AN EXPLORATION OF CLINICIANS' EXPERIENCES OF THE OPPORTUNITIES AND CHALLENGES OF BEING A HYBRID MANAGER AT A HOSPITAL IN THE WESTERN CAPE.

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A mini-thesis submitted in partial fulfillment of the requirements for the degree of Master of Public Health at the School of Public Health, University of the Western Cape

Supervisor: Associate Professor Vera Scott

6 December 2020

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KEYWORDS

- Hybrid manager
- Health systems
- Health management
- Management training
- Competency
- Tertiary hospital
- Academic
- Western Cape
- South Africa
- Low- and middle-income countries

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Title: An exploration of Clinicians' experiences of the opportunities and challenges of being a Hybrid Manager at a hospital in the Western Cape.

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Type of Thesis: Mini-thesis

Degree: Master of Public Health

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Date: 6 December 2020

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DEFINITION OF KEY TERMS

Competency

A job competency can be defined as the skills, traits, qualities or characteristics that contribute to a person's ability to perform their responsibilities in an organization. There are a range of competencies that managers require (Gilson & Daire, 2011).

Hybrid manager

A clinician who is still directly rendering a clinical service, but who also has managerial responsibilities i.e. an individual who is versed in both medicine and management (Spehar, Frich & Kjeskshus, 2014).

Preparedness

This is the state of being prepared to perform certain responsibilities (Merriam Webster, 2019). In this study it refers to the preparedness to manage people i.e. to perform interpersonal management roles

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Interpersonal management roles

These roles cover the relationships that a manager has working directly with people rather than information. Mintzberg (2009) identifies roles such as figurehead, leader and liaison.

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ACKNOWLEDGEMENTS

My sincere thanks and appreciation go to the following people who have enriched this journey for me:

- My supervisor, Prof Vera Scott, who supported me throughout my research study and guided me patiently and clearly through the writing process. Thank you for your flexibility during a very pressured time after an extraordinary seven months of COVID-19. Thank you for teaching me how to think with a qualitative approach - I will always remember your words “This is an iterative process”.
- Corinne Carolissen for being approachable and extremely efficient. Thank you for being an eternal fountain of knowledge for all administrative processes at the School of Public Health
- Dr Lucia Knight who taught me qualitative research methods and assisted me in formulating the concept of my research study
- Prof Di Cooper who introduced me to Public Health Research and guided me to a new world of qualitative research, allowing the topic of my research study to emerge
- Dr Bhavna Patel and Prof Maylene Shung-King for planting the seed about embarking on a Master of Public Health
- Maria Phiri, Adelaide Blomkamp and Cynthia Booi – my support structure at home. I would never have been able to do this without your special care to myself and our family
- My line manager at work, Dr Matodzi Mukosi, who allowed me the space and freedom to explore, learn and grow
- The *Red Cross Hospital family* who have always been supportive, who embraced my MPH learnings and given me many words of encouragement along the way

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DEDICATION

I dedicate this Minithesis to:

- my husband, Ajit, who has always been my strong support at my side. Thank you for being a constant pillar of strength and for stepping in at home to allow me to go on this MPH journey.
- my 13-year-old daughter, Nishka, who inspires me with her creative approach - you are our colourful rainbow.
- my 5-year-old son, Vivash, who enchants me with his excitement to find out how things work in the world - you are our bright sunshine.

Thank you for your love, support and encouragement.

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DECLARATION

I declare that "An exploration of Clinicians' experiences of the opportunities and challenges of being a Hybrid Manager at a hospital in the Western Cape" is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full Name: Anita Naginlal Parbhoo

Signed: 

Date: 6 December 2020

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ABSTRACT

Background

Health systems require effective leadership and management in order to provide quality services especially in resource constrained low- and middle-income countries (LMICs). As in higher income countries (HICs), clinicians in LMICs often transition from a purely clinical to a hybrid role, which includes managerial responsibilities, without any management training. There are both challenges and opportunities in the hybrid manager role. This study explores clinicians' experiences of the opportunities and challenges of being a hybrid manager in a tertiary academic hospital setting in the Western Cape, South Africa.

Methods

A qualitative research approach was used. Purposive sampling with snowballing was used to select 12 doctors and allied health professionals who have been in a managerial role for more than 12 months with no formal management training. In-depth interviews were conducted with the participants. A process of thematic analysis was utilised to analyse the data. Ethics approval was obtained from the University of the Western Cape Biomedical Ethics Committee and the University of Cape Town Human Research Ethics Committee. Approval was granted from Groote Schuur Hospital Management, where the research was conducted.

Results

Hybrid managers did not step into the role because they aspired to the managerial component of the job. Rather, they did so to progress in seniority as a clinician, to be involved in decision making processes or to fulfill a leadership need. Many hybrid managers experienced a lack of support when first stepping into the job. Hybrid managers placed a high value on the clinical aspect of their role and articulated the large administrative burden facing them when they moved into a managerial role. As many still carried substantial clinical loads, they struggled to balance the different demands of their job. This is amplified in an academic hospital setting as there is the somewhat double burden of bureaucracy, with hybrid managers having responsibilities to the hospital and the university. Context is an important consideration, as being a hybrid manager in a tertiary academic hospital brings additional layers of challenges. This includes the complexity of the organisation, the expectation to conduct and promote research, and teaching and training responsibilities. However, the direct

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patient interactions and clinical service also brought opportunities for the hybrid manager compared to a full-time manager. This included detailed knowledge of the business needs from a clinician's perspective, and opportunities, meaning-making, de-stressing and job satisfaction derived from clinical work.

Conclusions

Hybrid managers in a tertiary academic health setting in Cape Town, South Africa share a number of the challenges experienced by hybrid managers in HICs and in district health systems with respect to identity and competing work priorities, but with the added complexity of research and teaching responsibilities.

Recommendations

A strategy to build additional support for both new and seasoned hybrid managers in tertiary hospitals in the Western Cape should be considered. Adequate orientation towards the administrative processes and work flows in the hospital and university structures is vital. This should cover a wide array of concepts such as budgeting, principles of human resources management and the role of the hospital within the broader landscape. Mentorship is key, as is training towards a mind shift change for hybrid managers to truly embrace the managerial role and to adapt and function in a complex working environment.

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ABBREVIATIONS

GSH	Groote Schuur Hospital
HIC	High Income Country
IDI	In depth interview
LMIC	Low- and middle-income country
UCT	University of Cape Town
UWC	University of the Western Cape
WCGH	Western Cape Government: Health Department

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CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

The global context in which health care is provided is dynamic. Within this context, health systems need to be strengthened in order to improve health outcomes (World Health Organization, 2007a). Complex health systems need effective management (Kwamie, Agyepong & van Dijk, 2015). In LMICs particularly, there is a need for stronger management (Kwamie, 2015). In these resource constrained environments with an increasing burden of disease, managerial expertise is required to scale up services to achieve the Millennium Development Goals (World Health Organization, 2007b). However, in LMICs clinicians often find themselves in a management role, without any additional training (Daire, Gilson & Cleary, 2014). These hybrid managers, who perform both clinical and managerial roles, have often had to "learn management on the fly" (Spehar, Frich & Kjekshus, 2012:425), whereas management is a particular skillset that is not part of the clinical training.

1.2 PROBLEM STATEMENT

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According to the World Health Organization (WHO) (2009) many health managers in developing countries are primarily clinicians who take on an additional role as the manager, without specific training in management. Where leadership and management training does exist, it is mainly focused on technical competencies, and not on the emotional and social intelligence aspects (Daire, Gilson & Cleary, 2014). In South Africa, there is a lack of management competency in the public health sector (Pillay, 2008). There is some evidence in the literature from the Western Cape in the district health system, to show that there has not been much training around the people related aspects of managing (Cleary et al., 2018). There is not yet much research on this topic a hospital setting.

Theoretically, hybrid managers are expected to embody the disciplines of medicine and management by combining their clinical roles with the role of a manager. Transitioning from

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a purely clinical role to a hybrid manager has many challenges, but also presents opportunities for the hybrid manager (Spehar, Frich & Kjekshus, 2014).

The intention of this study is to explore the managerial experiences of senior clinical staff at a tertiary academic hospital to understand how well-equipped these hybrid managers are to manage people. Most hybrid managers in this setting do not have specific formal management training, and the study sought to focus exclusively on this group. A qualitative study on hybrid managers has not yet been done in a hospital in the Western Cape. After this study was conceptualized, a PhD candidate based in the United Kingdom applied to the ethics committee to do a similar study, demonstrating the interest in this area of research.

Results from this study may provide valuable insights to develop appropriate strategies at tertiary academic institutions for strengthening the skills of hybrid managers, specifically around managing people, and in doing so, improve their ability to provide a patient-centred high quality service.

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CHAPTER TWO: LITERATURE REVIEW

2.1 MANAGEMENT IS IMPORTANT FOR HEALTH SYSTEMS

Governance has been recognised as an integral component of health systems and the practice thereof relies on various actors at the operational level to follow mandates set at higher levels (Gilson, Lehmann & Schneider, 2017; Pyone, Smith & Van Den Broek, 2017). Health systems require effective management and leadership in order to provide quality services to communities (Filerman, 2003; Fulop & Day, 2010; World Health Organization, 2007b). This is particularly evident in LMICs (Kwamie, 2015; Linnander et al., 2017). Although management and leadership go hand in hand, they are also separate entities (Gilson & Agyepong, 2018; Gilson & Daire, 2011; Kwamie, 2015; Steinert, Naismith & Mann, 2012). The focus of this study is on the management aspect.

Service delivery, which encompasses the appropriate organisation and management of services is one of the six essential building blocks needed for health systems to improve health outcomes (World Health Organization, 2007a, 2010). The World Health Organization (2009) emphasizes that the building blocks cannot work on their own, but need focused attention on how they interact with one another to create a health system. Central to health system functioning are the management and leadership skills of the individuals running the system to provide a quality health service for its community (Management Sciences for Health, 2010). Managers are expected to manage in a complex environment that is constantly changing and usually under-resourced (Green & Collins, 2003).

In LMICs, a lack of managerial capacity was noted to be one of the factors contributing to the poor progress in achieving the millennium development goals (World Health Organization, 2009). In resource constrained environments, such as in LMICs, health services managers need to be competent in both managerial and leadership aspects (Daire, Gilson & Cleary, 2014). In a study done in South Africa in 2008, Puoane et al.(2008) showed that there were

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more favourable clinical outcomes in hospitals where managers had better management skills and supported their clinical staff. Managerial support was found to be an enabler that allowed innovations to be implemented in the clinical space. Gilson and Agyepong (2018) indicate that there is a need for further research around this topic in LMICs generally, and specifically in Africa.

2.2 SCOPE OF MANAGEMENT IN A HEALTH SYSTEM

One of the theorists in the area of management sciences, Henry Mintzberg, created `A Model of Managing' which depicts three important planes of managing (Mintzberg, 2009:890) – that of managing information, people and action. Mintzberg's model is also applicable to the health setting, though the WHO (2009) found that little has been done to clarify specific management roles in the health sector. In LMICs, they found that there is no formalised framework to give clarity on the roles and the competencies required from health managers.

The concept of a hybrid manager in healthcare is that of an individual who is versed in both medicine and management (Spehar, Frich & Kjekshus, 2014). With reference to a health setting, Mintzberg (2016:1) suggests that "management has to be practiced as a craft, rooted in experience, and an art, dependent on insights". Managers are expected to manage clinical services, various resources, including staff, and also manage relationships with external stakeholders (Daire, Gilson & Cleary, 2014).

Daire, Gilson and Cleary (2014) suggest three types of intelligence needed by managers, namely cognitive, emotional and social intelligence. This is echoed by Iliffe and Manthorpe (2018) who point out that there have been substantial changes to health care in the past century, and thus there is a need for a different type of manager who is equipped to deal with the complexities that exist in health care practice today.

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The same is also true in a public health care setting in a LMIC where it is advantageous for leaders to be skilled in using a joint decision-making approach, through working in a team (Doherty, Gilson & Shung-King, 2018). Cleary et al. (2018) indicate that there has been a move to a people-centred approach in health systems. This emphasizes the need for managers to be well equipped to focus on people and relationships in order to strengthen team work for effective health services.

