Research

This open-access article is distributed under Creative Commons licence CC-BY-NC 4.0.

External factors affecting the efficacy of the Albertina Sisulu Executive Leadership Programme in Health Fellowship in South Africa: A 360° qualitative assessment

S van der Berg-Cloete,[1] PhD; **C A Tosh,**[2] PhD; **E Buch,**[3] MMed

[1]*Department of Dental Management Sciences, School of Dentistry, University of Pretoria, South Africa*
[2]*Research Office, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa*
[3]*School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa*

Corresponding author: *S E van der Berg-Cloete (sophy.vanderberg-cloete@up.ac.za)*

Background. In South Africa (SA), concerns have been expressed that the leadership is not ready for the implementation of National Health Insurance (NHI). The health minister has therefore advocated leadership development and training to equip leaders with the skills to perform optimally. The Albertina Sisulu Executive Leadership Programme in Health (ASELPH) Fellowship, a postgraduate qualification offered in SA, was developed for this purpose and was proven to improve the leadership skills of executive leaders.
Objectives. To identify the various factors influencing the efficacy of the ASELPH Fellowship.
Methods. A quasi-experimental study design was used to determine the factors affecting the ASELPH Fellowship. Data were collected from healthcare leaders (*n*=42) by means of a questionnaire before and after training. It included post-training and retrospective assessments from their assessors and their module daily assessments and reflective essays. Descriptive analysis and thematic content analysis were used for the qualitative reflections. The perceptions of participants, including students and assessors, regarding external barriers to implementing their newfound skills and competencies were assessed.
Results. Participants found it difficult to implement their training owing to a lack of leadership skills and knowledge, shortage of human and financial resources, political pressure, poor governance and policy implementation. Despite these barriers, participants who attended the course were still able to improve their leadership skills and performance in the workplace.
Conclusion. Leadership training and development programmes such as the ASELPH Fellowship bode well for the future implementation of public health because much-needed leadership skills are injected into the currently beleaguered public health system.

Afr J Health Professions Educ 2025;17(3):e2517. https://doi.org/10.7196/AJHPE.2025. v17i3.2517

Healthcare leadership is an urgent priority in South Africa (SA).[1,2] In 1994, the SA democratic government inherited a fragmented health system, with black people able to access only poor quality, public healthcare services. While much restructuring has occurred in the past years,[3,4] the public healthcare system is still struggling to deal with a high burden of disease, poor healthcare infrastructure, continuing social inequalities and human resource shortages.[5,6] Even with a healthcare expenditure of 8.1% of the gross domestic product (GDP),[7] the public sector remains under pressure. SA's public health system has been criticised for poor performance, mainly due to ineffective leadership and management.[8] This inefficiency has negative consequences for patients, health professionals and policies.[8] The Minister of Health in 2013 expressed his view that healthcare leadership might not be optimal to deal with changing and dynamic initiatives. To meet the need for healthcare leadership, the minister advocated for the development of leadership skills within the public healthcare sector (South African Government News Agency, 2013). The Albertina Sisulu Executive Leadership Programme in Health (ASELPH) Fellowship was established in 2013 for this purpose, as described in our previous related study.[1]

Leadership training develops skills, attitudes and behaviours in individuals[9,10] which positively affect teams, organisations and societies. Despite the positive outcomes of leadership development to improve healthcare services, assessing the effectiveness of leadership training is more complicated.[11] The effectiveness of training programmes is multidimensional, and depends on the quality of the programme design, the learning objectives and management support after training.[12] The effectiveness of leadership training should measure if the programme and learning objectives are achieved, and if participants perform better in their workplaces after training.[13]

Various factors in the workplace are known to influence the effectiveness of leadership training, including participants' motivation, workplace support and an environment conducive to sharing training knowledge and skills.[14] The motivation of participants may be influenced by their psychological status, their locus of control, conscientiousness, anxiety, age, cognitive ability, self-efficacy, job status,[13] open-mindedness,[15] available resources and resistance to change.[16] Participants are more motivated for training when nominated by management.[13] Motivated participants are more enthusiastic, energetic, and interested in the training, and committed to sharing their learnings in the workplace.[17]

The ASELPH Fellowship, a leadership training programme, was designed in partnership with the University of Pretoria, the University of Fort Hare and the Harvard School of Public Health, and in collaboration with the SA National Department of Health (NdoH).[1] Following a needs assessment,

a list of core, managerial and leadership competencies were identified for the ASELPH Fellowship.[18] The ASELPH Fellowship is unique in its curriculum content and teaching approaches, and has been shown to improve the competencies and performance of public healthcare leaders in SA.[1] The efficacy of the ASELPH Fellowship may also be influenced by various external factors.

