

**SENIOR MANAGEMENT'S PERCEPTIONS WITH REGARD TO
STRATEGY IMPLEMENTATION IN THE LIMPOPO DEPARTMENT OF
HEALTH**

by

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DECLARATION

I declare that this mini-dissertation title: **Senior management's perceptions with regard to strategy implementation in the Limpopo Department of Health** is my own work and contains no section copied in whole or in part from any other source unless explicitly identified in quotation marks and with detailed, complete and accurate referencing.

Signature



Date

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Firstly, I would like to thank God, The Almighty for giving me knowledge, intelligence and strength to write this mini-dissertation. Above all, He is my Creator, Redeemer, Shepherd, Healer and Salvation through Christ Jesus. I am nothing without The Almighty, Amen!!

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ABSTRACT

Strategy implementation has always been a challenge in government departments. However, this study argues that strategy implementation should not be perceived as an obstacle in an organisation, but as a vehicle for realising organisational goals. Strategy implementation in the public sector has experienced a limited research, whereas, organisational cultures, organisational structures, resource allocation and processes of linking the strategy formulation and implementation all remain a key challenge. Therefore, a strategy implementation process in the Limpopo Department of Health (LDoH) was investigated. The purpose of the study was to probe the perceptions of senior managers concerning the implementation of the strategy in the Limpopo Department of Health.

A qualitative research approach was used to collect data. Data was collected through a self-administered questionnaires. The overall target population was 120 employees of the Limpopo Department of Health. The sample consisted of 30 respondents ($N=30$). The IBM SPSS statistics (Version 24) were used to interpret and analyse the data that was collected. Further, this study espoused non-probability purposive sampling and consequently research findings cannot be generalised to the government departments. The findings showed that respondents are aware of the factors influencing strategy implementation in the LDoH.

The preliminary findings revealed that incompetence, devoting less time to the core business, and continual engagement in politics by senior managers have often lead to ineffective strategy implementation. This study therefore recommends that the appointment of competent senior management who are capable of staying away from party politics during working hours should be considered, so as to improve strategy implementation processes in the Limpopo Department of Health.

The study recommended the enforcement of team-work and appropriate reward systems to ensure that the members engage enthusiastically. This study also recommended the regular communication between senior management and employees of the Limpopo Department of Health. This implies the employment of effective communication strategies and channels to accelerate the strategy implementation process, in order to achieve the long-term goals of the organisation and remain sustainable in the provision of service delivery to the citizens of Limpopo

Province. The senior management's ability to identify the internal capabilities (organisational structure, supportive culture, reward systems, alignment and appropriate leadership style) should be fundamental in overcoming the challenges arising from inside and outside the organisation.

Finally, senior management should apply relevant tools and techniques to measure organisational performance within the Department. This involves gaining knowledge in terms of assessing and evaluating performance using the four perspectives of balanced scorecard which include financial, customer, internal business processes and learning and growth.

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LIST OF ACRONYMS

ANOVA	The one-way analysis of variance
APP	Annual Performance Plan
BSC	Balanced Scorecard
LDoH	Limpopo Department of Health
NCD	Non-Communicable Diseases
NDP	National Development Plan
NHI	National Health Insurance
MTSF	Medium Term Strategic Framework
PBV	Practice-Based View
RBV	Resource-Based View
SAP	Strategy-as-Practice
SM	Senior Management/Senior Managers
TBL	Triple Bottom Line

CHAPTER ONE

INTRODUCTION AND OVERVIEW TO THE STUDY

1.1 INTRODUCTION TO THE STUDY

Strategic management as a field of study comprises three phases, namely strategy formulation, implementation and control (Olivier, 2015:86). This study focuses on senior management's perceptions with regard to strategy implementation in the Limpopo Department of Health (LDoH) which has experienced only limited research. However, several studies have been conducted on strategy formulation in the public sector (Burke, 2016; Ogaja and Kimiti, 2016; Njoroge, *et al.*, 2015), strategy praxis (Jarzabkowski, *et al.*, 2016; Marietto and Sanches, 2013; Vaara and Whittington, 2012), strategy practices (Jarzabkowski and Kaplan, 2015; Vaara and Whittington, 2012) and strategy practitioners (Seidl and Whittington, 2014; Vaara and Whittington, 2012). It is from this vantage point that this research sought to conduct an explorative descriptive study to respond to the research problem. The purpose of the study was to probe the perceptions of senior managers (SM) concerning the implementation of the strategy in the Limpopo Department of Health.

Strategy implementation is crucial in the public sector. However, political interference plays an adverse role in public sector organisations at large (Franks, 2014:49). It leads to reduced strategy implementation efforts and thus reduced organisational performance. Senior managers focus on politics intervention in such a way that they seek to benefit themselves and tend to overlook the needs and desires of the society.