2.3 MANAGERS REQUIRE DIFFERENT TYPES OF TRAINING

Managers become competent with the right mix of qualifications, on-the-job experience and mentorship (Filerman, 2003; World Health Organization, 2009). LMICs commonly adopt formal training as their approach to leadership and management development in the health setting. This is more suited to formal full-time health managers and is usually more focused on cognitive intelligence. Other types of training are on-the-job training and action learning (Daire, Gilson & Cleary, 2014). An example of training in a LMIC which brings together both the workplace learning style of training with formal training is the Oliver Tambo Fellowship Programme at the University of Cape Town. This programme has purposefully combined these elements in order to equip healthcare managers with the appropriate skills to manage in a complex health environment (Doherty, Gilson & Shung-King, 2018).

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Daire, Gilson and Cleary (2014) indicate that the development of leaders and managers is not a cognitive process. Rather there is a significant component of one's self which the individual can choose to bring to their execution of their role. They propose that coaching and mentorship could support this development process. Witter et al. (2019) emphasize that mentorship of managers is crucial for effective governance in health systems. Once managers are fully competent, they require an enabling working environment in order to continue managing effectively. This requires the presence of supervision and support, adequate guidelines and clear communication of their role (World Health Organization, 2009).

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2.4 THERE IS STILL A GAP IN MANAGEMENT TRAINING

Globally there is an acknowledged gap in management training in the health sector generally (Filerman, 2003; World Health Organization, 2007b), and among doctors in particular (Ireri et al., 2011). There has been a similar experience in a LMIC: in a study undertaken in Cape Town, recent medical school graduates did not feel well equipped with the knowledge and skills needed for health systems strengthening (Mukinda et al., 2015). In LMICs most management training focuses on technical competencies, and not on the emotional and social intelligence aspects (Daire, Gilson & Cleary, 2014). According to Kwamie (2015, p. 849) there has been a delay in the "the art and science of people-centred management" in LMICs. Wilson (2015) points out that while the technical component is important, development initiatives should also be people-centred and focus on aspects of organisational culture.

In HICs, it was found that clinicians valued opportunities provided to strengthen their managerial competencies, and that this had a positive effect on their attitude, skills and behaviour (Steinert, Naismith & Mann, 2012). Similar perceptions were found in a LMIC - a study done in South Africa in 2017 showed that clinicians expressed that they had experienced significant growth in their managerial skills after they had received training in this arena (Mutyabule et al., 2017).

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2.5 THE ROLE AND TRAINING OF HYBRID MANAGERS IN HEALTHCARE

Most health care professionals did not have management and leadership skills training as part of their education (Management Sciences for Health, 2010). In LMICs many health managers are health professionals who do not have much prior experience or training, but who are promoted into managerial roles because of their clinical competencies (Daire, Gilson & Cleary, 2014). Often, clinical qualifications are seen to be an adequate proxy of managerial competence (Filerman, 2003; World Health Organization, 2009). The WHO (2009) points out that qualifications are not synonymous with competence.

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When a doctor moves into the role of a hybrid manager, a key difference in their new role is that they need to change their approach from taking decisions individually to a more collaborative approach, which requires a particular skill set (Mintzberg, 2016). Managing a team is an important skill that hybrid managers need to embrace and may require training for (World Health Organization and Alliance for Health Policy and Systems Research, 2016). While some hybrid mangers embrace their new managerial role with enthusiasm, others reluctantly take on the role as yet another aspect of their position (Sartirana, 2019).

Hybrid managers need to fulfil more than just a technical role. These roles require interpersonal skills that nurture good relationships with staff and enable communication within facilities. Training which focuses on developing these personal skills could also increase job satisfaction for these managers (Nzinga, Mbaabu & English, 2013). Support provided by the organisation to hybrid managers can assist them to fulfil this role (Sartirana, 2019).

Having a professional clinical background may also present management opportunities for hybrid managers. Their clinical standing may afford them some influence with their clinical colleagues in order to implement necessary changes (Joffe & MacKenzie-Davey, 2012). The amount of influence may differ depending on whether they were trained as doctors versus other health professionals (Spehar, Frich & Kjekshus, 2014).

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CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This Chapter describes the methodology used for this study and sets out the aims and objectives. It outlines the study setting, study design, population, sampling, data collection, data analysis and discussion regarding rigour, as well as ethical considerations.

3.2 STUDY SETTING

The research was carried out at a tertiary academic hospital setting in the Western Cape in South Africa. A tertiary hospital such as this provides acute and chronic patient care services, across most of the clinical disciplines. It receives referrals of high acuity patients, from district, secondary and primary health care facilities.

The senior management staff varies from 20 in the large tertiary hospitals to ten in a smaller hospital. The middle level of management is largely comprised of hybrid managers who have substantial clinical loads. They would typically manage teams of between 5 and 50 staff, and report to senior management (Western Cape Government: Health, 2019). Senior clinicians at these institutions are appointed as joint staff, being accountable to the Western Cape Department of Health, represented by the hospital, as well as to the higher education institution, in this case, the University of Cape Town (UCT) (Western Cape Government:Health & University of Cape Town, 2020). The hospital and the university are both complex institutions in their own right and have different administrative processes in place.

Hybrid managers appointed at this hospital are responsible for the management of service delivery, with additional research and teaching components to their scope of practice. These responsibilities stretch from teaching undergraduate to postgraduate students and include the training of numerous foreign national or supernumerary registrars (Liu et al., 2015).

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3.3 AIM AND OBJECTIVES

The aim was to explore Clinicians' experiences of the opportunities and challenges of being a hybrid manager without formal management training at a hospital in the Western Cape.
The objectives of the study were:

- To explore how hybrid managers perceive their competency and preparedness for interpersonal management roles
- To explore management opportunities that hybrid managers have by virtue of their clinical background
- To explore management challenges faced by hybrid managers

3.4 STUDY DESIGN

This exploratory study was done using a qualitative research approach (Mack et al., 2005). This is a flexible approach that is suited to the aim and objectives of this study which seeks to explore the experiences and perceptions of hybrid managers. This methodology takes into account the contextual realities of the individuals (Robson & McCartan, 2017), which is important in understanding how clinical staff are experiencing their managerial role within the institution.

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3.5 STUDY POPULATION

The study population consisted of hybrid managers at Groote Schuur Hospital who have to perform a managerial role along with their clinical roles. Groote Schuur Hospital was chosen based on the ease of access for the researcher and an interest expressed by senior management in building support for hybrid managers in the institution. The study population included hybrid managers at the hospital across the spectrum of clinical disciplines who still provide direct patient care, but who are also performing a managerial role.

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3.6 SAMPLING

Purposive sampling was used to select participants. This is a sampling strategy to recruit participants who will be more likely to provide rich data about the research topic (Mack et al., 2005). Twelve participants were recruited to participate in this study. The participants included doctors and allied health professionals working at Groote Schuur Hospital.

The researcher intended to use maximum variation sampling to purposively select participants from different clinical departments within the hospital in order to bring a spectrum of views and experiences (Isaacs, 2014). It was hoped that the participants recruited in this way would represent a diversity of clinical areas, age groups as well as a range of years of managerial experience in order to prevent one particular view point to run through all the data (Gilson et al., 2011).

When the researcher approached potential participants, they shared the research topic with other colleagues in their department, who would then show interest in participating, creating a snowball effect. Snowball sampling is the method whereby a participant refers other individuals to the researcher for inclusion in the study (Noy, 2008). This resulted in clusters of participants from a few similar clinical fields. However, the researcher felt that the participants recruited would still add rich data to the study as their managerial experience differed and the group was diverse in terms of age, gender and clinical specialities.

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3.6.1 INCLUSION CRITERIA

The study included clinical staff at the hospital who had been in a managerial position for more than 12 months at the time of the study, and who had an undergraduate training background of medicine or allied health disciplines.

3.6.2 EXCLUSION CRITERIA

Clinicians who had a formal diploma or higher-level training in management training or who have trained in Psychiatry, Psychology or the Social Work discipline were excluded, as these disciplines receive formal training on emotional and social intelligence. Clinicians who were

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either full time managers or who had less than 12 months managerial experience were also excluded. The study excluded hybrid managers who were not employed at Groote Schuur Hospital.

3.7 DATA COLLECTION

In-depth interviews (IDIs) were used and were conducted in English. This is a classical data collection method for qualitative studies (Fathalla & Fathalla, 2004). IDIs are flexible and allow the researcher to explore a topic richly with the participant, follow the lead of the participant and then delve deeper into issues which come up during the process (Carter et al., 2014).

As the researcher is a Medical Manager at a different academic tertiary hospital in the Western Cape, she explained the context in which this research is being undertaken, at the beginning of each interview, and that it was an independent research study which had not been commissioned by the hospital. The researcher furthermore communicated to participants that this research was taking place outside the realm of normal working arrangements. Thus, any information collected during the interviews would not impact on the performance management of the staff member, either negatively or positively. This was also articulated in the participant information sheet that was given to each participant before the interview was conducted. The researcher found that this strategy helped to build rapport and that it laid the groundwork to put the participants at ease to speak more freely during the interview.

The researcher used an interview guide (appendix 1) to assist her during the IDIs (Robson & McCartan, 2017). Data collection was done in a private space, at a mutually agreed upon location where the participant felt comfortable, and at a suitable time that did not interfere with their clinical responsibilities. All the participants consented in writing to having the interviews audiotaped (appendix 2). The researcher used a digital recorder to audiotape each interview, and in addition used an application on her mobile phone to record a backup recording. The researcher took down brief notes during each interview. It was envisaged that this data collection plan would elicit rich data about the perceptions of hybrid managers towards their managerial tasks.

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The researcher planned to conduct face-to-face interviews for all participants. The researcher commenced data collection in February 2020 and conducted eight interviews by March 2020. The length of the interviews was between 40 and 65 minutes each. Thereafter the researcher was obliged to halt data collection as the COVID-19 pandemic spread to South Africa and the Western Cape. The researcher was then occupied with managing the COVID-19 preparedness plan and services in her hospital until mid-September 2020. Limited time for research was also experienced by other researchers during the COVID-19 pandemic (Myers et al., 2020). During the COVID-19 pandemic, due to the limitations on movement and requirements for social distancing, most face to face meetings were stopped. Instead, online platforms such as Zoom and Microsoft Teams became the routine way to conduct meetings.

The researcher was able to recommence, and complete, data collection in October 2020. Of the four interviews conducted during this month, one was in person, one was via the online platform of Microsoft Teams (version 4.6.23) and two were conducted telephonically. The use of video conferencing software has technical requirements and has both advantages and disadvantages (Gray et al., 2020). One of the telephonic interviews was planned utilising Microsoft Teams, but technical problems at the time of the interview necessitated the researcher to make an alternative plan and thus a telephonic interview was conducted.

The researcher had grown accustomed to taking consent at the time of the in-person face to face interviews. However, an alternative arrangement had to be made for the participants of the online and telephonic interviews as they had to sign and scan their consent form through to the researcher before the interview. For online and telephonic interviews, the consent process should be managed well and the participant should be reminded of the nature of the consent before the interview commences (Gray et al., 2020).

The researcher used the same interview guide in the last four interviews, but added a question to explore experiences of any differences in practice that had arisen for the participants during COVID-19 in 2020.

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3.8 DATA ANALYSIS

The researcher employed a transcriptionist to transcribe the data verbatim after each interview. The researcher started reading through the transcripts and initially commenced a manual process of identifying themes. However, the researcher found the manual process laborious and decided to explore alternative methods of coding. NVivo 12 proprietary software was accessible to the researcher and came with online tutorials. The researcher found that this program was user-friendly and provided an intuitive set of tools to organise and analyse data (Azeem & Salfi, 2012).

The researcher went through a process of reading the transcripts and listening to the audio recordings of the interviews to familiarise herself with the interview discussions. The researcher found it helpful to reread the transcripts and listen to certain parts of the interview a few times. There were often new aspects that arose each time the transcript was read, and the audio was played. By listening to the recording, the researcher tried to immerse herself to get a sense of the feelings that were behind the words that were typed on the transcripts (Fathalla & Fathalla, 2004).