In this study, we used a 360° feedback approach[19] to qualitatively assess the perceptions of participants and their assessors regarding external factors influencing the outcomes of the ASELPH Fellowship. We evaluated the perceptions of participants before and after training to see if it changed.

Methods

Research design

A quasi-experimental, pre-post study design was used.[20]

Population and sampling

The sample comprised leaders and managers in the public health sector (referred to as participants in the study), enrolled in the ASELPH Fellowship in 2015 (n=27). For the 360° analysis,[19] the assessors (n=144) of the participants included supervisors, peers and subordinates. The sample adequacy was estimated using the Kaiser-Meyer-Olkin (KMO) test.[20]

Data collection

Data were collected by the principal investigator, a health professional and lecturer in public health education. A questionnaire that comprised open-ended questions about leadership, training and the factors influencing the leadership training was used. To ensure participants of anonymity, a unique code was assigned to each questionnaire. Codes were randomly allocated in Microsoft Excel (Microsoft, USA) to the participants (S1 - S27) and the assessors codes were S1A1 - S1A4 to S27A1 - S27A4; S1A1 means S1 is student (participant) 1 and A1 is assessor 1. The code depended on how many assessors were linked to the specific participant.

Data analysis

Responses were analysed using a thematic content analysis approach, which allows researchers to apply various theoretical frameworks to the data, ensures a rich description of the data, and is suitable for a small dataset.[21] The researcher critically read through each response, summarising by using words or phrases as themes. Once initial themes had been identified, responses were reviewed to confirm themes, and themes were grouped to form categories. Recurring themes were coded, quantified and reported in percentages. Verbatim quotes were used to explain the participants' views.

Ethical approval

The protocol was approved by the School of Health Sciences Ethics Committee (ref. no. 325/2016). The approval of the Dean of the Faculty of Health Sciences was obtained for the study to be conducted in the School of Health Systems and Public Health, University of Pretoria. Permission was also obtained from the NDoH to gather information from the participants and assessors at the state facilities. Finally, permission was obtained from the ASELPH Fellowship senior management committee and academic staff to access any information that involved the ASELPH Fellowship.

Participants were informed that the study was voluntary, with no obligation to participate. Informed consent was requested and participants and assessors were free to cease their participation at any time.

Results

Of the participants, 70% were female, 81% >40 years of age, 100% had a Bachelor's degree or higher, and 59% had received management training. The majority of the participants (78%) had more than 5 years' experience in a managerial position in any organisation and 62% >5 years in their current organisation. The sample was adequate with a KMO average for pre-training of 0.82, which was 'meritorious' and for post-training 0.77, which is 'middling'. This indicates that the sample was acceptable for the research since the preferred value is above 0.6.

The 360° analysis revealed consensus between participants and assessors with no significant (p=0.358) difference between the scores of Fellows and assessors. This is an indication that Fellows' self-assessments showed consistency.

Thematic analysis revealed three themes: perceptions on translating classroom learning to the workplace, challenges in implementing new knowledge and skills, and general barriers and challenges for healthcare leaders. Within these themes, there were several subthemes.

Theme 1. Perceptions on translating classroom learning to the workplace

Before training, most participants (74%) felt they would be able to take learning from the classroom back to the workplace:

> 'The ASELPH Fellowship was developed by different partners in association with the Minister of Health to improve health outcomes in the country. The focus was to empower managers of the Department to lead their facilities in the same direction as the Ministers' vision. What is taught in the programme has to be practiced by myself at the workplace.' (S9)

Pre-training, 15% of participants were a little unsure whether they would be able to take their learning back to the workplace:

> 'At first it will be a bit difficult because a lot needs to be changed and people do not react positively to 'CHANGE', but I will try and apply the relevant strategies where possible to get positive results.' (S3)

Following training, most participants (74%) reported that they were able to take their learning from the classroom back to the workplace:

> 'Taking examples in class and implementing them at workplace, e.g. the process to change ('WITW') as a manager is important because I need to identify my interest and others and align them.' (S15).

