the HRM Circular no. 93 of 2011. The database included title, initials, surname, qualification, disability description, e-mail address, cellular number study telephone number as well as home telephone number in an endeavour to assist the institutions to recruit PWDs.

The researcher as well as the findings of the study support the Head Office initiatives in accelerating the inclusion of PWDs in the workplace since this is in line with WPRPD (2015) where working relationships with Organisations of PWDs to secure required skills is encouraged since the ratification of United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and its protocol for the purpose of committing the country to respect and implement persons with disabilities' rights. This includes accessibility, equal treatment and also right to employment if the individual meets the minimum requirements of the post advertised.

4.3.8 Theme 8: Training of staff on sign language

This theme emerged as one of the strategies the leadership is implementing in order to ensure inclusion of PWDs in hospitals. This is what the interviewees said in this regard.

Participant 3

"Currently we have a person working in HR who cannot be able to talk we have ensured that there are people within that department who are able to understand and interpret in terms of sign language so that the we address the barrier of communication. Also as part of our Workplace Skills Plan we have prioritised to say we need to try identify areas and people to be more trained on sign language so that that person must not be accompanied by one person to every area but strategic areas where that person will have to work with those people there should be people who can be able to communicate in sign language".

Participant 4

"I think they sent an e-mail that some have to do sign language. I know they sent people out to go to do sign language lessons which was done last year or year before. I think some staff in this hospital have been to it. They gave me a poster of all sign languages with the word what they mean, they put up for people to see even DVD".

Participant 7

"Another thing which is being done, we have sent more people to attend sign language because there were challenges especially when it comes to communicating with them, but some people have been sent for sign language and that is on-going thing and some of our doctors and some of the nurses in our key areas especially in MOPD have been sent for some courses on sign language".

4.3.8.1 Finding

Training of employees is a purposeful structured programme which is provided by organisational leadership to develop employees' competences and improve performance as well as enhance employee growth within the organisation (Long, 2015; Cloutier et al., 2015). These authors agree that training of employees, as a learning process plays a pivotal role as it promotes employees' commitment to organisation and achievement of objectives according to the plans of the leadership.

Study findings is in agreement with authors' viewpoints as the training of staff on sign language will capacitate the hospitals with critical communication skills with PWDs who are deaf and mute. In addition to that, SDA no. 97 of 1998 was promulgated for staff capacitation and empowerment as well for socio-economic development. Therefore, the leadership is mandated to ensure implementation of this legislation as per organisational needs.

4.3.9 Theme 9: Lack of commitment

Leadership lack of commitment towards inclusion of PWDs in the hospitals emerged as a major theme. This is what the participants said regarding this theme when they were asked about the challenges that leadership face towards the inclusion of PWDs in hospitals.

Participant 1

"I do not think they experience any challenge. My opinion is that, because PWDs are few so they look at the budget and say we will spend so much for 1 person and then they just push it aside and carry on with something that they think is worth, you know, I think so. Because, say may be we will build or install this lift it will R1m for example me only because I am using wheelchair I can't climb the stairs so you know they just push it aside I think maybe it's just done so it is not because they can't and the other thing is that the person who feels something he knows better, you know what, I cannot

tell you the pain that you are feeling maybe I can see that you know you show the sign that there is something hurting you but I cannot feel it, you are the one who feel it. So same thing applies, what I am saying is, if for example if the Chief Executive Officer is disabled is using wheelchair do you think it will be the same story, how long can it take to build the lift for him, maybe two weeks, maybe one month but because he is not it can be ten years or maybe he can even leave having not done anything and someone new comes and make a promise because they do not feel it".

Participant 2

"To be honest with you there is nothing much that have been done the only thing that I would say mention is that we there is a ramp provided for the those that are on the wheelchair but there is a process that is in the head office infrastructure that is taking place now".

Participant 2

"This is a sensitive issue probably also we are not doing much."

Participant 6

Institutional strategic plan does not include the issue of PWDs. I don't think they see it as important".

Participant 7

"Well some of the strategies that we have put in place have not materialised".

Participant 9

"I actually have not seen them doing much, to be honest. I do not think they show much interest."

Participant 10

"I am not sure what is the particular reason, I do not sit on all the interview panels, I sit when a member of the executive committee is interviewed".

Participant 11

"Currently I can say nothing much as it does not form part of institutional strategic plan".

4.3.9.1 Finding

The responses clearly illustrate that leadership is not held in a positive light. All the respondents have no regard for their leadership as they categorise them as non-caring individuals. This finding is supported by the studies of Burns et al. (2016) who asserts that effectiveness and performance of organisation in achieving its objectives hinges on leadership skills. This translates to say top leadership is responsible and accountable for the organisation's success or failure**.** Baixauli – Soler (2015) and Nielsen and Nielsen (2013) posit that top leadership diversity positively influences organisational and optimal services. These authors assert that transformational and transactional leadership styles are important in organisational change. It must be noted that one of the aims of EEA no. 55 of 1998 as amended, is to facilitate workplace transformation from PWDs exclusion to PWDs inclusion. These are then explicitly explained elements of committed leadership to organisational transition and performance in ensuring that the set objectives as per organisations' strategic plans are achieved. Based on these definitions and the emergence of this theme the researcher concludes that a huge gap exists, which answers the question why the hospitals are failing to include a minimum of 2% of PWDs in the workplace. Furthermore, the researcher holds a different opinion on leadership indirectly related to staff appraisal as shared by Holten and Brenner (2015) as the researcher's view of leadership is directly related to staff appraisal.

4.3.10 Theme 10: Lack of communication

When the participants were probed in some areas for obtaining detailed information, the theme of lack of communication emerged. The researcher also noted conflicting responses from participants of the same group or category at the same hospital (s) when they were responding on the same research question (s). Presented next, are the responses from the respondents.

Participant 1

"I was informed, I think it was last year during former CEO's term that they were going to build the lifts in A block and D block but there is nothing."

Participant 2

"We had a meeting in January where we were discussing the revitalisation of the hospital where lifts are going to be provided because currently if you to A block, a person on a wheelchair cannot access the building or even a person using devices cannot access the A block so we are working together with infrastructure to install lifts to accommodate PWDs and also any other area where we see that there is a barrier for them to access the workplace.