A process of thematic analysis was utilised to analyse the data (Isaacs, 2014). While immersing herself in the data, the researcher set about identifying themes. The researcher did initial thematic analysis on the first three transcripts in March 2020 and received peer feedback from the supervisor who concurred with the initial thematic nodes that she had lifted out. However, when the researcher revisited the analysis of those transcripts after the COVID-19 period of research absence, she identified additional thematic nodes, and also found that, in some instances, multiple themes could be collapsed into one theme. This experience is borne out by others (Saldaña, 2013), and was part of the process of the researcher engaging with the data (Robson & McCartan, 2017). The researcher utilised NVivo 12 software to organise and store the data efficiently, but was cognisant that she as the researcher would need to do the analysis and interpret the data in a meaningful way (Pope, Ziebland & Mays, 2000). The mind map modality of NVivo 12 enabled the researcher to map out her thoughts of emerging themes as in Figure 1 below and visualise them.

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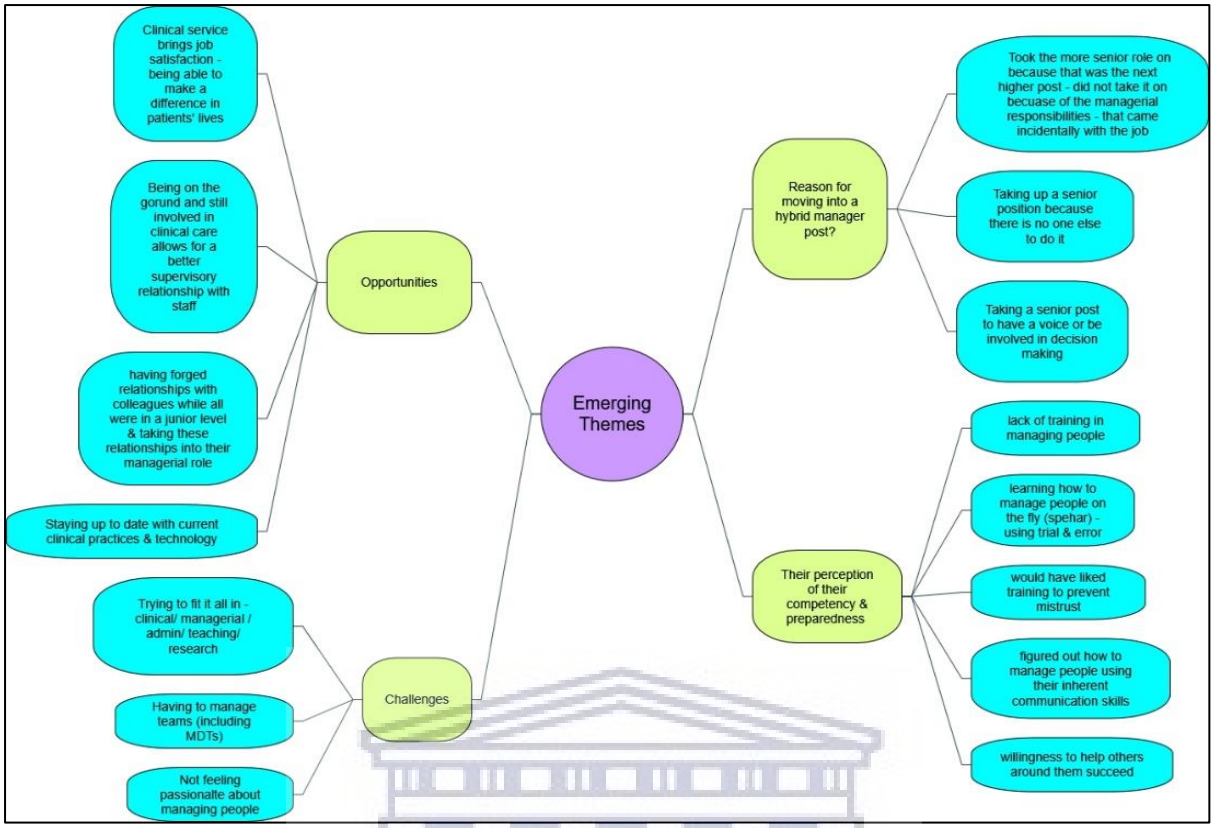

Figure 1: Initial thematic analysis mind map

The analytical process became easier with each subsequent script though new insights continued to emerge until the 12th script. This was the researcher's first qualitative study and over time there was a shift from the researcher's more traditional quantitative mindset – situated in the biomedical paradigm of her undergraduate medical training - to a more sense-making, qualitative mindset. The researcher purposefully chose to use the opportunity afforded by her mini-thesis to do a qualitative study to explore the experiences of individuals more deeply and richly (Belotto, 2018). The thematic analysis of the latter transcripts was thus different to the initial analysis done before COVID-19, and she had to return to the initial scripts to re-analyse them.

As the researcher began writing the dissertation, she found that the process of writing assisted with the analysis of the data. The researcher also found herself referring back to her qualitative research methodology training modules to fully engage herself in this process. The researcher utilised a continuous process of going back and forth from the data to the writing, and in doing so subsequently collapsed some themes that the researcher felt covered a similar

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topic (Nakkeeran & Zodpey, 2012). To illustrate an example of this process, the researcher initially had a theme called `lack of training' and also a theme called `would have liked to have training'. Through the iterative process, the researcher felt that these two themes could be collapsed into one theme that spoke to training that the hybrid managers would have liked to have.

3.9 RIGOUR

It was vital to ensure rigour throughout the study. Utilising software programmes such as NVivo 12 enhanced the rigour and validity of the study by organising the data in a systematic way (Leech & Onwuegbuzie, 2011). To ensure credibility of the research, the researcher documented verbal and non-verbal data, as the omission of non-verbal data can limit the interpretation of the data (Denham & Onwuegbuzie, 2013).

Researcher reflexivity is an important aspect to ensure validity in qualitative research (Creswell & Miller, 2000) and, in this study, was cultivated by the researcher documenting her own beliefs regarding the research topic, to elucidate and manage bias that may impact on the findings (Isaacs, 2014). She recorded her reflections in a journal (Fathalla & Fathalla, 2004) and discussed them in her monthly sessions with her supervisor during the time of data collection, analysis and write up. On reflection after all the interviews had been held, the researcher noted that she had built up more confidence in leading the discussion in the interview, as the interviews progressed. The researcher noted that she experienced more anxiety prior to an interview with a head of a department, as compared with participants who were at her level or at a lower level. It is noted that these experiences may add different nuances to the data collection (Mays & Pope, 2000).

At the outset of this research study the researcher, cognisant of her position as a senior Medical Manager at a tertiary hospital in the Western Cape, purposefully chose a different hospital to conduct the research. However, while writing up the thesis, the researcher reflected that the participants were aware of the researcher's senior managerial role at a nearby tertiary academic hospital, and that this would have introduced an element of bias with some of the participants, particularly the allied health professionals, noting the

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somewhat hierarchical structure with the provincial department of health where doctors, and managers even more so, are perceived to carry a higher status compared to other clinical staff. The researcher sought to reconsider the analysis with this in mind, as she made sense of the findings.

The researcher reflected deeply on her own prior experience of being a hybrid manager and was cognisant that she may be viewing the data through this lens. In addition, the researcher had gained insights from the struggles of hybrid managers reporting to her at her hospital over the years. She was thus attuned to the similarities and differences in the experiences that the participant hybrid managers had to her own experiences and those of her hospital's hybrid managers, and attempted to manage this bias (Morse, 2015). While this heightened sensitivity was an advantage to her, she was mindful of the bias it introduced and so interrogated her findings in dialogue with her supervisor, seeking out confirmatory and disconfirmatory evidence, and constantly checking for assumptions and blind spots.

In addition to the reflective component, the research journal also documented the research process so that there was a clear record of the research process in a clear and systematic way to ensure auditability (Nakkeeran & Zodpey, 2012). This has created an audit trail that could be checked by the researcher's supervisor, or an external person.

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3.10 ETHICAL CONSIDERATIONS

Any research study has the potential to harm research participants (Robson & McCartan, 2017). The researcher was sensitive to the fact that she interviewed some senior colleagues and asked them to share their vulnerabilities, which may have induced anxiety. The researcher was thus careful to be mindful of her senior position in the Western Cape Department of Health so as not to cause any harm to the participants in their performance management. The researcher undertook to cast any management weaknesses uncovered as a health system challenge rather than an individual fault. The researcher ensured that there were not any repercussions for staff members who did not wish to participate in the study and kept that information confidential. Data will be kept for five years, stored in filing cabinets in a locked office, with soft copies being password protected. Soft copies were anonymised

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utilising codes to label the transcripts, and references to sub specialities were removed to ensure that no-one was identifiable from their position as the head of a particular unit.

The researcher undertook to refrain from disclosing any individual level information to colleagues. The information gathered from this study will be beneficial by informing senior management's development strategy to build in additional support for hybrid managers.

Before the interviews, a Participant Information Sheet (appendix 3) was provided to each participant, including information about the study, and also described the process of the interview. It explained that participation was entirely voluntary, and that confidentiality and anonymity would be maintained. This was done by conducting the interviews in a private mutually agreed upon location so that other staff members are not aware of who is being interviewed. For one of the interviews, the participant preferred to conduct the interview in a semi-private section of their department. Some of the participants preferred to do the interview in the researcher's office which was at a different hospital. After thorough explanation of the study the researcher obtained written informed consent from all participants (Mack et al., 2005).

Taking time to reflect during the course of a study is an important process that aids an ethical approach (Molyneux et al., 2016). The researcher set aside time to reflect before and after each interview to ensure that the research process remained within the ethical guidelines. This reflection resulted in the researcher making the decision to stop conducting interviews with healthcare workers during the COVID-19 pandemic, as all hands were needed to cope with the increased patient volumes, as was the experience with other countries (Chowdhury et al., 2020).

The researcher followed the ethics principles outlined in the University of the Western Cape (UWC) Policy on Research Ethics (University of the Western Cape, 2014). Ethics approval was obtained from the UWC Faculty of Community and Health Sciences Higher Degrees Committee, the University of the Western Cape Biomedical Ethics Committee and the University of Cape Town Human Research Ethics Committee. Approval was also granted from Groote Schuur Hospital Management, where the research was conducted.

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CHAPTER FOUR: RESULTS

4.1 INTRODUCTION

This Chapter describes the study participants and highlights the experiences of hybrid managers through analysis of the in-depth interviews that were conducted.

4.2 DESCRIPTION OF STUDY PARTICIPANTS

The study sample consisted of 12 participants who were all hybrid managers. Seven of the participants were female and five were male. The sample consisted of equal numbers of doctors and other allied health professionals, being six of each staff category. Most were between 40 and 49 years of age. Managers were chosen to have some experience (the inclusion criteria required at least 12 months of experience) and most had more than 5 years of management experience. Tables 1 and 2 provide further detail.

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Table 1 : Age breakdown of participants

Age Category of Participants	Number of Participants
40 – 49 years	8
50 – 59 years	3
Over 60 years	1

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Table 2: Years of managerial experience held by participants

Years of Managerial Experience	Number of Participants
< 5 years	2
5 – 10 years	2
10 – 15 years	2
15 – 20 years	4
> 20 years	2

4.3 EMERGING THEMES

In analyzing the interview transcripts, a number of themes emerged in each area of enquiry, as summarized in the table below.

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Table 3: Areas of enquiry and themes emerging from data

Areas of Enquiry	Themes
Reasons for moving into a hybrid manager role	The next higher role came with managerial responsibilities
	There was no one else to do it
	To have a voice and be involved in decision making
Hybrid managers' perceptions of their competency and preparedness	Learning how to manage through trial and error
	Applying their inherent interpersonal skills in management
	The power of mentorship and support
	Would have liked to have training

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Opportunities of being a hybrid manager	Clinical service brings job satisfaction
	Being on the ground assists with supervisory relationship with reporting staff
	Using existing relationships built up over time
	Staying up to date with clinical practices and technology
	Supporting other clinicians
Challenges faced by hybrid managers	Balancing clinical versus other demands of the role
	Managing people and multidisciplinary teams
	Negotiating the bureaucracy
	Lack of support

4.3.1 REASONS FOR MOVING INTO HYBRID MANAGER ROLE

4.3.1.1 The next higher role came with managerial responsibilities

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A number of hybrid managers had not specifically chosen to become managers, but found that, as they moved up the clinical career path, more senior positions involved a component of management work. While most spoke about this with a degree of acceptance, four hybrid managers expressed their initial resistance to the administrative and managerial work.