Most assessors (81%) reported that participants shared and implemented what they had learnt in the ASELPH Fellowship in the workplace:

> 'The impact of the classroom learning is huge to the participant. The way he leads the team, you can see that the participant has been sharpened, the way he gives direction, supportive, stewardship, the way he sees the vision in the big picture, and the way he is taking decisions. The learning contributed a lot.' (S10A4)

Theme 2. Challenges in implementing new knowledge and skills

Participants identified two main subthemes: workplace factors including bureaucracy and lack of authority, increased workload, being overwhelmed with challenges, time constraints, diminishing resources; and poor leadership and culture including resistance to change.

Subtheme 2.1. Workplace factors

Following training, both participants (51%) and assessors (49%) named workplace factors as the biggest challenge to implementing learnings. This challenge was scored by 63% pre-training:

'The bureaucratic red tape and the system that is used to implement new ideas, with mandatory submissions, takes ages before they could be approved or disapproved.' (S4)

'Each situation and institution has different and has unique challenges. Implementing the theory into a practical environment is not easy and straightforward.' (S2A1)

Subtheme 2.2. Poor leadership and culture

Before training, most participants (70%) indicated that resistance to change would be the biggest challenge, preventing them from implementing learning at the workplace:

'In our environment people have old ways of doing things and are very uncomfortable with change. Also conflict needs to be addressed where I work.' (S21)

'My observation is that the student received very little support from management higher up. Subordinates are sometimes influenced by the views of management higher up in the hierarchy. The programme has taught the participant to be very persuasive and matured with his approach. In the end the changes are implemented and there is buy-in on all levels.' (S3A2)

Theme 3. General barriers and challenges for healthcare leaders

Three subthemes emerged from the responses to the challenges of healthcare leaders of both participants and assessors: lack of leadership skills and knowledge, human and financial resource shortages including brain drain, and political pressure, poor governance and policy implementation.

Subtheme 3.1. Lack of leadership skills and knowledge

More than half of the participants (52%) felt that the lack of leadership skills and knowledge were one of the biggest challenges for leaders in SA, a view shared by 28% of assessors:

'They were not groomed through effective leadership processes; hence they have been leading the way as they have experienced leadership, since that is all they know.' (S5)

'Leaders lack people skills. How to influence mind-set to make people want to do what they are supposed to do.' (S14A2)

Subtheme 3.2. Human and financial resource shortages

Participants (34%) and assessors (34%) mentioned that a lack of resources including brain drain, contributed to healthcare challenges:

'Laziness and lack of skilled persons as well as resources. Increase demand of quality services and diseases burden.' (S18)

'Shortage of material resources, shortage of staff, limited budgets, staff's negative attitudes, lack of capacity, nepotism, corruption, and lack of work commitment by staff.' (S7A1).

Subtheme 3.3. Political pressure, poor governance and policy implementation

Political pressure (33%) was more real to participants than to assessors (19%):

'Political interference, burden of diseases and brain drain are some of the challenges. People are leaving for private practices; others are despondent and resort to early retirement depleting professionally skilled human resources.' (S11)

'Work demands and programmes that are regulated i.e. that cannot be changed immediately.' (S10A3)

Discussion

The research study aims to identify the various external factors influencing the efficacy of the ASELPH Fellowship. The literature also shows that various factors influence the effectiveness of leadership training. Important ones include programme design, facilitators' knowledge and skills, participants' motivation, workplace support, and an environment conducive to sharing of training knowledge and skills.[13,14] The findings of the research study show that the ASELPH Fellowship incorporated most of these factors in the training, but the participants still experienced significant barriers to implementing their new competencies in the workplace. This 360° analysis reveals consensus between participants and assessors. The ASELPH Fellowship has learning outcomes based on a needs assessment particular to public healthcare managers in SA.[1,18] The ASELPH Fellowship has successfully improved the competencies of participants,[1,18] but participants are still experiencing barriers that prevent them from implementing their newfound skills.