Participant 3

"In our new structure that we will be building a new core block we have also considered that lifts on the new core management building, the management will move to will be accessible through lifts and people who are wheelchair based would be able to access any level without any reliance from other person".

4.3.10.1 Finding

The responses reveal that important information pertaining to PWDs is not communicated to them. This disregard is contrary to the directives expressed by WPRPD (2015); Constantin and Baias (2014) and Gotsis and Grimani (2016).

WPRPD (2015) emphasised the need for effective communication in an organisation. This prescript describes communication as a process that helps the organisation to find a common purpose through interaction and communication and agree on objectives. In addition, WPRPD (2015) puts emphasis on effective communication for the workforce to know and understand everything in their working environment, which further boosts their morale and believe that the leadership is recognising them.

The researcher and the findings of the study concur with the sentiments expressed by these authors since human capital is the most valuable asset in all organisations. Leadership needs to effectively communicate about all matters pertaining to the plans and operations of the hospitals as well as shared values so that they are on par in terms of hospitals' operations and expected behaviour as a team. This further translates to say that strong teamwork by effective leadership is imperative since the employees themselves can see that they are led by an effective strong team. Having said so, it is worth mentioning that effective communication with employees is one of the best strategies in ensuring transparency, thus enabling the employees themselves to express their views freely.

4.3.11 Theme 11: Lack of information

This theme emerged several times from the participants, when the researcher asked if any platforms were available, like committees or forums that issues or challenges pertaining to PWDs in the hospitals are discussed. The participants' responses are reflected below.

Participant 1

“We do have a disability forum here, and we do not have power and our forum is not active.”

Participant 2

“We are trying to revive the committee so that we do not take any decision of PWDs without them so once the forum is revived we are going to work with PWDs to ensure that any gap or if there is any barrier that they see is addressed but they should be part of that decision that will be taken”.

Participant 5

“At the moment to be quite honest for our institution we do not have, I would say active committee which is representing PWDs. I think we need to go back to our drawing board to address that issue”.

Participant 6

“There is no platform where we identify the challenges regarding inclusion of PWDs in this hospital. I have noticed when auditors get here, the questions they ask us in terms of attracting and retaining PWDs and then strategies re discussed but not actioned”.

Participant 8

“There is no meeting or platform in place where issues pertaining PWDs are discussed? No, nothing. I must be honest. Nothing, nothing, nothing”.

Participant 9

“We did have a forum; they did start something but that was very short lived.”

Participant 11

"There are no platforms used to share the challenges".

4.3.11.1 Finding

In the main, the responses reveal a negative attitude towards creating forums for discussion and debate regarding all aspects of the PWDs work life. This finding goes contrary to the studies of Cole and Salimath (2013) who emphasises the involvement of employees when the DM prescripts, policies and procedures are formulated and implemented. Study findings differ from the point of view that DM results are reached through execution of purposeful worker connection and through complementary assimilation in cross – functional committees, diverse teams' establishment and people involvement in social and ceremonial activities (Davis et. al, 2016).

EEA no. 55 of 1998 as amended mandates the employer to establish functional committees that will be inclusive of PWDs. Furthermore, this legislative regulation, put emphasis on PWDs engagement, inputs and participation in decision – making in the organisations. In addition to that, these committees include but not limited to, PWDs Forum, Employment Equity Consultative Forum, Employee Health and Wellness Forum and Institutional Health Education Training and Development Committee (IHETDC).

These strategies prove the drive, commitment, actions and the stand of the government. The study revealed that none of the hospitals engage with PWDs. This indicates that they are not valued as vital resources in the hospitals. It must further be noted that, one employee with disability indicated that even when the committee was functional, their voices were not heard. Revitalisation of these structures can never be successful, unless PWDs realise that leadership is interested and committed in PWDs.

4.3.12 Theme 12: Lack of training

As much as the leadership provides training of staff in sign language as mentioned in 4.3.8 theme 8. This showed to be insufficient. The theme of lack of training of PWDs and even leadership emerged in the study. Hereunder are the responses from the respondents which proved this theme.

Participant 3

"In terms of Workplace Skills Plan the Department identifies the priorities and the issues of people living with disabilities tend not to form part of those priorities. Priorities mostly are issues of clinical trainings rather than to address the Employment Equity issues for people living with disabilities".

Furthermore, this participant mentioned that:

"We are not doing much that is why we find that we end up having limited knowledge in terms of strategies on how can we enhance our strategy at addressing people living with disabilities most probable we will need to have people that have knowledge who will assist executives, I would not say in the hospitals management only but in the working industries". In addition to that, the participant said:

"It is still a concern because when we think about disability, we have got also limitations ourselves that we always think about a person who is either wheelchair based, using crutches or blind that is all mostly, physical disability".

Participant 6

"I mean we do not know how to train them so when we look at them we see the expense of training them as too much and it is going be time consuming and in fact we see the policy of appointing them as just being there, it is not just working, if so better I must say".

Participant 9

"I think accessibility is very important for People With Disabilities, lot of us here we are not computer literate, we cannot access computer training because the hospital does not have jaws, jaws is a programme where people who are sight blind or partially sighted can use, is a voice activated computer, it has a software where it talks, so in this regard I believe that our operators or anyone who has a disability in terms of blindness or partially sighted persons, they need to have access to programmes to be able to use this facility, be computer literate and we do not have those. My understanding is I think you know giving them the tools as like I said computer training, I think they can do a lot, as long as they are given the tools".

4.3.12.1 Finding

The responses indicate that hospitals pay scant regard to training of PWDs. Since training of employees is critical for employee growth, commitment, improved performance in realising organisational objectives, it is obvious and undebatable that the opposite will yield negative results (Long, 2015; Cloutier et al., 2015).Therefore research findings share the same sentiment with these viewpoints. The findings justify the importance of creating, managing, sharing and utilising knowledge effectively (Omotayo, 2015). Furthermore, the author explains that the value of KM is critical in such a way that the organisation needs to take full advantage of. The leadership must provide institutional direction. Guillaume, Dawson, Otaye-Ebede, Woods and West (2015) assert that organisational strategy moderates the effects of organisational diversity in the expected direction.