> *I applied for the … [senior] post, and I was successful in that interview. Initially I didn't want to, because I didn't want to take on the responsibility of managerial. I still wanted to be a clinician, and it was so difficult to make the decision of how do I do this, because I know I'm going to lose patient care. It almost stopped me at one point of actually going through the interview itself, but I said there must because a reason for it. So I think that kind of – being able to really still be a clinician, and not almost take on too much, but as a manager you're going to.* (HM 7)

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A few hybrid managers indicated that they did not feel ready for the managerial responsibilities, but felt some pressure to apply for the senior post as there may not be another opportunity.

> *And in fact, opportunities will only be created if somebody leaves their post.* (HM6)

4.3.1.2 There was no one else to do it

Some had no aspiration to progress, being content with their status as senior clinicians in the health service, but then found that it was necessary that someone in their department step up to management when the head of department retired.

> *I didn't particularly aspire to being the head … . So, being the head … wasn't the thing. It was … having a head … for this department. So, I don't feel strongly about being that person, and I was very happy to move over if there was someone else who did fulfil those criteria, but there wasn't and there isn't. … I just wanted this department to be functional. And it's difficult to be a functional department when you don't have a head.* (HM9)

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Some departments have a rotational headship system where senior clinicians are expected to take on the role for a specified number of years. This was not necessarily a prestigious role and one hybrid manager even felt coerced into taking this role on top of an already heavy workload.

> *it was very surprising to me to find out how many of the HoDs (heads of departments) are acting - how many of the HoDs do it on a rotational basis, and how many of them do it sort of because they feel they have to, not because they want to. (HM9)*

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4.3.1.3 To have a voice and be involved in decision making

Two of the participants entered management because they wanted to have a voice and be involved in decision-making. They expressed a desire to give input into how the service was rendered and improved. For them, this meant that they could use their experiences with patients to assist in shaping the service going forward.

> *I think the one thing that always pushed me, I'm passionate about patients, but obviously as you go along, you realise decisions are made at higher levels, and as long as you're on the ground, you don't get to give all the input that you would like. So my biggest drive for taking it was that if I am then a manager, I can sit in meetings and I can be heard. So that has always been my greatest motivator for taking up any management post, is that I can – my voice can be heard where I think it should be heard. I don't know if that's happening, but that was my thought process.* (HM2)

One hybrid manager expressed the frustration of trying to raise issues while in their previous role, and not being listened to because they were not in a managerial post.

> *And so I think it was that frustration of not being heard, that made me take up this post, because I was here and I felt I was working very hard, but one of the junior staff even told me, well, the person said you must just sit there and diagnose. You mustn't get involved in all of the – the other things. So, I just thought really? You know actually, no, I think I have earned enough experience to be able to make a – a call on things, on how things should be done.* (HM10)

4.3.2 HYBRID MANAGERS' PERCEPTIONS OF THEIR COMPETENCY AND PREPAREDNESS

Several of the participants in this study remembered feeling ill-prepared when they were first appointed into a management role. Some still felt that they would benefit from specific managerial training and support in terms of administrative processes.

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4.3.2.1 Learning how to manage through trial and error

None of the hybrid managers had acquired a formal qualification in management, either before they took up the managerial post, or thereafter. Many however did informal short courses that were offered by the organisation. These were largely one or two day courses related to conflict management, change management and project management, but also included technical training for example on using MS Word and MS Excel. One hybrid manager indicated that they explored leadership and management through self-learning, choosing to read up on the subject in their free time. Overall, the majority of hybrid managers expressed that they learnt how to manage through trial and error, learning from each experience as they went along.

> *It changes constantly. So one week you're fine, one month you're fine, then for the next six months you feel like you're in a war zone. So I think those are things that I find very challenging, that if it's not related to my job per se, it's other things. So just managing people and understanding people, that I have found extremely challenging. I think it comes a little bit in your training, but ja, you need a whole other degree for that.* (HM2)

Role modelling seemed to be an important learning mechanism. Some hybrid managers indicated that they picked up skills by observing how others around them manage people. They looked to other managers and leaders in the institution to model their behaviour.

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> *but he always made a point, you must appoint the strongest people you can around you whereas other people, like … [X] had the opposite view. … so that's certainly something which I took away from a leadership perspective from…[Organisation X]. You must never be scared to appoint strong people around you* (HM5)

However, one hybrid manager mentioned that they could either look to their leader's behaviour as something to aspire to, or in some cases, something to distance themselves from.

> *I have multiple other leaders around me who I have gleaned things from, both positively and negatively.* (HM12)

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4.3.2.2 Applying their inherent interpersonal skills in management

When participants were asked whether their particular interpersonal skills assisted them in managing, they indicated many innate characteristics which they felt enabled them to manage more easily. Persistence, courage and self-confidence were some of the characteristics that hybrid managers mentioned. A few hybrid managers mentioned resilience as an important trait.

> *there were many times when I thought oh, this is not for me, it's not going to work out, and if I wasn't persistent then it wouldn't have. So persistence I think is very important, hard work obviously and resilience. This place can wear you down in many ways. … because you are doing the clinical service and you're dealing with a lot of bureaucracy there, and the academic side. But I think also courage is important, taking risks, innovating, finding entrepreneurial ways of doing things* (HM3)

4.3.3.3 The power of mentorship and support

Several hybrid managers welcomed the support they were receiving from those around them. This support sometimes came from their direct supervisor, but more usually came from other colleagues, peers or mentors outside their departments. Support was described as the person having an open-door policy where ideas could be `bounced off' the other in a way of working through a situation before addressing an issue. This process was seen as very helpful for working through interpersonal issues. Hybrid managers approached different mentors depending on the nature of the issue they were grappling with. A few hybrid managers experienced a sense of support when their direct line manager engaged with them about their personal lives outside of the workplace.

> *So I've had a good relationship with the … manager who I've often bounced things off, just in terms of who has obviously been trained. I think she was in HR before, and so sort of been trained in conflict resolution and management*

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to say how do I deal with this, and how do I deal with that person in terms of just bouncing ideas off. (HM12)

Three of the participants each mentioned having a particular mentor who went out of their way to drive and support their career pathing to a more senior level role.

So when I came here, it was …[X] who really was the reason I came here, and when he heard that I was looking to come back … , he got in touch with me actually via some people he knew … And he called me one day out of the blue … And all credit to…[X] as well for driving the whole thing … he was so passionate about the whole thing, … and so things stay with you. And so you know, we try and do the same now … I'm still in exactly the same situation now with very superbly bright, young people who have just got their specialist exams (HM3)

4.3.2.4 Would have liked to have training

Many hybrid managers reflected that even though they were coping fairly well with the challenges of the job now, they would have preferred to have training and support when they stepped into the managerial role.

It would have made the world of difference, and it would have eliminated a lot of embarrassing mistrusts. I mean, part of what I do now is budgeting, you know, ordering of resources, but I was never really taught to do that. It was just something that I had to learn over the years, by trial and error. So, it would have made a big difference if I had had formal training for it. Or even if it was something informal, where someone sits you down and says hey, this is what's going to happen, it would have made a bigger impact, ja. (HM1)

Some shared how found their own way to build in support for themselves, actively seeking out any available training opportunities, even choosing to do so in their own free time.

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It was the emerging researcher program and that actually offered a lot of courses, and not only dealing with research, but just on how to supervise and even how to apply for a promotion, and sort of managing your time and all of that. … So I used to go for those - and those were lunchtime… and so it was not really affecting too many people. … So that I took upon myself to do. In my own time, and then there was one where there was a weekend course … that I went for (HM10)

One hybrid manager indicated that they frequently utilized the institution's employee wellness program as a support mechanism, and contacted them on an ad hoc basis to get advice for specific situations.

And then what I have done is I have personally gone on managerial courses and things, just to assist me with that, and I found … there was ICAS, [employee wellness program] and I just took it upon myself. They already know me, I phone them often because they can give me good input for the managerial part of it to assist, because a lot of the decisions that you're making, it's impacting on people's lives. (HM2)

One hybrid manager spoke of the particular skills needed in order to manage teams effectively. This manager reflected that training in this arena at an early stage in one's clinical career could assist hybrid managers in navigating the complexity surrounding the functioning of teams in a clinical environment.

And so I think, because we're such a relational occupation, that it would be very helpful of how to manage teams and at various points. Maybe not at medical school, but certainly I think in internship community service, as you start to be leading, how do you manage a team of fourth years, how do you manage a team of interns, how do you manage a team of registrars? That basic person management, people management, would be very helpful, conflict resolution type stuff, even just communication skills. Um, because that's what we do all the time. (HM12)

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A lack of time was expressed as one reason for not attending courses. In particular, one hybrid manager indicated that they had been offered external funding to upskill themselves on leadership and management, but had not yet taken up the opportunity do so.

> *But on personal development side, there are substantial budgets set aside for personal development in that grant which I'm disappointed to say I had not actually fulfilled those requirements because you know, it's just lack of bandwidth, lack of time.* (HM3)

This hybrid manager indicated that this was due to clinical and other competing demands, but was also open to say that this was because their passion lay with research rather than management

> *I'm not really … passionate about administration and managing people. I'm not passionate about that. I do it because I have to do it* (HM3)

4.3.3 OPPORTUNITIES OF BEING A HYBRID MANAGER

4.3.3.1 Clinical service brings job satisfaction

The majority of hybrid managers reported that despite being in a managerial role, their primary sense of satisfaction was still derived from hands on patient care. The opportunity to make a difference in patients' lives was seen as a valued and rewarding part of the job.

> *The patients, the clinical. That is why I do what I do, the clinical. So ja, the clinical, hands down. There is no comparison. The clinical gives me my most satisfaction.* (HM2)

A couple of hybrid managers commented on the challenging, often emotional, nature of engagement with patients and their families. Despite these challenges, the patient interaction still brought a sense of purpose to the job.

> *it's sometimes difficult. Because obviously you know, not everyone makes it, and not everyone – having to deal with family is difficult as well. So you try*

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not to be too much, you know, like a one to one, but you still get to know if the brother or the mother or the father, whatever is coming in daily for a couple of days or a couple of weeks or whatever. You know, it's difficult, but then also it is rewarding as well when they get from ICU, they go to the ward and they come back again in a couple of months' time and say hey, I'm back. (HM11)

A few of the hybrid managers shared that due to the increasing amount of managerial duties, there was often pressure to drop their clinical work. However, they indicated that they made a concerted effort to retain their clinical engagements.

I think seeing patients keeps it real. It helps to remind you why you do what you do. So I like having some aspect of patient contact, which I do. It's frustrating sometimes because that is often the first thing that goes, because there is someone else that can do that, whereas there is no one else that can do some of the other jobs. So often if something goes - it's that, for me. But I do try to keep clinical because I think that's what keeps me grounded and it really also helps me to see what's going on in the clinics and with the registrars and in planning. So, otherwise I'd sit in this office all day and I don't think that's healthy. (HM9)

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One hybrid manager commented on the importance of some administrative tasks, as even though they were non-clinical tasks, they still formed part of the patient care continuum, and contributed to the patient's overall wellbeing.

So you know, with all this paperwork, it can get very frustrating and get very annoying. I mean, there are days when I don't see the sun because I'm stuck in an office all day, or stuck in meetings all day. But at the end of the day when we see how that makes a difference to the patient, it makes it worth it. You know, to round it all off, we're here for the patient. Whether we're ordering the toilet paper, … or whatever it is, we're here for the patient, to make the patient's lives a bit better. So ja, definitely the clinical work is rewarding. (HM1)

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Another hybrid manager in particular mentioned that they would sometimes purposefully engage in direct clinical work as a de-stressing tool, when the administrative and managerial burdens became heavy.