The ASELPH Fellowship uses an in-training model with participants attaining a diploma after attending course block-weeks and completing various reflective assignments. The Fellowship encourages participants to become agents for change within the complex environments of their workplaces.[1,18] Participants choose a leadership strategy based on context or environment of the workplace,[12,22] but leadership should ultimately result in positive change. For this change to happen, it is therefore crucial that suitable students are selected for leadership training, otherwise students will attend just for fun and will not be motivated and committed to effect any change in their workplaces. Many factors affect training and development, and it starts with the participant's psychological status and motivation.[13,17] Motivated employees will learn better and will share the learning, and this is in line with studies that prove that suitably selected participants should attend leadership training; otherwise it is a fruitless expense.[17] Many organisations may motivate people for training to tick the skills development box. ASELPH, in conjunction with their seniors, went through a stringent recruitment and selection process of selecting the correct students for the training. The ASELPH process involves placing an advert, short-listing and then an interview for final selection. The participants, confirmed by their assessors, have proved to have been selected suitably to attend the ASELPH Fellowship training.

The NDoH should endorse the ASELPH Fellowship training and consider sending all their newly appointed leaders and managers on the ASELPH Fellowship or similar training to prepare them for their leadership role. The findings of this study combined with the evidence in the literature show that leadership training and development, together with ongoing assessment post-training, are necessary for leaders to perform effectively in their workplaces. Effective leaders will affect their team and organisation positively, especially in light of the NHI. An analysis, discussed by Shisana *et al.*,[8] about ensuring a high-quality universal health coverage (UHC) in SA stressed that change can only happen with strong stewardship and leadership.[8]

Fellows (59%) confirmed previous management training before the ASELPH Fellowship training, which could have influenced the efficacy of the ASELPH Fellowship. Of the participants who received management training,

100% confirmed they lacked certain of the ASELPH competencies such as Financial Management, Client Orientation and Customer focus, Programme and Project Management and Community/Partnership Collaboration. ASELPH created a purpose-specific programme that was designed to provide the particular competencies for the SA public healthcare managers.

The ASELPH Fellowship training was preceded by a needs assessment and designed specifically to meet the needs that were identified in the managers and leaders of the SA healthcare system.[1] Not all leadership training programmes are designed following a needs assessment, as was done by ASELPH and designed according to the organisation's needs. Many are directed towards the individual's development, which often then results in failure.[1,11] All participants (together with their assessors) confirmed that the ASELPH Fellowship made all the participants, even those with previous management training, more confident leaders in their workplace. These participants should continually sharpen the knowledge, tools and skills that the ASELPH Fellowship training equipped them with, through ongoing training, and become mentors in their workplaces. Assessors should keep the participants accountable after the training and have the opportunity and openness to discuss poor performance. The Performance Management and Development System (PMDS) should be used effectively to ensure optimal performance and positive systemic change.

Participants placed their perceived challenges into two broad categories, namely systemic challenges experienced by all healthcare managers in SA, and challenges that they had personally experienced in the workplace. Participants mentioned that public healthcare in SA suffered from a shortage of leadership skills and knowledge. The same challenges are shared by public healthcare systems throughout Africa,[8,22] and as a result numerous leadership education initiatives have been implemented, including the Oliver Tambo Leadership Fellowship.[23] In the context of the Oliver Tambo Fellowship, the shortage of leadership in the workplace has translated into a lack of mentorship and support for alumni.[23] This shortage of leadership for alumni is likely associated with the shortage of human and financial resources in SA's public health sector,[3] problems which are exacerbated by high levels of corruption and weak management practices.[3,8] In an editorial, Gilson and Agyepong[22] mention several elements that are required to improve healthcare leadership, including positive reform at individual, team and system levels. Merely enhancing individual leadership skills without providing team support, and enforcing the myriad of policies may not be enough to effect actual change.