Based on the above finding hospital leadership needs to prioritise trainings of PWDs as this forms part of the process of ensuring that they are motivated and committed to organisational performance. This is a critical issue of concern since participant two indicated lack of knowledge on the executive side; hence, leadership training and KM in leading diverse workforce is of superior importance for all the stakeholders.

4.3.13 Theme 13: Disclosure

In conducting the study disclosure was one of the themes which was a challenge in all hospitals. This was a major theme that emerged in the study. Hereunder are the responses from the participants.

Participant 1

"Well, I think is the stigma that when you are disabled, we are undermined or maybe they are ashamed of that".

Participant 2

"From employees' side is that the employees who are disabled and those that are displayed abled do not disclose. It looks like they feel that they will be victimised or discriminated if they come out to say I am disabled. We had a meeting few days ago with Employment Equity forum where one of the employee with disability said they are scared of being victimised so they do not want to come out to say I am disabled, they are scared because they do not know what is going to happen to them, maybe they are scared they might lose their jobs".

Participant 5

"For me at the moment what I have noticed I would say is a perception to say they would not be productive enough, especially in terms of the nature of business that we are rendering as the hospital. I do not have a platform to discuss PWDs matters or challenges, but some people do disclose but I know that other people feel shy to disclose."

Participant 6

"Management do not see PWDs as people that can contribute positively in the workplace. They do not see them as people who can deliver the task or output in the workplace. They still consider them as people who need to be baby seated, who still need to be spoon fed and management does not see that as goals and they do not see the inclusion of PWDs as people that should be involved in the workplace. Another issue accommodating PWDs is actually costly".

Participant 7

"Secondly the bulk of our employees is nursing and it is difficult for nursing or for that category to still understand that these people can be able to work in the discipline, because is still regarded as that if you are working in that discipline you must be a person that is able and you do not have to have any disability due to some challenges and due to the nature of work that is being done in nursing but we are still working on that one to try and make managers to understand. We have a committee that is time to time from time to time is represented by different types of people, though there are still challenges but we are trying to try and cultivate that they must accept them because there is a mentality that these people are doing a less job and we are going to be doing a bulk of job for them because they are unable to do some of the things, with nursing there is still a need for transformation in that department".

Participant 8

"Most of the time they do not mark on Z83 (application form for employment) that they have disabilities. I think is the lack of knowledge from people's side on what constitute disability. People do not know these things; they take it in their stride, and they learn to live with it. There is a lack of knowledge even on employer's side".

Participant 9

“I do not think that management understands disability at all, they do not understand it because they are so used to having people who are sighted so they feel that we are incapable other staff in the hospital”.

Participant 10

“If you walk around, I am certain, there are no many people in this block here, there is nobody with disability this entire block except one but the rest of the people nobody here”.

Participant 11

“The stigma, integration of employees with disabilities in the hospital, staff and managers are having negative attitude”.

4.3.13.1 Finding

The responses are clearly indicative of the pain that PWDs experience through negative labelling and stereotyping as disabled and not productive. In addition, many of them are afraid to disclose their disabilities. These findings concur with the studies of Bogart (2014), Santuzzi and Waltz (2016) Lyons et al. (2016) and Santuzzi et al. (2014).

Bogart (2014) describes disability identity as a dynamic and complex term which involves the worker’s self-concept, internal experiences, beliefs, attitudes towards disability, stigma and social reaction to PWDs. Santuzzi and Waltz (2016) assert that different elements have contribution in person’s disability identity, which include intraindividual, interpersonal, organisational as well as legal, medical and cultural.

Once the leadership creates conducive organisational climate that is anti – discriminatory on PWDs, it will be easy for them to disclose their disabilities, including

invisible ones (Lyons et al., 2016). Santuzzi, Waltz, Finkelstein and Rupp (2014) emphasise the issues of invisible disabilities and disclosure which is influenced by disability identity management, the context as well as external factors. For instance, where an employee with a disability perceives or realises that the employers have doubts about his capabilities, efficiency and have reduced assurance in his production possibilities, he will not disclose is disability (Darcy et al., 2016). Santuzzi et al. (2014) mention the consequences of disclosing disability at work, when an employee has detected disability and legally meets definition; disclosure may be prevented by some elements, e.g. expected stigmatisation and discriminatory perceptions.

The researcher and the research findings concur with the views of the above authors since perception of an individual with disability and the understanding thereof in the workplace determines whether the person can disclose his or her disability or not. In an organisation where disability is viewed as having negative connotations, the individuals will not disclose their status to avoid stigma, discrimination, victimisation, prejudice and marginalisation. This has a negative effect on the organisation as it can be viewed as PWDs non-inclusion. This fact is vice versa, where employees have not disclosed their disabilities due to prevailing negative attitudes. However, the matter is further debatable because the numbers of PWDs do not solely indicate inclusion when appointed while overall management of disability in the workplace does.

4.3.14 Theme 14: Infrastructure

This theme also emerged in the study. The responses from the participants about this challenge are reflected below.

Participant 1

" *Well except the hearsay at the moment there is nothing that I can say they are doing this and that because the buildings have not changed, still I cannot go to A block I cannot go to D block and the D block is a management block so I cannot go there A block is HR and all I cannot go to HR I do not know how does it look like it is still the same and the halls here are the same no lifts nothing so there is nothing that I can*

say they are doing to change that even the toilets most of the toilets MOPD, Casualty, X-ray I cannot use them because they are so small, no toilets cater for PWDS".

Participant 2

"Currently if you come to D block a person on a wheelchair cannot access this building if you go to A block a person who is on a wheelchair cannot or even on using devices cannot access A block".

Participant 3

"In this facility if a person on wheelchair is appointed as a manager, let me say Systems Manager meaning that person would not be able to work at this level which is designated as management building, we will have to get an office which will accommodate him which also being automatically says that it is still not able to accommodate because that person would not be part of management".