> *then I find, like my joy is my clinical work, then I just have a breather for a few days, and then I'm like okay, now I'm ready to tackle things again. I see what's on the floor, I remind myself why I took this job. It's to make the difference on the floor, so I'm like okay, then I go back in again.* (HM2)

4.3.3.2 Being on the ground assists with supervisory relationship with reporting staff

More than half of the hybrid managers felt that being involved in clinical practice with their subordinates and teams gave them an advantage in terms of how they were able to support their staff.

> *So I have always felt that for you to lead, you need to know what's happening on the ground. So, a lot of the time when I go down onto the floor and I go and do the clinical work, I see what's happening, and it makes it easier for me to understand their challenges. By doing that, I can put things into place, so that it makes their life a bit easier, and then the workload and the work reduction actually improves*. (HM1)

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It helped to know what was happening in the ward or department. This provided an opportunity for the hybrid manager to get a feel of whether certain aspects of clinical governance were being adhered to. One hybrid manager proffered an example of medical record keeping.

> *Even things like note keeping. If I don't go check what the notes are like, and the standard of the notes, and I just let it go and let it slide, medicolegal issues come back, and you have it all the time. So it's also to keep an eye to make sure that everybody is maintaining that standard. Like a simple thing for us, when you're doing your … notes, you make sure that you number each page*

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and you put a sticker, or at least the patients' name and folder number. (HM7)

Besides staying in touch for clinical purposes, being on the ground also assisted hybrid managers with feedback loops on how their staff interacted with other members of the extended multidisciplinary team.

I choose to work weekend work … I get feedback from the staff without me having to ask or say anything. So it's an indirect way for me, supervising the staff. So I work in all the areas that they work, and I will never go into an area and say you know what? Tell me how … [X] is doing? They will tell me, without me saying anything, no, this is really great. So I get a feel from the people that are on the floor how the staff are managing on the floor (HM2)

One of the hybrid managers shared how they also used the clinical work as an opportunity to get a feel of the culture in the environment that their staff were working in, in order to offer support if needed.

It also just helps me to stay connected to what's happening in the hospital, because I find, and this was for me a very big problem. When people are so disjointed from what is happening on the ground, and everyone argues that you sit in the office all day, you don't know what's happening. So we make a point of … management by walkabout. So we go down, we treat a patient, I will come and help you with the patient, but it helps me to see what is your manner with the patient, how you handle it, how you are handling the stress, how they are handling their workload. (HM1)

One hybrid manager pointed out that being in touch with clinical practice in the ward or unit ensured that managerial decisions were made taking into account the contextual realities of the staff on the ground.

It helps that you are there and you know what the problems are, instead of forcing things through, or having high ideas and it's like you don't know what's going on. (HM8)

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4.3.3.3 Staying up to date with clinical practices and technology

Two hybrid managers shared that one of the reasons they enjoyed being involved in direct patient care was that it enabled them to stay up to date with current clinical practices.

> *Definitely, because if you're not on the floor then you can't – look, obviously some of us are in this … [field] maybe …for longer than others, so things have changed, and things have evolved. Since I was a student in 1997 to what students are learning now, it's very different. So if we don't go onto the floor and we don't get to grips with what's going on now, medicine changes every day. It's never the same, and what was present maybe two years ago is going to change with research.* (HM7)

One hybrid manager shared the importance of remaining abreast with the quick advancement in medical technology in terms of equipment and consumables.

> *If you became totally managerial and hands-off, and not involved in clinical, you're not up to date with things. You lose your skill in it as well. … But there's new equipment, and there's new … machines. … So you need to keep your hands on all the different clinical side of things, as well as teaching, new consumables that come out, things like that.* (HM7)

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4.3.3.4 Supporting other clinicians

All twelve hybrid managers acknowledged the importance and benefits of providing support to other clinicians on their team, be it direct reports or members of the multidisciplinary team. Several aspects of support were described, and these varied according to the context. The hybrid managers shared how they implemented support mechanisms not just clinically, managerially or academically, but also emotionally.

Working in a resource constrained environment with large patient burdens could be extremely challenging and taxing on the staff working within those services. Being a supportive manager was mentioned as an important safety net for these staff.

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think they would be willing to go the extra mile for … [me], because they know I will go the extra mile for them. They know I've got their back. Like the nurses, if there is ever a patient that is mean to them, I will come out of my consulting room because I am there to protect them. So they know I've got their back. (HM8)

The hospital, being a prestigious academic institution, attracted many external students – both undergraduate and postgraduate - who were not from this province, and many even coming from beyond South Africa. One hybrid manager spoke of breaking away from more traditional hierarchical systems, and instead chose to focus on supporting junior staff on an emotional level, where they felt it was needed.

so speaking to some other managers, they would say keep away, or don't get too involved, or you know, just – but I'm not that type. So if I can do something, then I will do it. So especially with the registrars rotating, I would give particular attention to those that … were living alone and away from home. So those that had partners at home, or they had family close by, you know, they seemed to be sort of better off. But then those registrars that were away from home and living by them – then I would have coffee with them, I would sit and have lunch with them, you know. They just seem to need a bit more support than the others. (HM10)

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Another hybrid manager shared how they tried to create a culture of improvement in their department, by creating a safe platform for shared experiential learning.

We have a rule that you train the next person, and my rule is that you make a mistake, because I tell them when you make a mistake, you learn. So, I tell them when I'm not here, they must run. So the managers that I have here, and I tell them, you teach the people in your unit the same thing. (HM2)

Exposure to managerial responsibilities was mentioned by two of the hybrid managers as an important mechanism of supporting and upskilling subordinates. This was either through the attendance of management meetings or the temporary delegation of certain tasks.

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> *So, I've tried to expose the senior members of my staff to some of the meetings, and some more of the processes that I think will help them in the future to hopefully be able to do those jobs hopefully better than me. There's quite a lot of experience in the system, if you draw on it. You just have to know where to look for it* (HM9)

One hybrid manager spoke of supporting their subordinates by protecting their time off so that they could recuperate when away from work.

> *Let me say specifically, from this team, they have my back, and we have a rule in our department that when you're on leave, we don't bug each other, we don't phone each other, because you're on leave.* (HM2)

Another type of support implemented by a hybrid manager was in terms of academic support and career progression. An application for an academic Ad Hominem (promotion) process is a complex one. The criteria include various components such as national and international standing, number of publications and community engagement, which ordinarily takes clinicians years to achieve. Many clinicians are not aware of the full requirements for the application until they start thinking of applying.

> *To help the young registrars and the consultants that are younger than me to just, when I started, the first thing I did was I emailed the [ad hominem] promotion form to everybody and I said start filling it out. Start thinking about what you want to do, but even just for your performance assessments, put it in this format. So by the time that - when it comes time to update your CV, you're not moving in darkness.* (HM10)

This hybrid manager shared how they didn't themselves receive this type of support as they attempted to progress academically. This then became a driver for purposeful support implemented for their department when they stepped into the managerial role.

> *So I didn't feel support from my supervisor in terms of development, which is why I want to do it now as much as I can, because I felt I didn't have enough of it. (HM10)*

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A few hybrid managers referred to creating an environment where subordinates and junior staff felt safe to discuss any challenges they were encountering. These could be challenges within the work place in terms of clinical service, academic pressures or even interpersonal matters.

> *several people have commented that they've really appreciated me being around, just because they can bounce stuff off without feeling they're going to have their heads bitten off. And I have taken a far greater interest in the senior registrars in terms of their training and who they are, both in what they're supposed to do in terms of their medical training but also them personally.* (HM12)

4.3.4 CHALLENGES FACED BY HYBRID MANAGERS

4.3.4.1 Balancing clinical versus other demands of the role

All twelve participants spoke of the challenges they experienced in trying to manage the various aspects of their job. These hybrid managers all still had a substantial clinical workload, and in addition had to find time to do their other tasks which included varying amounts of administration, managing people, teaching and training, and conducting research.

> *So that is very challenging when you have to do – you have other meetings to attend to, managerial things that you have to do. But then there's just this absolute amount of patients that you need to get to. … So initially when I started, I found it extremely challenging to juggle being a clinician and being a manager* (HM2)

Two hybrid managers indicated the need to be flexible in their work scheduling as they would need to quickly adapt their work plan if an unplanned scenario arose.

> *I've got better at making lists and prioritising, and I usually do on a day what I prioritise. The problem is that if there is a sudden problem that comes up, which is not that unusual, then your timetable kind of goes out the window or if a teaching course comes up that takes me out for a couple of weeks, then*

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suddenly all the other stuff becomes sort of ten o'clock at night type of work. (HM9)

All the hybrid managers reported that they attempted to prioritise patient care above other tasks. However if this was not possible, the hybrid manager was left feeling demotivated, even though it was unavoidable from their perspective.

At times not, when the pressures from my managerial side get so much that I have to put patients aside and say no. I try, and I think probably in the last two years, I think I have got it better, down to a fine art, that I don't cancel patients. But before, it was quite common, book them and say no sorry, can we change the time, and that was just terrible. I couldn't handle that. (HM2)

Some of the hybrid managers articulated the ability to successfully delegate tasks to colleagues or subordinates, while others did not have anyone appropriate to delegate the tasks to.

I've also learnt that there are some things that I just can't do, and that I have to rely on people around me to do. So I think I've become better at delegating, and initially I was quite unsure of myself, especially when I wasn't appointed (managing the department in an acting role), and I was very unsure of myself. Now, I'm more sure of myself and more confident about my position. It's kind of easier for me to delegate and ask other people to do things and see what needs me and what can be done by other people. (HM9)

Half of the participants reported not being able to fit in all the aspects of the work during normal working hours, but instead had to frequently do work at night or over the weekend.

I do a lot of work over weekends and at night and I work till 11 every night probably, so that's what I do at home. But that's also international work and writing as well. That is difficult (HM5)

As the hospital is an academic institution it is expected that clinicians conduct research. However not all hybrid managers aspire to perform research. One hybrid manager indicated

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that they would prefer to attend to the clinical workload than conduct research, but nevertheless felt the pressure from their academic department to produce publications.

> *So in our department, there is a big drive towards publications. We are a machine when it comes to publication and putting ourselves on the map. I am quite willing to not do it, but I'm willing to do your work for you, but that doesn't count* (HM8)

In an academic institution, clinicians are required to conduct teaching and training. This occurs in formal settings such as lectures, but very importantly also in informal training via tutorials or bedside training. This requires clinicians to take a step back and allow students and trainee specialists to have direct patient care, while under their supervision. The amount of supervision would depend on the level of the trainee. A few hybrid managers spoke of the challenges in trying to balance getting through the volume of patients, versus the additional time needed to teach students at the bedside.

> *I think it would have been easy if there wasn't students and registrars. If I could just go and do my theatre list, it would be nice, but there is always – you've got to teach and you've got to make sure that – you've got to check up on somebody. So you know, you don't check the patient yourself. You get the registrar to do it, and then you've got to rely on what they tell you.* (HM8)

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The majority of hybrid managers indicated that they aimed to achieve all the aspects of their job, but one of the hybrid managers shared that they felt that the workload expected from them was too onerous.

> *I try to have a better work life balance, but I struggle. I think that what is expected in terms of load is not really reasonable* (HM9)

4.3.4.2 Managing people and multidisciplinary teams

All the hybrid managers reported having to supervise staff and in addition, many had to manage multidisciplinary teams. This required particular skill. The members of the

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multidisciplinary team often extended beyond clinical staff, to administrative staff and support services staff.

> *I have to take that plunge and responsibility. Because it's not only us, we are in a department. So there's nursing staff, there's cleaning staff, there's porters, there's doctors, so you have to interact. So it's internal management, but also managing everything around the clinic and it's not always easy* (HM4)

Several hybrid managers expressed their discomfort at having to deal with interpersonal conflict and indicated that they would prefer not to. However they acknowledged their responsibility to do so as effectively as possible.

> *One of the biggest challenges for me I think is taking things too personally and the issue of conflict in terms of dealing with difficult staff* (HM12)

In dealing with certain staff members, one hybrid manager shared the effort they put in to rehearse the conversation they would need to have, in advance. This took thoughtful preparation.

> *You almost have to think about how will I deliver this information, how am I going to implement this new rule, you know, with having the desired impact or the desired outcome that you need. So it's a lot of sort of background thought before we do it.* (HM1)

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A particular hybrid manager described a strategy they utilised when they struggled to handle a situation where a new process or task had to be carried out. They may just indicate to the staff that the instructions came from higher up in management, as a way to diffuse any potential interpersonal conflict with staff members in their department.