In this study, participants were optimistic at the start of the Fellowship about being able to extend their skills to the workplace and many had benefited from completing the Fellowship. Participants mentioned barriers including workplace factors such as bureaucracy and lack of authority, increased workload, being overwhelmed with challenges, time constraints, diminishing resources, poor leadership and culture, including resistance to change. The NDoH should consider decentralisation of more financial, recruitment and selection functions. The study's findings have highlighted the frustration of the participants regarding their narrow decision space and that certain central functions indeed delay effective service delivery.

Research has shown that the psychological status of participants affects training outcomes directly. Motivation of the participant plays a significant role in their training outcome.[13,15] Participants reflected this commitment when confirming that, despite the inhibiting factors, they still showed improvement in performance. This is an indication of the commitment and motivation of participants to affect change after the ASELPH Fellowship training. The participants recognised the importance of sharing their ASELPH learning in the workplace to benefit their team, organisation and society. Sharing of learning after training was also emphasised in the literature. The study provided evidence of the importance of an enabling culture and environment, where individuals can apply their knowledge obtained in leadership training programmes, such as ASELPH. This enabling environment speaks to the support and commitment to leadership training and development, by management and the team. The participants recommended that their senior management should be more involved from the commencement of the ASELPH Fellowship training for ongoing support.

The ASELPH Fellowship training needs to continue to strengthen what they do and use this leadership training design of blended learning with case-studies, e-learning, reflective assignment, the conference style classroom setup, committed lecturing staff, mentorship and ongoing assessments including 360° assessments, as a blueprint for leadership training in all organisations.

Limitations

The findings of this study are based on a small sample size, but reliability testing confirmed that the survey tool and sample were ideal for the study. It is likely the participants' responses were honest, because they had completed the course.

Potential biases in self-reporting, given the subjective nature of the data, were addressed through the 360° assessment from assessors.

The researcher assessed the field situation to identify co-interventions that may have impacted on findings. The researcher did not observe any other co-interventions. It is important to note that it is impossible to consider all the external factors that may have had an influence on the ability of participants to implement their ASELPH Fellowship training.

Long-term follow-up beyond immediate post-training assessments would strengthen this study.

Conclusion

The ASELPH Fellowship is a leadership training programme designed to improve the competencies and performance of executive leaders. The factors and challenges mentioned by participants are real, and have a direct and sometimes indirect effect on the sharing and implementation of learning as shown in this study. Despite these challenges and barriers, students who attended the ASELPH Fellowship training were still able to benefit from the course.

Further studies should include a longitudinal study to assess the extent of the effect of the ASELPH Fellowship training, following the participants in their workplaces to determine the relationship between the leadership training and actual performance in their workplace.

Declaration. None.

Author contributions. All authors contributed to the conception, design, development
and execution of this study.

Acknowledgements. ASELPH Fellows and their supervisors, peers and subordinates, for their participation in the research.

Funding. None.

Conflicts of interest. None.