Participant 5

"The issue of ablution system, they are not enough PWDs on wheelchair was placed at switchboard so there is no nearest toilet he was supposed to go a long way when he needed to use the toilet".

4.3.14.1 Finding

The responses clearly illustrate that some hospitals are insensitive to the needs of the PWDs, hence, the lack of facilities for their comfort. This finding is contrary to the directives of the Code of Good Practice (2015).

The Code of Good Practice on the Employment of PWDs (2015) directs that it is the role of the institutional leadership to ensure re-adjustment of the facility for the purpose of ensuring accessibility and accommodation of PWDs in the workplace. This will

eliminate direct discrimination which includes unfair and unequal treatment of individuals and groups on grounds of disability (Price, 2015). The researcher agrees with the author as well as the Code of Good Practice on the Employment of PWDs (2015) because accessibility denial is an automatic discrimination on its own. Exclusion of employees with disabilities in all hospitals was proven. Stress and dissatisfaction of employees with disabilities was noted as they felt neglected.

4.3.15 Theme 15: Occupational segregation

This theme which indicated non representativity of PWDs in the study emerged several times. The respondents' responses are presented as follows:

Participant 2

"Once you appoint a person, we have people who have been appointed as a switchboard operator that is all and there is no career pathing".

Participant 3

"At this post in time posts that have been designated are posts like switchboard. I know that those are areas which makes them angry to say that for how will it be switchboard be the only area that but we need to understand that the issue of other areas like administration for people who is totally blind we do not have mechanism of using what they call it braille is it braille or whatsoever, the type of correspondence that is being used is not blind friendly if I may use that word, yes".

Participant 6

"The posts for Switchboard Operators they can be given to People With Disabilities, there are lot of posts in the institutional levels where people can participate with disability and they will actually do much better than that".

Participant 8

"The only thing I can say is that I feel the employer being the KwaZulu-Natal Department of Health, there is a misconception when it comes to disabilities you will find most of our disabled people are working on switchboard, that is not the only post that they can fill, misconception from the institutions switchboard should be the one that must be set aside for People With Disabilities".

Participant 9

"I always think working in switchboard you get an impression that people assume that you are stupid because you are a switchboard operator you stupid and that is where you should be".

Participant 10

"I think the only information is that whenever I see People with Disabilities I see that most of the time when you ask where they are working, it is switchboard, all will be switchboard and I think we need to move away from that mind set and employ in other areas. I can't understand why a person can't be in patient admin and like give cards and obviously making a patients' cards and then Supply Chain Management exactly there are so many areas that People with Disabilities can work".

4.3.15.1 Finding

The responses reveal that Leadership believes that disabled persons are only capable of being employed as switchboard operators! This perception illustrates that leadership and HR do not monitor, evaluate, and appraise staff performance. There is very little control measures that will guide PWDs for promotion opportunities. It's a case of one size fits all. This analysis is supported by the studies of Price (2015) and Kulkarni and Gopakumar (2014).

Price (2015) cites four types of discrimination in the workplace and these include occupational segregation. Segregation comes in two forms, horizontal and vertical, which includes unequal presentation of groups in specific types of jobs, sectors and levels of responsibility as in our switchboard operators.

The researcher agrees with the author as the study revealed that PWDs are mostly employed as Switchboard or Telkom Operators which are low posts with low salary. This also translates to say these employees have no career pathing as indicated by one participant. Kulkarni and Gopakumar (2014) believe that PWDs tend to experience less career success than their counterparts without disabilities, and their talent and skill remain underutilised. There are strategies that PWDs engage in to manage their careers proactively, which includes maintaining a positive mind set, trouncing competence stereotypes by sensitising people to their abilities through learning and applying new skills and accepting them for what they are and not what they should be. The leadership needs to train and develop PWDs for career pathing that requires management to unleash their potential.

4.3.16 Theme 16: Budgetary constraints

This theme also emerged from the study. The responses from the interviewees which validate this theme are presented as follows:

Participant 2

"From my side is that this should be driven by the top leadership to say this is the budget you are going to recruit so many if you fail to recruit that number we are going to remove the budget because the budget that we are receiving is the COE which is the budget for all sorts of categories, there is no budget that is dedicated to recruit and retain or even if they want to career path there's nothing, that is why you find that once you appoint a person we have people who have been appointed as Switchboard Operators that is all. Those people cannot progress because all it looks like all that we wanted to do is to say as long as we meet our target forgetting that they should be

included there is nothing wrong with them they can do any type of work so that is what I have seen that it should come from above, this should be addressed to say we have allocated so much budget, this is the budget that you going to use if you cannot comply then we remove the budget and that is it".

Participant 3

"Budget also somewhere somehow in terms of access does not allow us to comply, there are lot of competing priorities that which needs resources in terms of money there are issues that are more of budget driven when it comes to infrastructure which are underlying cause, is not the issue of a will management do have a will to ensure that we address the issue of people living with disabilities but somewhere somehow also the issues of budget tends to create that constraints".

Participant 6

"For the management that cost money and some of them will see it as a cost driving factor and they do not have that funding for that".

Participant 7

"Some of the strategies that we have put in place have not materialised, I want to mention that, because of budgetary constraints and human resource constraints".

Participant 9

"Financial challenge will be one because they always say they do not have enough money to get us talking computer you know jaws, that one would be the challenge".

Participant 11

“I can observe some of the issues that are discriminatory but the issue of budgetary constrain is a fact because of minimum staff establishment”.

4.3.16.1 Finding

It is not surprising that finance and the budget prove to be great barriers to supporting PWDs. There is always a shortage of funds for any form of progress. This finding is supported by the studies of Van der Stede (2014).

According to Van der Stede (2014) the budget provides a way to translate organisational objectives into an organised set of actions that will improve the status quo. However, if leadership fails to strategise improvement plans and training sessions for PWDs, a lack of budget is not going to make a difference! Furthermore, this author alludes to the fact that budget provides a standard that can be used to evaluate performance. In a nutshell, budgets and the process through which they are set, are an integral part of leadership control to influence the required and or organisational behaviours and direct actions towards the attainment of the set organisational goals (Van der Stede, 2014). PFMA (1999) Regulations control the management of finance implementing procedures for effective management of budget, all proceeds, expenses, property and debts.