> *Unless I've been struck with "you must have this done", etc. then I'll say look, I've been instructed by people above me, you know. And it's not negotiable* (HM11)

Two hybrid managers indicated very clearly that their passion lay in managing patients, rather than in managing staff.

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> *You had to then apply to become a … [head of department], which I reluctantly did, because my passion was never to manage people. It was to treat patients*. (HM2)

One hybrid manager pointed out that there were some heads who were very successful academics, but who lacked the necessary managerial skills to run a department made of people.

> *But I mean, you see it, I think, in all these big hospital institutions, that there are guys that are very, very high up academically who're just the most horrendous managers because they're brilliant academically, but just not people-managing people.* (HM12)

A few hybrid managers shared their struggles in boundary setting with staff who were previously their peers, or even senior to them.

> *I think sometimes that became a bit blurred, and then you wished, oh, I wish I didn't get so friendly with the person to start off with, because now it's a bit difficult to place the boundary again.* (HM10)

One hybrid manager shared their difficulty of moving into their managerial role and having to supervise a staff member who had once taught them.

> *At that time, he taught me stuff, because I was an undergrad, I didn't know. So now, you know, the table has turned and now I am his supervisor after all these years, …and he still sees me as the young one* (HM1)

As the recruitment and selection process for posts is nowadays conducted as an open process, hybrid managers sometimes find themselves appointed to a post where someone from within the department had not been successful for the post. One hybrid manager described the interpersonal challenges they experienced with a subordinate when they stepped into a senior post, having come from a different institution.

> *So, unfortunately what happened, when I had come to Groote Schuur as a senior …, the … [clinician] who had been working in the area also had*

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applied for the post, but unfortunately didn't get it. So it was, I can understand, a bit uncomfortable for him now to have been acting, and now not getting the post, to then have to be, you know, I have to be the boss basically. (HM1)

A hybrid manager shared their frustration at having to challenge other members of the multidisciplinary team, in order to get better holistic care for their patient. They expressed their sense of duty to do this, as the patient had given them this additional information and they felt obligated to act on this.

But because we spend much more time with the patient and we are a bit more intimate with the patient, they obviously tell you a bit more, and they sort of open up a lot more, and that's a good thing, because it helps us to plan a bit better. … So we will fight for that patient. We will fight the doctor, we will fight the nurse. It's like you do what you're supposed to do because at the end of the day, this is what the patient needs. (HM1)

Some hybrid managers shared their experience of moving from a more junior role into a hybrid manager role, and the shift in responsibility that came with that move. In particular, they described the emotional energy they invested in stretching themselves to always ensure that they behave in an appropriate manner, often in taxing circumstances.

I find it challenging that you're expected to manage 20 people's personalities and then you have your own personality, and you must always kind of be impartial. Don't get angry, you know, be politically correct at all times. And sometimes you just want to say go do your work and stop complaining, you know. … you just have to be this constant pillar and constantly know what's going on. Some days, you just want to say oh man, bugger it, you know. Do what you're supposed to do and get on with it. So I think that I find the most challenging, is that I have to constantly watch myself, that I'm not being insensitive to staff. I mean, they can be as insensitive as they like, but you must just be sensitive and considerate. You know, no matter what they say (HM2)

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4.3.4.3 Negotiating the bureaucracy

All the hybrid managers referred to their administrative workload as an additional workload that needed to be done. This was seen as secondary to their primary role as a functioning clinician. The researcher sensed their frustration at the cumbersome processes that hybrid managers had to navigate. This was seen as both unnecessary bureaucracy and time consuming. Many of the participants shared their experiences of having to ascertain how the administrative system worked in order to for example, order consumables or have equipment repaired.

> *No, we don't have major support. … if I can give an example, we had a laptop that was stolen. It belongs to our … machine. It has taken almost nine months for them to replace that stolen item, because again, we don't understand always the processes. Like nothing had ever gone stolen before. No one had explained it to us, and often I was then moved round to about four different departments, from security, down to the actual hospital equipment group.* (HM6)

Similar frustration was expressed in terms of interactions with the human resource department and its processes. Several hybrid managers shared their frustration with the amount of paperwork that they were expected to do. They furthermore indicated their difficulty in getting correct information about human resource processes. One hybrid manager particularly expressed their concern that the paperwork did not add value to their ability to manage the staff in their department, but instead consumed an inordinate amount of time which could be better utilised elsewhere.

> *So increasingly there is so much documentation that has to be completed for everything, that finding your way through that is really – it's difficult, and sometimes I just need a sensible person with some judgement. You know, and sometimes that's hard to find because everybody is so busy filling in their forms.* (HM9)

In particular, a few of the hybrid managers indicated that the human resource department processes were challenging as they did not receive training each time a new process was

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introduced. They also indicated that new processes were often unnecessarily implemented, without much thought on the impact this would have on hybrid managers.

> *I think one of the major setbacks with our HR department, I don't know if it comes from head office often, is new forms that they often bring out. One example is the SPMS (staff performance management system) forms. You know, they tend to change these forms every single two years. So when we have a set form, and then suddenly we've got to now get a new form in, when there's no major difference between the two … So, what happens is, a general email that gets sent out to all the managers. It comes from HR and they will just send it out to all the managers, and it's email only. There is no formal training in terms of what you need to do.* (HM6)

Many of the hybrid managers indicated that it was not easy to get accurate information detailing the process flows within the hospital. They described how they would physically walk around the hospital from person to person, in order to get an administrative issue resolved.

> *That was completely by trial and error, and that was going to this person. Like at stores, I mean, that's not a place that I frequented, and what I did was I chose to walk things through. So I would actually take my rec (requisition) books and I would say now who must sign this? Who are you? Oh, you're Mrs … [X] Okay, thank you Mrs … [X] - show me what to do. So I'd physically go to them and say hello, I'm the new … , I don't know how this story works. So I'd physically go to every person and say please now from this, what must you do with this form, explain to me. Because I couldn't understand like ordering and buy-outs, it was like an absolute – I was like what's a buy-out? I don't know what that is.* (HM2)

4.3.4.4 Lack of support

All twelve hybrid managers shared experiences of times when they did not feel well supported in the workplace and described varying degrees of support. This support could come in from different areas.

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Several of these hybrid managers indicated that they had not been afforded the opportunity of a transition period as the post had been vacant for a while before they stepped into the role. A suggestion offered by a hybrid manager would be to have a hand over period to orientate them to their new role and processes they would be expected to fulfill.

> *So it would have been nice if in fact a transition phase, because often when you find you move up to another position, that person who occupied that position had left already. There is no supervisor to whom I can actually report to, could show me this is what is required. So I'd have liked maybe a better sort of transition. For at least a month, someone could have at least said well, these are the forms that you needed to fill in for leave, these are the forms that you needed to fill in for SPMS, these are the forms, you know for your budgets, for your overtime. But there were no systems that were there in place.* (HM6)

One hybrid manager shared their experience of being a relatively new hybrid manager, and feeling a lack of support from their direct supervisor. The relationship was described as strained, with poor communication and lack of consideration for the clinical demands of the role. This hybrid manager felt that their supervisor felt threatened by them and this led to a tense working environment.

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> *But there were things like he would go off to do a three month locum … and he wouldn't tell me he's going. And I'd say where's Professor … [X]? They'd say no, he left yesterday. So, it was uncomfortable from that point of view, but you know, but I worked around that … He never encouraged me to apply for associate professorship or anything like that, even though in retrospect I would have qualified five years ago. … But we also had a tense relationship when I was a trainee, because I was a questioning person, and he used to – I think it was just a matter of even though he ran a very good department, I think it was more, I think his deficiencies in terms of confidence and he didn't like to be challenged* (HM5)

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A particular hybrid manager felt that they received adequate support from their direct supervisor, but surmised that the challenge was that their supervisor did not receive support from hospital management.

> *I think when you're not supported by the rest of management, I'm talking about upper management now … When that doesn't happen, I feel like, you know, we work so hard, we work our butts off every day, and you don't see it.* (HM7)

One hybrid manager reflected on the hospital as a whole and felt that there was more that could be done to support staff.

> *the hospital hasn't provided much support for staff which I think is a big shortcoming, because you have to invest in your staff if you want to improve your service* (HM5)

Another hybrid manager indicated that they experienced a lack of support from their manager but felt that this was probably due to the supervisor being overloaded with work, and having many staff to supervise.

> *We do have an official manager that was placed, but he does almost all the … staff. So again, I think his workload is so big* (HM6)

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A different hybrid manager held the opinion that support was not given to all levels of staff, and that senior staff were often overlooked in this regard. This manager expressed a desire for staff to be acknowledged for the general work that they do, and not only when something remarkable happens.

> *And so there's a sense that the priorities aren't always for the whole team. I think there is recognition for - that there is a significant amount of mental stress and burnout within the management, because that responsibility is there, and I think it's just, most people require support. They just actually need encouragement. As simple I think as humans are, if someone just actually thanks you for doing your job, and for doing it well, reasonably well,*

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not just brilliantly, that people would be far more happy, satisfied, capable, but actually that someone noticed what I did, when I did something that I was supposed to do, rather than something extraordinary. (HM12)

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CHAPTER 5: DISCUSSION

5.1 INTRODUCTION

This research study sought to explore the experiences of clinicians who had transitioned from a more technical clinical role to that of a hybrid manager role, where they are expected to perform certain managerial functions besides their clinical responsibilities. This chapter will consider the key findings of the study in relation to what is known about hybrid managers in the literature, reflecting on the possible implications for management of the talent pipeline, and the support and training of hybrid managers in a tertiary academic hospital context.

At present there are only a few studies on hybrid managers in low- and middle-income countries, and these are all located at a primary care level in the context of a district health system. This study, set in a tertiary hospital in South Africa, is therefore novel in its contribution to the small but growing area of knowledge. There are both similarities and differences in the experiences of hybrid managers in a tertiary academic hospital with what others have found in the primary care system (Cleary et al., 2018; Daire, Gilson & Cleary, 2014; Gilson & Daire, 2011; Scott et al., 2014).

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5.2 REASONS FOR BECOMING A MANAGER AND ROLE IDENTITY

In this study, none of the hybrid managers stepped into the role because of the managerial component of the job. The managerial responsibilities were seen as an incidental addition to their main role of being a senior clinician. Some hybrid managers moved to the more senior role because they wanted to progress in seniority as a clinician, some wanted to be involved in decision making processes, and others felt that there was a leadership need that was not being fulfilled. This is in keeping with findings in other settings where different journeys into management are described (Spehar, Frich & Kjekshus, 2012). Spehar, Frich and Kjekshus (2012) indicate that, where hybrid managers felt pressured into taking up the position, this set

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the tone for how they approached the managerial tasks, as their clinical work was perceived to hold more value than their managerial or administrative duties.

According to a classification proposed by McGivern et al. (2015), the managers in this study would be considered to fall into the category of `incidental' hybrid managers. As opposed to a `willing' hybrid manager, incidental managers did not aspire to become hybrid managers, but rather it was circumstance that paved the way for them to step into that role. The findings in this study are similar to those described by Daire and Gilson (2014) in a primary care setting.

The consequence of being an incidental manager is that they do not fully embrace the manager identity and this puts them at odds with their clinical identity (Joffe & MacKenzie-Davey, 2012). An example of this is the strategy indicated by one of the hybrid managers when having to get subordinates to do a task – by indicating that the instruction came from 'higher up'. This suggests a disconnect between this hybrid manager and the rest of the managerial team, and a lack of identification with the higher managerial team. Witman et al. (2011) describe the challenges hybrid managers experience in trying to remain credible in two different paradigms – that of medicine and that of management - this dilemma resonates with the findings of this study.

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In this study the hybrid managers all reported their difficulty in balancing the different demands of their job. This is echoed in a study conducted by Christmas et al. (2010) which reflects how clinicians struggle with competing demands, and in particular those clinicians who are very passionate about their clinical commitment. Many of these managers still carried substantial clinical loads, and also had to make time for their managerial responsibilities, as well as research, teaching and training, and other administrative tasks.