1. Van der Berg-Cloete SE, Olorunju S, White JG, Buch E. The Albertina Sisulu Executive Leadership Programme Fellowship enhancing the competencies and performance of public health service managers in South Africa. Leadership Health Services 2020;33(2):163-183. https://doi.org/10.1108/lhs-08-2019-0053
2. Pillay R, Morris MH. Changing healthcare by changing the education of its leaders: An innovation competence model. J Health Adm Educ 2016;33(3):393-410.
3. Maphumulo WT, Bhengu BR. Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. Curationis 2019;42(1):1-9. https://doi.org/10.4102/curationis.v42i1.1901
4. Younger DS. Health care in South Africa. Neurol Clin 2016;34(4):1127-1136. https://doi.org/10.1016/j.ncl.2016.06.004
5. Benatar S, Sullivan T, Brown A. Why equity in health and in access to health care are elusive: Insights from Canada and South Africa. Global Public Health 2018;13(11):1533-1557. https://doi.org/10.1080/17441692.2017.1407813
6. Mayosi BM, Benatar SR. Health and health care in South Africa – 20 years after Mandela. N Engl J Med 2014;371(14):1344-1353. https://doi.org/10.1056/nejmsr1405012
7. Anon. The World Bank Group: Data 2019 https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?name_desc=true (accessed 21 November 2019).
8. Shisana O, Dhai A, Rensburg R, Wolvaardt G, Dudley L, Patel RH, Grobler GP, Masilela TC, Rispel LC, Puren A, Stewart J. Achieving high-quality and accountable universal health coverage in South Africa: A synopsis of the Lancet National Commission Report. South African Health Review 2019(1):69-80.
9. Gumus S, Bellibas MS, Esen M, Gumus E. A systematic review of studies on leadership models in educational research from 1980 to 2014. Educational Management Administration Leadership 2018;46(1):25-48. https://doi.org/10.1177/1741143216659296
10. Daire J, Gilson L, Cleary S. Developing Leadership and Management Competencies in Low and Middle-income Country Health Systems: A Review of the Literature. Cape Town: Resilient and Responsive Health Systems (RESYST), 2014.
11. Njah J, Hansoti B, Adeyami A, et al. Measuring for success: Evaluating leadership training programmes for sustainable impact. Annals Global Health 2021;87(1). https://doi.org/10.5334/aogh.3221
12. Kringos DS, Sunol R, Wagner C, et al. The influence of context on the effectiveness of hospital quality improvement strategies: A review of systematic reviews. BMC Health Serv Res 2015;15:277. https://doi.org/10.1186/s12913-015-0906-0
13. Punia BK, Kant S. A review of factors affecting training effectiveness vis-a-vis managerial implications and future research directions. Int J Adv Res Management Soc Sci 2013;2(1):151-164.
14. Frich JC, Brewster AL, Cherlin EJ, Bradley EH. Leadership development programmes for physicians: A systematic review. J Gen Intern Med 2015;30(5):656-674. https://doi.org/10.1007/s11606-014-3141-1
15. Fischer R. Cross-cultural training effects on cultural essentialism beliefs and cultural intelligence. Int J Intercultural Relations 2011;35(6):767-775. https://doi.org/10.1016/j.ijintrel.2011.08.005
16. Bermudez-Tamayo C, Fernandez Ruiz E, Pastor Moreno G, et al. Barriers and enablers in the implementation of a programme to reduce cesarean deliveries. Reprod Health 2017;14(1):106. https://doi.org/10.1186/s12978-017-0369-3
17. Tabassi AA, Ramli M, Bakar AHA. Effects of training and motivation practices on teamwork improvement and task efficiency: The case of construction firms. Int J Project Management 2012;30(2):213-224. https://doi.org/10.1016/j.ijproman.2011.05.009
18. Goldstone C, Ntuli A. Albertina Sisulu Executive Leadership Programme in Health (ASELPH) Final Evaluation Report. Public Health Agency, 2016 (available from ASELPH, University of Pretoria).
19. Schwartz R, Weimer-Elder B, Wilkins E, et al. Developing a feedback-rich culture in academic medicine: The effect of coaching and 360-feedback on physician leadership. BMC Med Educ 2022;22(1):733. https://doi.org/10.1186/s12909-022-03809-6
20. Mercer SL, DeVinney BJ, Fine LJ, Green LW, Dougherty D. Study designs for effectiveness and translation research: Identifying trade-offs. Am J Prev Med 2007;33(2):139-154. https://doi.org/10.1016/j.amepre.2007.04.005
21. Braun V, Clarke V. What can 'thematic analysis' offer health and wellbeing researchers? Int J Qual Stud Health Well-being 2014;9:26152. https://doi.org/10.3402/qhw.v9.26152
22. Gilson L, Agyepong IA. Strengthening health system leadership for better governance: What does it take? Health Policy Plan 2018;33(suppl_2):ii1-ii4. https://doi.org/10.1093/heapol/czy052
23. Doherty J, Gilson L, Shung-King M. Achievements and challenges in developing health leadership in South Africa: The experience of the Oliver Tambo Fellowship Programme 2008-2014. Health Policy Plan 2018;33(suppl2):ii50-ii64. https://doi.org/10.1093/heapol/czx155

Submitted 8 August 2024. Accepted 22 November 2024.s