Therefore, based on the above paragraph the researcher and the research findings concur with the views of the author as well as PFMA no 1 of 1999 and Regulations, because every aspect needs to be dealt with requires financial resources, so budget allocation to hospitals to enable leadership to action their strategies is of paramount importance. The researcher begs the question does leadership strategise improvement plans for the benefit of PWDs?

4.4 Discussion of Findings

The aim of the study which was to explore leadership role towards the inclusion of PWDs in PMMH, Wentworth hospital, King Dinuzulu hospital and Osindisweni hospital was achieved as per the findings of the study. Having said that, it is worth mentioning that all three research questions were answered thereby achieving and satisfying all three study objectives.

4.4.1 Leadership

It is a fact that it is the responsibility of the employer to ensure capacitation of employees, especially leadership because if the leadership lacks empowerment, the direction that the institution needs to take will be ambiguous which further leads to followers being confused. In this study, as per the summary of themes depicted in Table 4.1, it is without any doubt that one of the major findings is lack of training which leads to lack of information that automatically translates to lack of understanding. Therefore, the hospitals could not have achieved the objective of PWDs inclusion in the workplace. One of the CEOs mentioned that they, as the executive members, need assistance and guidance from knowledgeable officials to understand the issues of disability. This CEO further mentioned that they are in fact having disabilities themselves in the world of PWDs as they cannot understand them and interact with them.

In another version, the other participant mentioned that when the committee is conducting interviews, HR needs to emphasise strongly to the committee members that “look when you are interviewing and selecting people for the post please; I must appeal to you that we are failing to reach our target of 2 per cent, can you kindly consider People With Disabilities”. This statement raised great concern because it translates to say HR has to beg the selection committees to appoint PWDs, yet this is a mandate, it is matter of ensuring compliance. Selection committees must be guided and advised as per employment equity target, not begged. When the participants were asked about the strategies that the hospitals had put in place in accelerating the incorporation of PWDs, a participant responded by saying that at the hospital they

are guided by Departmental policies, so they have to apply those policies. Furthermore, the respondent mentioned that the Department of Health had given the hospitals a leeway when it comes to shortlisting PWD candidates as per Departmental Recruitment and Selection Policy number 18 of 2018. In addition, the HR Practitioner explained that the policy stipulates that a maximum of nine candidates must be shortlisted for one post, so if a large number of applications were received, shortlisting is done in phases by increasing the number of years of experience, if the experience was the requirement of the post. In conclusion the participant pointed out that should the candidate with disabilities meet the minimum requirements for the post, his or her application is put aside and automatically goes through for the interview. It is worth mentioning that the researcher read and analysed the Departmental Recruitment and Selection Policy number 18 of 2018 and it was found to be silent on that. The analysis and interpretation of policies is, therefore, of paramount importance. However, it is vital to mention that the researcher supports what the participant said, that raising the criteria must not apply to PWDs as this is indirect discrimination to them, should they meet minimum requirements for the post, they must be interviewed and if found having a potential to execute the job tasks or suitable for the position be given preference as enshrined in the Code of Good Practice on the Employment of PWDs (2015).

The study findings further identified that when the participants heard the word ‘disability’ only physical disabilities came to their minds. Even the challenges that they mentioned which lead to their failure to ensure inclusion of PWDs in the hospitals, included physical disabilities, like people who are on wheelchairs, partially or totally blind, people using crutches, etc. People with mental disabilities can be easily accommodated in the hospitals because infrastructure will not be a challenge as compared to people with physical disabilities. Furthermore, this indicated lack of information, knowledge and understanding of PWDs. This translates to say leadership may sometimes unintentionally discriminate against a person with disability. For instance, the study revealed that PWDs are Switchboard Operators and leadership felt there is nothing wrong with that, while that is discrimination in terms of occupational segregation. People with Disabilities have competencies in different fields, mostly in administration, a concern was raised in this regard by saying majority of staff in hospitals are nurses, so PWDs could not be attracted if those posts were advertised,

that cannot be disputed. However, if it means PWDs apply for administration jobs only, there is nothing wrong with that because at the end of the day the hospitals will achieve the set target.

Moreover, study findings revealed non participation of PWDs in decision making; hence, it was established that the platforms and/ or committees where they can be represented and provide inputs for decision – making were either not there or dysfunctional. This further translates to issue of communication; the respondent mentioned that Head Office issued a circular for hospitals to provide transport for PWDs and none of these beneficiaries had put a request. The researcher asked how the contents of the circular were communicated to employees, and the finding was that it was communicated through internal circular. In one of the hospitals they had a partially blind person, who cannot read any Departmental document herself since the devices that can enable her to read were unavailable.

Furthermore, the study findings revealed that employees with disabilities were not trained or developed for career pathing. Once, they are employed, they occupy the same positions until they exit. Another finding was that the leadership felt that Head Office has to support them, and yet on the contrary there are a number of policies and circulars aimed at the acceleration of PWDs inclusion in the Department of Health that have been issued and that is support. The study proved that should the leadership experience challenges if they had employed maybe a Switchboard Operator with blindness disability, Diversity Management sub – component assists them in ensuring that the required devices are available. Furthermore, Diversity Management Sub – Component issued a circular with a list of PWDs in pursuit of supporting institutions to accelerate the inclusion of PWDs in the hospitals. In addition to that the issue of budgetary constraints was one of the findings, the participant said that COE for the employment of PWDs needs to be allocated as the one they had was for all categories of staff. As a matter of fact, COE allocated to hospitals is for all staff categories and that includes employment and retention of PWDs. This reveals that PWDs are not employed in hospitals because leadership expects a separate budget for their recruitment.