McConnell (2002) describes similar experiences of hybrid managers elsewhere and describes how the complexity of the managerial component is often underestimated in these roles. At least half the participants in this study described that they could not attend to the different aspects of their job during their allocated working hours, but instead had to routinely do work

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after hours and on weekends. Some hybrid managers felt pressured to drop some of their clinical commitments due to their heavy managerial workload but reported feeling despondent when they had to do so. So how then to make time in a busy world to become managers? (Spehar, Frich & Kjekshus, 2012).

5.3 IMPORTANCE OF CONTEXT AND THE COMPLEX TERTIARY SETTING

Sartirana (2019) indicates that individual hybrid managers in hospitals respond differently to the demands made on them, depending on their environment. This study showed that some of the experiences of hybrid managers at a tertiary level hospital were similar to those described in the literature in other settings (Kwamie, Agyepong & van Dijk, 2015; Mathole et al., 2018). This was in terms of challenges faced, as well as opportunities afforded by being a hybrid manager. However, in other ways there are important differences. The acknowledgement of context is a crucial factor in terms of creating leadership in healthcare (Edmonstone, 2011). In this study this is seen in the complexity of managing research, teaching and clinical services in a resource constrained environment with complicated and poorly aligned bureaucracy.

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This study suggests that being a hybrid manager in a tertiary academic hospital brings additional layers of challenges that have not been mentioned in the literature in a district health setting as described by Cleary (2018) and Daire and Gilson (2014). A hospital environment is different in terms of the complexity that a hospital system holds (Kaur & Singh, 2009). This is even more so at a tertiary academic hospital with multiple role-players operating from one geographical location, and interconnected in different ways. The hybrid manager role requires navigation of the hospital system, clinically, academically and administratively. A larger institution brings with it more departments, each with its own head, with whom the hybrid manager needs to establish relationships. The hybrid manager needs to manage these relationships carefully. Mintzberg (2009:2641) recognises this when he describes the importance of “managing out of the middle”.

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The academic role of hybrid managers in this study is both at an individual level, conducting their own research studies, as well as at a departmental level by actively driving and facilitating research (University of Cape Town, 2020). This includes supervising research studies of their trainee clinicians. Furthermore, the department role requires the teaching and administration of undergraduate and postgraduate training programmes.

5.4 OPPORTUNITIES INHERENT IN THE HYBRID ROLE

5.4.1 VALUE OF CLINICAL WORK IN JOB SATISFACTION

This study found that hybrid managers place a high value on the clinical aspect of their role. All the hybrid managers in this study shared how their job satisfaction was derived from their involvement in direct clinical work, and not from their managerial role. Their clinical practice and patient interactions brought a sense of fulfillment. Witman et al. (2011) described how, as hybrid managers do less clinical work, their job satisfaction decreases. The hybrid managers in this study reflected the same sentiment, indicating that the managerial and administrative work is not inherently satisfying. Clinical work can assist to bridge this gap and provide the necessary sense of fulfillment that comes from being a health care worker (Brigham et al., 2018). Furthermore, hybrid managers in this study indicated that doing clinical work can be de-stressing. One particular hybrid manager shared how they purposefully engaged in direct clinical work as a method of de-stressing when the managerial role became too heavy.

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5.4.2 VALUE OF CLINICAL WORK IN SUPERVISION AND MANAGEMENT

This study highlighted another advantage of doing clinical work in that it allowed the manager to be on the ground, which assisted with the supervisory relationship they had with their subordinates. It also allowed them to remain up to date with current practice and evolving technology. It is acknowledged that hybrid managers can have an advantage over full-time managers in having more support from other clinicians, by virtue of their position and their perceived competency (Spehar, Frich & Kjekshus, 2014). One opportunity that emerged as important in this study, and may be particularly valuable in a tertiary, research-

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orientated institution, is the respect that subordinates had for their hybrid manager based on their clinical expertise and research portfolios.

5.5 CHALLENGES INHERENT IN HYBRID ROLE

5.5.1 NEGOTIATING THE BUREAUCRACY

The 'manager' role in healthcare has been associated with bureaucracy (Joffe & MacKenzie-Davey, 2012). All the hybrid managers who participated in this study articulated the large administrative burden that they were faced with when they stepped into a managerial role. Some of this load was accentuated by a lack of orientation to the administrative process flows within the hospital. Most hybrid managers seemed to accept that there was a quantum of `paperwork' that is necessary to perform their overall managerial function. These managers attempted to fulfill these commitments.

However, several of the hybrid managers in this study referred to many administrative processes as `non-value adding' but which they were obliged to complete. This was experienced as an undue call on their time which could be more wisely spent on clinical or other matters which they perceived to hold more importance. The perception of hybrid managers was that some of these unnecessary bureaucratic processes should preferably be buffered by the managers of the institutions, instead of just being handed down the line to hybrid managers, who were already overloaded with work. Shanafelt, Sloan and Habermann (2003) suggest that providing appropriate administrative support to clinicians is a key factor that contributes to their wellbeing.

A key challenge unearthed by the researcher that has not been mentioned in the literature in LMICs to date, is the somewhat double burden of bureaucracy that hybrid managers have to contend with in an academic hospital setting. By virtue of this, they have responsibilities to manage and navigate the bureaucracies of two organisations, one clinical service related and one research and training. The new hybrid manager is often left to navigate cumbersome administrative processes in two separate organisations, usually without any explanation or

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orientation. These parallel processes are in place, for financial, human resource and other spheres, and the hybrid manager is expected to ensure that governance is upheld in both realms.

5.5.2 INADEQUATE TRAINING

This study explicitly excluded hybrid managers with formal training, being interested in the experience of the majority of hybrid managers in this setting who, in keeping with findings in hospitals in other countries, do not have formal management training (Al-Momani, 2018; Edmonstone, 2011; Kippist & Fitzgerald, 2009). Some participants had received informal training during their tenure, and some had experienced forms of mentorship which they had found beneficial to their development. Like many hybrid managers reported in the literature, in this setting, and without formal training, hybrid managers felt unprepared and had to learn management "on the fly" (Spehar, Frich & Kjekshus, 2012:425). They expressed that they would have benefited from some form of management training. Daire, Gilson and Cleary (2014) recommend a mix of different approaches to learning for developing hybrid managers. McGivern et al. (2015) suggest that managerial training opens the possibility for hybrid managers to meet other individuals in similar positions. These opportunities could be leveraged to build up support networks.

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Despite the lack of training, many hybrid managers seemed to cope with the demands of the different aspects of their job. Several hybrid managers in this study mentioned resilience as an important personality trait which enabled them to perform better. Robertson et al. (2016:e423) suggest that "Health professional resilience is multifaceted, combining discrete personal traits alongside personal, social, and workplace features". They further describe resilience as the positive adaptation to adverse circumstances and indicate that this is an important concept to consider in terms of a well-functioning health workforce. It would be important for hybrid managers to receive support to build up their personal resilience (Maini et al., 2020).

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Several of the hybrid managers in this study actively sought out advice and training opportunities. This included enrolling for short informal courses and also accessing the hospital's employee assistance program when specific managerial advice was needed. Rather than being led by the hospital or coached by a supervisor as to what training they should do, these managers took it upon themselves to interrogate the system to find appropriate skills-development avenues. They seemed to recognise and embrace the non-clinical skills required to function well as a manager, having been trained solely in a clinical field until the appointment into a hybrid manager role. Daire, Gilson and Cleary (2014) indicate that this is the experience of many hybrid managers in LMICs, and go on to articulate that the different types of competencies needed for this role are cognitive, emotional and social intelligence.

Importantly, a few hybrid managers were presented with training opportunities but did not take advantage of these offers. This may be related to time pressures, or to their sense of not fully identifying with the manager role (McGivern et al., 2015), and not seeing management as part of the continuum of providing patient care. Hemmer et al. (2007) emphasize that the most important driver for hybrid mangers to be skilled in the area of leadership and management, is not only to capacitate managers so that they feel competent, but that they are able to see management as a fundamental contribution to improving patient care.

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5.6 IMPLICATIONS

5.6.1 IMPLICATIONS FOR THE MANAGEMENT PIPELINE

The ambivalence towards their management role, as experienced in this study where managers did not fully embrace their management responsibilities, has an impact on the services they manage (McConnell, 2002). The bigger question to the health system though is whether this career pathing approach is correct, or whether an alternative career pathing should be envisioned. The current model of senior clinicians progressing to a hybrid manager role is perhaps not the best model, as not all good clinicians and good researchers are good managers. So how can management be introduced to clinicians as an attractive career development path, rather than what senior clinicians do in addition to their clinical work? An

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alternative model would be to expose clinicians who are not yet in a managerial role to the managerial context. Those who then show an interest or aptitude in management could be supported with directed training on leadership and management, and with mentorship. Gilson and Agyepong (2018) recommend that leadership development in an organisation be designed with that organisation's particular context in mind. Furthermore, they suggest that an important element of such a programme would be a sustainability plan to continue to support leaders once they have had some training.

5.6.2 IMPLICATIONS FOR TRAINING FOR HYBRID MANAGERS

It is necessary to make a distinction between those clinicians who have recently stepped into the hybrid manager role, versus those seasoned hybrid managers who have been performing the functions for a period of time. This differentiation can assist to stratify the different types of interventions that the two groups may need.

In this study, the majority of hybrid managers had been in the role for more than five years, with half of the participants having over 15 years of experience. For these managers, the approach would be different as it would be important to acknowledge the technical and managerial skills that they had already acquired, and rather engage with them directly to see where further training is needed. This would be preferred to a one-size-fits-all type of approach.

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Another area of development for hybrid managers is highlighted by Von Knorring, De Rijk and Alexanderson (2010:274):

> *CEOs described physicians as lacking knowledge of the system in which they work, not only with respect to the healthcare organisation per se, but also regarding the role of healthcare in society.*

They suggest that clinicians require training about the health care system in general beyond their hospital environment. This is echoed by Gradel et al. (2016) who suggest a medical undergraduate curriculum model that includes specific training for the management role,

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including training about the broader health system. It would also be important for hybrid managers to be empowered to make demands on the system to show them the way.

Doherty, Gilson and Shung-King (2018) highlight the importance of not only upskilling clinicians in the arena of technical knowledge, but more importantly to enable hybrid managers to adapt and function in a complex working environment. Training towards a mind shift change is needed for hybrid managers to truly embrace the managerial role, as opposed to it playing second fiddle to their clinical role. Mintzberg (2009:241) mentions that three important factors – art, craft and science - need to come together for effective management:

> *Art brings in the ideas and the integration; craft makes the connections, building on tangible experiences; and science provides the order, through systematic analysis of knowledge.*

Senior managers tasked with implementing mechanisms to equip hybrid managers would do well to understand these different aspects of managing.

5.6.3 IMPLICATIONS FOR SUPPORT FOR HYBRID MANAGERS

This study showed that many hybrid managers experienced a lack of support when first stepping into the job. A particular problem highlighted was the absence of a robust induction process at that time. A common contributory factor was that the previous incumbent had already vacated the post some time before the new manager began. Any manager, whether experienced or not, requires a period of adjustment as they step into a new position (Mintzberg, 2009). The same applies for clinical staff in a hospital environment. It should not be assumed that clinicians will fend for themselves and make their way in a new role. Rather, support should be provided for clinicians transitioning to a leadership role. The report of the *UCT Enquiry into the Circumstances Surrounding Professor Bongani Mayosi's Tenure* (Nhlapo et al., 2020:126) strongly reinforces this sentiment:

> *It was also emphasised that this "sink-or-swim" approach has sometimes been explained as being based on the belief that university insiders do not need induction, as in the case when a staff member moves from one*

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department to another. This short-sighted belief needs to be reviewed, given the many personal and professional variables at play in any such transition.

Interestingly, several of the hybrid managers who did not feel supported themselves, made a concerted effort to purposefully put in support mechanisms for their subordinates. Daire, Gilson and Cleary (2014) suggest that training alone is not sufficient to equip hybrid managers, but that adequate support structures must be in place. This support should be reactive when necessary, to assist the manager as challenging situations arise. Mentorship forms an important component of such support. This should include a safe space where hybrid managers feel comfortable to approach a more experienced manager to `bounce off' ideas, without fear of ridicule.