In spite of the political environment and other external variables (such as economic, social, technological and ecological factors), public sector organisations should ensure that the needs of various stakeholders are considered including those of society at large (Burke, 2016:5). This requires knowledgeable senior management (SM) who are able to make sound decision-making and employ their skills and expertise competently. By implication, in order to ensure that strategy implementation occurs in the public sector, it is essential that senior management transfer their skills employees by means of coaching and mentoring (Njoroge, *et al.*, 2015:1919). This will enable leaders and follower to successfully implement strategies to enhance service delivery and maintain the sustainability of strategies within the public sector including the Limpopo Department of Health.

Strategic management includes the four principles of management, namely, planning, organising, leading and controlling (Komingoi, 2011:1). These principles are effective for guiding the formulation and implementation of strategies in the public sector.

1.2 BACKGROUND

This study centred on probing the senior management's perceptions with regard to strategy implementation in the Limpopo Department of Health (LDoH). The Limpopo Province is one of the nine provinces of South Africa and is situated in the north region. The Limpopo Department of Health is one of the 12 departments in Limpopo Province. It operates within the five districts namely, Mopani, Vhembe, Capricorn, Waterberg and Sekhukhune. The department provides health care services to the citizens in the entire province. To support this statement above, section 27 of Constitution of the Republic of South Africa, Act No 108 of 1996 stipulates that everyone has the right to have access to health care services, including reproductive health care (Constitution of the Republic of South Africa, Act No 108 of 1996). Hence this study focused on strategy implementation which is a fundamental aspect of the department.

Strategic management process consists of the three dimensions, namely, strategy formulation, strategy implementation and strategic control, whether in the public or private sectors (Kihara, *et al.*, 2016:233; Lussier and Achua, 2016:400). These three elements are, however interrelated. The strategy formulation is the first dimension which involves setting priorities concerning how long-term objectives are to be achieved (Thompson, *et al.*, 2014:20). The second dimension, which is strategy implementation, is a subject that has not been broadly covered in the literature specifically in the public sector environment (Burke, 2016:18). Strategic management involves the "analysis, decisions and actions" which leadership need to implement in order to gain competitive edge (Njagi and Kombo, 2014:62). Hence, the primary goal of the Limpopo Department of Health is to provide efficient and effective service delivery to the citizens of Limpopo Province instead of making a profit. Strategy implementation in the public sector plays a crucial role in attaining the strategic objectives of the departments.

The senior management of the department are responsible for ensuring that strategies of the whole department are effectively and efficiently implemented. This includes the Provincial Head Office, the Districts Office, Regional Hospitals, District Hospitals,

Special Hospitals and Vertical programmes. The implementation part involves everyone in the department. The perceptions towards the implementation of strategies influence the performance of the department. Therefore, strategy implementation requires dedication and commitment so that the needs of the citizens can be satisfied.

Researchers found that the formulation of strategy is viewed as a complex element of strategic management process, for both the public and private sectors (Kordnaeij, 2016:33; Kihara, *et al.*, 2016:233; Olivier, 2015:4). Several studies have also shown that strategy implementation is the most complicated element of the strategic management process as compared to strategy formulation (Lussier and Achua, 2016:408; Burke, 2016:26; Kihara, *et al.*, 2016:233; Ochiel, *et al.*, 2016:1306; Cândido and Santos, 2015:2; Njagi and Kombo, 2014:63). Thus, this applies to both sectors. Hence, this study sought to explore senior management's perceptions with regard to strategy implementation in the Limpopo Department of Health (LDoH), that are effective and efficient in achieving organisational strategic objectives and performance.

Strategy implementation is the cornerstone of every organisation's setting i.e. public or private sectors, which is deeply embedded in organisational theory and business policy (Njoroge, *et al.*, 2015:1913). However, strategy implementation has become the major obstacle, specifically in the public sector (Ochiel, *et al.*, 2016:1306; Burke, 2016:27; Julius, 2015:72; Njoroge, *et al.*, 2015:1915). The studies revealed that 90% of the strategies in public and private sectors fail pending their implementation (Kordnaeij, 2016:31; Goromonzi, 2016:310; Cândido and Santos, 2015:2; Ehlers and Lazenby, 2010:263), just because employees do not value the strategy (Ochiel, *et al.*, 2016:1313). Hence organisational strategy has been perceived as the area of leadership (Julius, 2015:62). Njagi and Kombo (2014:63) advocate that strategy implementation has become "the most significant management challenge which all kinds of corporations face at the moment", hence lack of this leads to reduced organisational performance.

Strategy implementation in the public sector is linked to the organisational performance (Olivier, 2015:5; Njagi and Kombo, 2014:64). Leadership in the public sector needs to involve all staff in the strategy implementation process. Effective strategy implementation in the public sector enables the department to achieve its

strategic goals (Burke, 2016:33). Hence, the main goal of the public sector is to provide service delivery, rather than achieving profitability.