The findings of the study also indicated that some hospitals were working on PWDs inclusion as some have ramps and reserved parking bays for wheelchair users, trained staff on sign language etc. It is not certain whether those trained officials are competent in sign language since learning a new language is a process that also needs to be practiced. In addition to that, the finding was that advertisements encouraging PWDs to apply are sent to Associations or Organisations of PWDs. In one hospital it was found that they also use Hospital Board members to cascade the information to the communities which is a good strategy since the Hospital Board represents the community served by the hospital.

Kensbock and Boehm (2016) emphasise the importance of a transformational leadership (TFL) approach as they argue that it has positive influence and effect on PWDs' which maximise their performance potential and also limits their inner psychological fatigue. These authors further mention that lack of self-esteem is a key problem which employees with disabilities deal with daily at work. The importance of listening and providing feedback to employees with disabilities is vital as this make them understand their presence is valued.

4.4.2 People with Disabilities

The study revealed that PWDs need to understand themselves, in terms of disability identity and management thereof. This will assist the employer as more employees with disabilities will disclose their status. However, in the hospital environment, understanding of disability by leadership, supervisors and fellow colleagues in viewing disability in a positive way plays a crucial role for an employee especially with concealed disability to decide on disclosure. The study discovered that one of the hospitals has an employee with hearing disability, who is competent on sign language. This employee proved that PWDs are multi – skilled and competent if given an opportunity. This employee was employed as a Librarian Assistant but due to closure of the library, this employee performs duties of the Facility Information Officer, capturing hospital data. In addition to that, the employee is assisting the hospital when patients with hearing and speech disability need assistance. It is also vital to mention

that the employee displayed willingness of training officials on sign language. Furthermore, the study revealed that employees with disabilities had no knowledge of the prescripts that governs their inclusion in the workplace. In addition, the study revealed that employees with disabilities in hospitals are still discriminated against, they have no voice, they are demotivated, and frustrated, and they feel they are viewed as useless and incompetent, as objects that increase the numbers of PWDs and not as institutional assets.

4.5 Summary

In this domain of the study, the introduction and three objectives of the study were presented, followed by a total of sixteen key themes which were analysed and interpreted for findings. The discussion of the findings was critically analysed which proved that the aim of study as well as the study objectives were achieved; hence, all research questions were answered. Following next, is the last section, which will present the study conclusion and recommendations for addressing the challenges of PWDs inclusion in hospitals and offer recommendations for future research studies.

CHAPTER 5

Study Conclusions and Recommendations

5.1 Introduction

This portion is aimed at providing study conclusion. Summary of the study and key results to indicate how the study objectives have been accomplished is provided. This study had the following three objectives:

1. To establish the role leadership ought to play towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.
2. To assess the current role played by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.
3. To identify the challenges faced by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.

Thereafter, the chapter highlights future research areas. Lastly, entire study conclusion is presented.

5.2 Study Overview and findings summary

The foremost study goal was to explore the leadership role towards the inclusion of PWDs in four selected hospitals under eThekwini Health District which were PMMH, King Dinuzulu Complex hospital, Wentworth hospital and Osindisweni hospital. The study had three objectives.

In order to ensure that only experienced participants partake on the study topic non-probability purposive sampling technique was utilized and employees with disabilities who could not be excluded as the study involved them were selected. Semi – structured, open-ended interview questions were used in getting detailed and rich information. The questions encouraged sharing of participants' experiences during the one-on-one in-depth interviews. For themes' generation which reflected all three research questions as well as objectives, manual analysis of data was utilised. Effective utilization of open coding and constant comparison to generate themes reflected all three research questions as well as objectives.

Objective 1: To establish the role leadership ought to play towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital

The results reflected that the leadership has an idea of what is expected of them towards inclusion of PWDs in the selected four hospitals as four themes emerged. These were:

- Creation of conducive working environment,
- PWDs engagement in decision – making,
- Providing PWDs with reasonable accommodation as well as
- Accessibility of advertisements and employment of PWDs.

However, it was noted that there is a lack of implementing the policies that address the themes and challenges in hospitals.

Objective 2: To assess the current role played by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital.

The results unveiled that leadership has limited information and/ or knowledge on the role that they are currently playing towards the inclusion of PWDs in the workplace and four themes emerged which were:

I. The provision of the reserved parking bays,

II. The provision of ramps,

III. Advertisement encouraging PWDs to apply using Associations or Organisations of PWDs and

IV. Training of staff on sign language

Furthermore, the results disclosed that leadership has not devised any new strategies to accelerate integration of PWDs in hospitals, as the ones that are in place are not materialising. PWDs in hospitals are excluded strategic planning deliberations. In addition to that, the results reflect that leadership excludes PWDs in decision-making since the structured committees that are aimed at PWDs inclusion in the workplace are either dysfunctional or not there at all. It is worth mentioning that lack of commitment was reflected in the implementation, monitoring and evaluation as well as review of compliance to policies. This finding translates to PWDs discrimination in the workplace.

Objective 3: To identify the challenges faced by leadership towards the inclusion of People with Disabilities at Prince Mshiyeni Memorial Hospital, King Dinuzulu Complex Hospital, Wentworth Hospital and Osindisweni Hospital

The results reflected that leadership views inclusion of PWDs as a major challenge. A, lack of training, information/knowledge on workplace diversity management which includes employment and retention of PWDs are contributing factors to this challenge. As a result, when leadership was asked about the challenges it experiences that led to non-inclusion of PWDs in the workplace, the following eight themes emerged:

a) Lack of commitment,

b) Lack of effective communication,

c) Lack of information and/or knowledge,

d) Lack of training,

e) Disclosure,

f) Infrastructure,

g) Occupational Segregation and

h) Budgetary constraints.

Furthermore, the results revealed that employees with disabilities are not trained, they are not aware of prescripts that mandate their inclusion in the workplace as well as their rights; hence, some do not want to disclose their status for fear of being victimised or job loss. In addition, the findings divulged that the disability disclosure form and the information required when capturing disability on PERSAL do not tally; more information is needed for capturing, which is not part of the disability disclosure form. This contributes to non - disclosure of disability, as the process frustrates the individuals. It is of vital importance to indicate that the study finding also revealed that no workshops on disabilities are conducted for the entire staff in hospitals. Another finding was that, the Organised Labour is silent on PWDs in the workplace, and yet as the hospitals' stakeholders, they have to represent the employees. In addition, they must tabulate issues of policies on non-compliance which include involvement of PWDs in hospitals, in the Institutional Management and Labour Committee meetings (IMLC). The centralization of training budget was identified as a challenge since hospitals could not implement their WSPs.