Support should also be proactive in terms of career planning for the individual. This is vital in an academic institution where it would be ideal for clinicians to receive guidance in terms of their future career progression. Many hopeful academics find navigating the ad hominem promotion process[1] extremely daunting. This is particularly relevant in South Africa, as indicated by Subbaye (2017), who has shown that the professoriate at South African universities is on the decline. The main criteria for promotion is research output and to a lesser degree teaching (Sadiq et al., 2018). However, the national and international standing of the clinician, community involvement as well as leadership and management roles are also included in the criteria. Hybrid managers who are aspiring academics would benefit from structured support to ensure that they are given opportunities to expand their involvement within the hospital and university structures, early on in their careers. Support should also be afforded to those hybrid managers who remain passionate about clinical care, and want to continue to provide excellent clinical care (Christmas et al., 2010).

[1] The ad hominem process is the recognition of high achievement in a university, where individuals are progressed to associate professor or full professor rank, based on specific criteria laid out by the university

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5.7 LIMITATIONS

This is a qualitative study and does not intend to be generalizable, but rather intends to show some insights (Robson & McCartan, 2017). As the scope of this study was informed by the mini-thesis guidelines, it was a study with a small sample size. Although the study was small, and as such limited, despite only a small group of people being interviewed at one institution, it still brings some interesting insights into the experiences of hybrid managers in a tertiary setting. The most important insights are that in a tertiary setting, a lot of what was found in terms of the identity of hybrid managers and lack of training is not different to that found in a primary health care setting. However, what is different in a tertiary academic setting is the additional level of complexity that the hybrid manager has to navigate, and the dual accountability and responsibility to the hospital and the university. This includes clinical, academic, research, teaching and training, and managerial aspects of their role.

These insights are likely to be applicable in other tertiary institutions in the Western Cape tertiary academic complex where clinicians become managers due to seniority as clinician teachers and researchers. In addition, the findings in this study are likely to apply to tertiary academic institutions in other provinces such as Gauteng and KwaZulu-Natal, where the context is similar.

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A further limitation is that eight of the interviews were done early in 2020, before the onset of the COVID-19 pandemic in South Africa and the Western Cape. During the COVID-19 pandemic, many management and clinical practices were radically changed at the hospital in order to cope with the additional service pressures brought about by the rapid influx of COVID-19 positive patients requiring admission (Mendelson et al., 2020). The researcher had to stop data collection during the first wave of the COVID-19 pandemic in March 2020, and restarted this in October 2020 once the service had started to return to normal, in order to complete the other four interviews. The researcher acknowledges that the experiences of the last four participants may have been different to their experiences described had they been interviewed at the beginning of the year, prior to the COVID-19 pandemic.

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CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This research study sought to explore the experiences of clinicians who had transitioned from a more technical clinical role to that of a hybrid manager role, where they are expected to perform certain managerial functions besides their clinical responsibilities. None of the hybrid managers in this study stepped into the role because of the managerial component of the job. Rather, the managerial responsibilities were seen as an incidental addition to their main role of being a senior clinician. The consequence thereof is that they do not fully embrace the manager identity.

In this study the hybrid managers all reported their difficulty in balancing the different demands of their job. Many of these managers still carried substantial clinical loads, and also had to make time for their managerial responsibilities, as well as research, teaching and training, and other administrative tasks. Participants described that they could not attend to the different aspects of their job during their allocated working hours, but instead had to routinely do work after hours and on weekends.

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While there are challenges with being a hybrid manager, there are also particular opportunities that a hybrid manager has over a full-time manager. This study found that hybrid managers place a high value on the clinical aspect of their role. All the hybrid managers in this study shared how their job satisfaction was derived from their involvement in direct clinical work, and not from their managerial role. This brought a sense of fulfillment, and also assisted with the supervisory relationship that hybrid managers had with their subordinates.

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Hybrid managers articulated the large administrative burden that they were faced with when they stepped into a managerial role. In addition, in an academic hospital setting there is the somewhat double burden of bureaucracy, as clinicians have responsibilities to two complex organisations – the hospital and the university. The new hybrid manager is often left to navigate cumbersome administrative processes in these two separate organisations, usually without any explanation or orientation.

By selection design, none of the hybrid managers in this study had received any formal management training before embarking on the role. This is acceptable, and indeed the norm, for hybrid managers. Yet they felt unprepared and had to learn management through trial and error. They expressed that they would have benefited from management training, but despite this, many hybrid managers seemed to cope with the demands of the different aspects of their job.

Context is an important consideration. Being a hybrid manager in a tertiary academic hospital seems to bring additional layers of challenges to those described in a district health setting (Cleary et al., 2018; Daire & Gilson, 2014). These include the complexity of the organisation, the expectation to conduct and promote research, and also teaching and training responsibilities towards both undergraduate and postgraduate students.

Many hybrid managers experienced a lack of support when first stepping into the job. A particular problem was the absence of a handing over period at that time. Several of the hybrid managers who did not feel supported themselves, made a concerted effort to purposefully put in support mechanisms for their subordinates. Hybrid managers who are aspiring academics would benefit from structured support to ensure that they are given opportunities to expand their involvement within the hospital and university structures. Mentorship forms another important component of support that should be part of the mechanisms embedded for new hybrid managers.

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6.2 RECOMMENDATIONS

1. A distinction should be made to differentiate between those clinicians who have recently stepped into the hybrid manager role, versus those seasoned hybrid managers who have been performing the functions for a period of time. The technical and managerial skills already acquired should be acknowledged and should thus allow for training to be tailored to the needs of the particular hybrid manager.

2. New hybrid managers would require an induction programme to apprise them of the processes that they would need to work through, both in the hospital and the university structures. This requires thoughtful planning to ensure that the transition period is effectively utilised to familiarize the newly appointed hybrid manager to both people and processes in order to function effectively in their new role. Cleary et al. (2018) indicate that there has not been much training around the people related aspects of managing in the district health system in the Western Cape.

3. Hybrid managers should be adequately oriented towards the administrative processes and work flows within the hospital and university structures. This should include a wide array of concepts such as budgeting, principles of human resources management including disciplinary processes, the values of the organisation and the role of the hospital within the broader provincial and national settings. In a high-tech tertiary / quaternary service environment, knowledge of the equipment planning and procurement process would be beneficial. A structured training intervention could be developed at the hospital to incorporate these aspects.

4. Senior clinicians usually become hybrid managers while pursing career progression academically and clinically and not because of aspiration towards a managerial role. They have often not been exposed to the managerial space prior to this. A broader approach is needed to find the talent and pull clinicians up into the management pipeline by nurturing their talent. A possible mechanism to expose clinicians to the managerial space would be to second interested clinicians, who are not heads of departments, for a period of time to assist hospital management, possibly alongside

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the Medical Manager, who is a fulltime manager[2]. This would allow the clinician to learn the ropes and to start developing the managerial skills which would be needed when they step into a hybrid manager role later on in their careers. In addition, this experience early on in their career may provide them an opportunity to start developing a managerial identity.

5. Providing a suitable environment is key to the learning process. Hybrid managers should be empowered to partner with a suitable mentor, with whom they feel comfortable to bounce ideas off, and who could assist them with a reflective learning practice.

6. Training towards a mind shift change is needed for hybrid managers to truly embrace the managerial role and to adapt and function in a complex working environment.

7. In this tertiary academic setting, some similarities were found to a primary health care setting. However, this study showed that a tertiary setting has additional layers of complexity. This is likely to be similar in other academic settings in South Africa and beyond. Further research should be pursued in this setting.

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[2] This is currently being implemented at Red Cross War Memorial Children's Hospital

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APPENDICES

APPENDIX 1: IN-DEPTH INTERVIEW GUIDE

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Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2809, Fax: 27 21-959 2872

E-mail: soph-comm@uwc.ac.za

UNIVERSITY of the WESTERN CAPE

Project Title: An exploration of Clinicians' experiences of the opportunities and challenges of being a Hybrid Manager at a hospital in the Western Cape.

Date of Interview:

Participant Study Identifier Number:

Start Time:

End Time:

In-depth Interview Guide

- Welcome participant & thank them for agreeing to participate.
- Explain the purpose of the research study – to explore Clinician's experiences of the opportunities and challenges of being a Hybrid Manager - explain what a Hybrid Manager is
- Check if participant agrees to being audiotaped

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- Complete the Informed Consent form
- Inform participant that this will be conducted like a conversation – thus they may interrupt at any time & ask questions of clarity

Questions

- Please share with me how your career-pathing led you to be here now
- Please tell me about any training that you have had with regards to your managerial role
    - In particular, what training have you had with regards to managing people
- What is your experience of managing people while in your current role?
- What aspects of managing people do you enjoy and what do you find most challenging?
    - Let's start with what you enjoy
    - What do you find challenging?
- In what ways do you think that your clinical background and work gives you an advantage when you are performing your managerial role?

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APPENDIX 2: INFORMED CONSENT FORM

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CONSENT FORM

Title of Research Project: **An exploration of Clinicians' experiences of the opportunities and challenges of being a Hybrid Manager at a hospital in the Western Cape.**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

___ I agree to be audiotaped during my participation in this study.

___ I do not agree to be audiotaped during my participation in this study.

Participant's name……..

Participant's signature…….

Date……

Humanities and Social Sciences Research Ethics Committee

University of the Western Cape

Private Bag X17

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Bellville

7535

Tel: 021 959 4111

e-mail: research-ethics@uwc.ac.za

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APPENDIX 3: PARTICIPANT INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail: soph-comm@uwc.ac.za

INFORMATION SHEET

Project Title: An exploration of Clinicians' experiences of the opportunities and challenges of being a Hybrid Manager at a hospital in the Western Cape.

What is this study about?

This is a research project being conducted by Anita Parbhoo through the University of the Western Cape. We are inviting you to participate in this research project because you are a Clinician who has managerial responsibilities as well as your clinical service responsibility. Such a manager has been called a `Hybrid Manager'. The purpose of this research project is to explore Clinicians' experiences of the opportunities and challenges of being a Hybrid Manager at a hospital in the Western Cape.

What will I be asked to do if I agree to participate?

You will be asked to participate in an interview in which you will be asked about your experiences of being a Hybrid Manager. I expect the interview to last approximately 60 minutes and it will conducted at a private mutually suitable location or telephonically.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. This research project involves making audiotapes of the interview. The interviews will be transcribed. To ensure your anonymity your name will be given a code that will be used to identify you and only the researcher will have access to the code. To ensure that your

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confidentiality will be maintained, all audiotapes and hard copies of documents will be stored in filing cabinets in a locked office and soft copies on password protected computer files. They will only be accessible to the research investigator. The researcher may give her supervisor access to transcripts for peer review. If I write a report or article about this research project, your identity will be protected. Any findings will be reported for the group of participants not identifying an individual. If quotes are used, any personal identifiers will be removed.

What are the risks of this research?
There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

This is an independent research study which has not been commissioned by the hospital and is taking place outside the realm of normal working arrangements. Thus any information collected during the interviews will not impact on your performance management, either negatively or positively.

What are the benefits of this research?
This research is not designed to help you personally, but the results may help the investigator learn more about the challenges and opportunities that Hybrid Managers in the Western Cape are presented with. You and other people will benefit from this study by informing senior management's development strategy to build in additional support for Hybrid Managers.

Do I have to be in this research and may I stop participating at any time?
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?
This research is being conducted by Dr Anita Parbhoo, through the School of Public Health at the University of the Western Cape. If you have any questions about the research study itself, please contact Dr Parbhoo at: Red Cross War Memorial Children's Hospital at 021 6585430

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or 021 6585383. Alternatively you can contact her via email (anita.parbhoo@westerncape.gov.za).

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof U Lehmann
Head of Department: School of Public Health
University of the Western Cape
Private Bag X17
Bellville 7535 ulehmann@uwc.ac.za

Prof Anthea Rhoda
Dean: Faculty of Community and Health Sciences
University of the Western Cape
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Bellville 7535 email: chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

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Xhosa translation if required

Oluphando lupasiswe sisigqeba sekomiti yophando IYunivesithi yaseNtshona Koloni kunye nekomiti yezemigomo Humanities and Social Sciences.

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Afrikaans translation if required

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