Before the recommendations can be provided, it is necessary to note that in this ever changing world organisations need to invest in their human capital for the achievement of organisational objectives. In this instance the importance of leadership in an organisation cannot be over - emphasised. Leadership plays a vital role in providing effective strategic direction and narrative, creating an environment within which employees can engage with their work and make the difference between work as a mundane grind, devoid of meaning and purpose and work as an enriching and fulfilling experience that provides an essential source of identity which infuses all aspects of being (Breevaart, Bakker, Hetland, Demerouti, Olsen and Espevik, 2014; Sparrow, 2014; Soane, 2014). Strategy is a detailed plan of action or direction that results from a detailed strategic planning process which is designed for achieving organisational long-term and short- term goals or objectives (Hitt and Hokinson, 2014). The leadership and organisational change for implementation intervention are a feasible and acceptable strategy that has the utility to improve staff-rated leadership for

evidence-based practice implementation, monitoring and evaluation (Aarons, Ehrhart, Farahnak and Hurlburt, 2015). Should gaps be identified in the implementation of a strategy; quality improvement plans must be devised.

In addition, it must be noted that the researcher kept on saying ‘minimum’ of PWDs because the institutions are not limited to employ any number of PWDs but mandated to ensure 2% target is achieved. The mandate does not prevent the institutions to go beyond the target. Therefore, institutions are encouraged to go beyond to achieve not only institutional targets but departmental ones, as that will close the deficit that might be created by those hospitals that cannot reach the target, with valid facts.

5.3 Recommendations

Drawing from the study findings, in an endeavour to address the challenges that contribute to the exclusion of PWDs in the selected hospitals, the researcher recommends the adoption of the following PWDs inclusion in the workplace principles:

1. A turnaround strategy needs to be implemented in order to accelerate the inclusion of PWDs.
2. Leadership neeeds to be trained, capacitated and empowered on the issues of disability including all legislative regulations, prescripts and policies.

3. Each hospital needs to have a strategic plan which has a vision that is aimed at inclusion of PWDs in the hospital, mission statement, core values, strategic objectives and Human Resource policies.

4. All components‘ operational plans need to have a vision which is aligned to the institutional one, mission statement, core values and objectives on the elimination of barriers on PWDs inclusion in the workplace. Inclusion of PWDs in the hospital must be part of every component manager‘s key performance area and any deviation must be accounted for.

5. There is a critical need to create and promote a culture of employee engagement characterised by psychological safety of employees, organisational citizenship behaviours, power of appreciation, culture of trust and employees’ voice in order to work as a team and achieve success.

6. The Human Resource Plan of the hospital needs to have posts that are identified and designated for PWDs in all levels and occupational categories. Where a PWDs applications were not received, proof of sending an advertisements and receipt thereof by the Associations or Oganisations of PWDs must be kept on file. All stakeholders must participate in development and implementation of the HR Plans. It must not be viewed as HR responsibilty only, however, HR has to co-ordinate the meetings of developing the HR Plan, then compile it as per inputs from all stakeholders as it was agreed in meeting (s).

7. Hospital Board members need to be trained and empowered on disability issues as they are hospitals‘ stakehoders, and also advertisements be sent to them so as to reach the communities they represent.

8. Organised Labour must also be on board as they are employees‘ representatives.

9. At least on monthly basis the inclusion of PWDs in the workplace must be the item of the executive management‘s meetings agenda.

10. Employment Equity Plans development and implementation must involve all stakeholders, including leadership and Organised Labour. HR has to ensure co-ordination of Employment Equity Consultative Forums, through the chairperson. Communication in that regard must be kept on file for future audit trail.

11. Decentralisation of training budget so that hospitals can be able to action their WSPs. Training of PWDs must be prioritised for self-development, carreer pathing and organisational commitment.

12. Revival and / or establishment of functional committees and forums, like EECF, PWDs forum, Employee Health and Wellness Committes as well as IHETDC. This will provide platforms where employees will engage and participate in decision – making.

13. Appointment of employees with leadership potential as change agents to work with PWDs on championing the activities on destigmatisation of PWDs, change of negative attitudes and perceptions about PWDs, strengthening the internal and external campaigns on PWDs as well as commemoration of disability awareness month and also campaigns on no violence against PWDs.

14.On-going trainings and/ workshops on disability identity, disability identity management, types of disabilities as well as preferences for PWDs. This will assist in understanding of disabilities, thus eliminating barriers like negative attitudes which will lead to working environment that is PWDs inclusive.

15. Effective communication strategies need to be implemented in ensuring that the staff is kept informed about hospitals‘ developments.
16. Summary of posters on PWDs‘ fair and just employment to be transparently displayed at all strategic points in hospitals. All PWDs terms and definitions must be provided and types of disabilities, both visible and invisible be listed.
17.On Minister’s Annual Service Excellence Awards Ceremony (MASEA), institution that has excelled in employing PWDs needs to be recognised. This will display Minister’s and / leadership‘s commitment towards PWDs inclusion in hospitals.
18. On - going monitoring and evaluation of all activities, including the trends in employing PWDs in hospitals is pivotal.

Having outlined the above principles that will ensure inclusion of PWDs in the workplace, if effectively implemented, HRM circular no. 23 of 2012 needs to be reviewed as it dicriminates people with psychological or mental disorders. The other strategy will be to withdraw HRM circular no. 23 of 2012 and its contents, having been amended to include both physical and mental disorders disabilities, be incoporated in HRM circular no 18 of 2018. The flexibility of HRM circulars and policies is one of the key issues in addressing the exclusion of PWDs in the workplace.

In striving for compliance in terms of PWDs inclusion in the workplace, in terms of corporate social responsibility, the business owners within the community can be approached for sponsorship and/ or donations as per social obligation (Editors, 2016). Furthermore, fund raisings can be done in hospitals to secure financial resources that can enable leadership to address some of the PWDs inclusion issues in hospitals. The reseaher will sought permissission to conduct workhops in order to educate all stakeholders about PWDs inclusion in the workplace.

Having provided recommendations drawn from the findings in this study, it is appropriate to assert that the study has addressed and satisfied all three objectives.

5.4 Proposed areas for future study

A study on unemployed PWDs including illiterate ones up to graduates needs to be conducted and have their database to assist employers in accelerating their employment.

A study on employed PWDs on their experiences in workplaces is also crucial since employment alone does not mean “inclusion” it goes beyond that.

It is also vital to conduct a study in communities to establish their understanding of disability as this will assist in intensifying awareness campaigns where gaps are identified.

5.5 Study Conclusion

In this study section overview and findings’ summary per objective was presented followed by the researcher’s study recommendations, where eighteen principles on PWDs inclusion in the workplace were outlined and then proposed studies for future research were highlighted.

The study has successfully explored leadership role towards inclusion of PWDs organisations, focusing on four hospitals under eThekwini Health District which were PMMH, King Dinuzulu Complex hospital, Wentworth hospital and Osindisweni hospital. This qualitative study gathered data from CEOs, HR Managers, HR Practitioners and PWDs who were purposively selected as they had experience on the topic. The results of this study are not generalizable but rather transferable to a similar context. It is hoped that these findings will be helpful not only to the four hospitals that were selected from eThekwini Health District but to the whole Department of Health, including public and private sectors that are experiencing similar challenges. Furthermore, it is believed that this study will improve the lives of PWDs in general, as the employers will understand disabilities and principles to implement, in breaking the exclusion barriers.

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Annexure A – Informed Consent Letter 3C

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP
Masters Research Project
Researcher: Miss Nokulunga Cynthia Mthombeni
Supervisor: Dr. Emmanuel Mutambara
Research Office: Ms. P Ximba: Telephone - 031-2603587, E-mail: XIMBAP@ukzn.ac.za

Dear Respondent,

I am a Masters student, at the Graduate School of Business and Leadership, of the University of KwaZulu Natal.

You are invited to participate in a research project entitled **(EXPLORING THE ROLE OF LEADERSHIP TOWARDS INCLUSION OF PEOPLE WITH DISABILITIES IN THE WORKPLACE. A CASE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH - ETHEKWINI MUNICIPALITY).**

The aim of this study is to:

Explore the role of leadership towards the inclusion of People With Disabilities in the workplace for the purpose of ensuring compliance to Employment Equity Act 55 of 1998 as amended.

Through your participation I hope to understand:

i. The role leadership ought to play towards inclusion of People With Disabilities in the workplace.
ii. The current role played by leadership towards the inclusion of People With Disabilities in the workplace.
iii. The challenges faced by leadership towards inclusion of People With Disabilities in the workplace.

The results of the interview are intended to contribute to existing knowledge to the problem and; improve the lives of PWDs in general.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey/focus group. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above.

The interview should take you about fifteen minutes to complete. I hope you will take the time partake in this interview.

Yours Sincerely

Investigator's signature_____ Date_____

Annexure B: Consent Form

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP
Masters Research Project
Researcher: Miss Nokulunga Cynthia Mthombeni
Supervisor: Dr. Emmanuel Mutambara
Research Office: Ms. P Ximba 031-2603587 Telephone - 031-2603587, E-mail: XIMBAP@ukzn.ac.za

CONSENT

I…… (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

…….. ……

SIGNATURE OF PARTICIPANT **DATE**

Annexure C: Interview Guide

INTERVIEW GUIDE
SECTION A- BIOGRAPHICAL DATA

1. Age _____
2. Gender _____
3. Race _____
4. Position _____
5. Experience _____
6. Disability _____

SECTION B – OBJECTIVE 1

TO ESTABLISH THE ROLE LEADERSHIP OUGHT TO PLAY TOWARDS THE INCLUSION OF PEOPLE WITH DISABILITIES (PWDs) IN THE WORKPLACE.

1.1 In terms of the organisational structure, which positions are regarded as leadership?

1.2 What role is the leadership expected to play towards inclusion of People With Disabilities in the workplace?

1.3 Can you share some of the directives the leadership ought to use in ensuring recruitment and retention of PWDs in the workplace?

SECTION C – OBJECTIVE 2

TO ASSESS THE CURRENT ROLE PLAYED BY LEADERSHIP TOWARDS THE INCLUSION OF PEOPLE WITH DISABILITIES IN THE WORKPLACE.

2.1 What role is the leadership currently playing in ensuring inclusion of PWDs in the workplace?

2.2. Can you share with me some improvement strategies that the leadership have implemented in striving to recruit and retain PWDs in the workplace?

2.3 Are there any posts that are solely advertised for PWDs?

SECTION D – OBJECTIVE 3

TO IDENTIFY THE CHALLENGES FACED BY LEADERSHIP TOWARDS THE INCUSION OF PEOPLE WITH DISABILITIES IN THE WORKPLACE

3.1 Can you kindly share with me the challenges that leadership face towards inclusion of PWDs in the workplace?

3.2. How are these challenges identified?

3.2 Can you share any other information regarding the inclusion of PWDs in the workplace?

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

28 November 2019

Ms Nokulunga C Mthombeni 218086368
Graduate School of Business and Leadership
Westville Campus

Dear Ms Mthombeni

Reference number: HSS/1235/018M
New Project title: Exploring Leadership's Role towards the Inclusion of People with Disabilities (PWDs) in the Workplace. A Case Study of the eThekwini Municipality Department of Health, KwaZulu-Natal.

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 11 November 2019 has now been approved as follows:

- Change in title

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....

Professor Urmilla Bob
University Dean of Research

/dd

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)/Dr Shamila Naidoo (Deputy Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
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Exploring Leadership's Role towards the Inclusion of People with Disabilities (PWDs) in the Workplace

by Nokulunga Mthombeni

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Exploring Leadership's Role towards the Inclusion of People with Disabilities (PWDs) in the Workplace

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