The triple bottom line factors are mostly considered nowadays in different sectors (Perrott, 2015:42). Perrott (2015:41) argues that effective application of the triple bottom line (TBL) contributes effectively to the sustainability of organisational strategy. This means that leadership ought to address social, economic and environmental issues pertaining to the organisation (Perrott, 2015:41). Julius (2015:69) submits that the greatest challenging factor in strategy implementation relates to improper communication channels that are being perceived. Therefore, in order for leadership to enhance strategy implementation and organisational performance, the present communication processes should be reviewed (Goromonzi, 2016:310).

A strategy is an organisation's selected plan for surpassing its rivals with the view of attaining better performance (Perrott, 2015:41). Therefore, strategy applies to profit-making and not-for-profit organisations. During the early twentieth century, administrators commenced to probe more on administration task as it relates to strategy (Seidl and Whittington, 2014:1414). However, at the commencement of the twenty-first century, the fundamental theoretical expansions that guided the re-contemplation of the modern organisation replicas included applications of intricacy philosophies of organisation, and the assessment of the interruptions that are embodied by instability (Vaara and Whittington, 2012:17; Louw and Venter, 2013:12). The developments emanating from strategy during the twenty-first century take into considerations the application of technical expertise and the capability to identify and alleviate threats within the organisation (Louw and Venter, 2013:15).

The sustainability of organisational strategies, while taking into consideration stakeholder engagement and their inclusivity in organisational activities, is imperative for the attainment of long-term objectives (Perrott, 2015:41-42; Jarzabkowski and Kaplan, 2015:3; Jarzabkowski, *et al.*, 2013:5).

1.3 PROBLEM STATEMENT

Strategy implementation has become a major challenge for both the public and private sectors (Burke, 2016:24; Olivier, 2015:99). The poor sustainability of strategies due to inefficient senior management perceptions and the poor adjustment to technological innovation and changes, as well as the lack of proper expertise are all evident in both

the public and private sectors (Ogaja and Kimiti, 2016:685). Ineffective strategy implementation, amongst others, is attributed to managerial incompetence. Hence poor leadership style, political interference, poor planning and management and also the poor allocation and distribution of resources within the public sector have all exacerbated the strategy implementation process (Njoroge, *et al.*, 2015:1915). The points highlighted above, all adversely affect strategy implementation in the public sector and therefore the overall performance of the LDoH. Subsequently, the appropriate application of the triple bottom line (TBL) factors in the public sector can overcome these obstacles. These involve the consideration of economic, social and environmental factors (Perrott, 2015:42).

Based on the challenges identified from various reports and literature, the researcher sought to investigate the senior management's perceptions concerning enhanced organisational strategy implementation and various approaches that could be employed to improve sustainability of organisational strategies in the public sector.

The research questions were pursued to explore the best strategies employed within the organisational context for improved managerial competence and hence the sustainability of strategies.

1.4 SIGNIFICANCE OF THE STUDY

Based on assessing the secondary research obtained from the literature, it seems that the present topic has not been covered in the research context and for this reason a qualitative approach was envisaged. The study intended to generate new knowledge pertaining to strategy implementation in the public sector at large. The significance and findings from this study could assist researchers and senior management to better comprehend the perceptions that are efficient and effective to effectively implement strategies.

This study is anticipated to add value to the public sector institutions (i.e. national, provincial and local governments, government parastatals, state-owned enterprises and other public entities) that are endeavouring to achieve strategy implementation in order to gain competitive advantage, and thus ensure high organisational performance. Senior management can identify sections within the public sector that require strategic improvement to achieve the medium-term strategic framework (MTSF) and other long-term objectives. Furthermore, considering the optimal

application of the triple bottom line (TBL) factors which include environmental, social and economic, can contribute to the well-being, survival and growth of the public sector institutions and hence their strategy implementation capability (Olivier, 2015:150). Finally, the need to incorporate sustainability into organisational strategies can enable senior management in the public sector to satisfy the desires of society and other various stakeholders.

1.5 THE PURPOSE OF THE STUDY

The purpose of the study was to probe the perceptions of senior managers concerning the implementation of the strategy in the Limpopo Department of Health, with the aim of contributing to body of knowledge to the field of strategic management.

1.6 OBJECTIVES OF THE STUDY

Research objectives are necessary to direct the research towards answering research questions, and therefore attaining the purpose of the study (Bryman and Bell, 2015:4). The primary and secondary objectives for this study are stated below.

1.6.1 Primary objective

Emanating from research problem, the primary objective of this study was to determine the challenges that senior management encounter in the process of implementing strategies in the Limpopo Department of Health.

1.6.2 Secondary objectives

To attain the primary objective highlighted above, the following secondary objectives were formulated:

- to identify the factors influencing strategy implementation of the LDoH;
- to determine the effects of strategy implementation on the overall performance of the LDoH; and
- to identify the tools and techniques that can assist senior management in ensuring effective strategy implementation in the LDoH.

1.7 RESEARCH QUESTIONS

This study intended to answer the following research questions:

- What are the factors that influence the strategy implementation of the LDoH?
- What effect does strategy implementation have on the overall performance of the LDoH?
- What are the tools and techniques that can help senior management in ensuring successful strategy implementation in the LDoH?

1.8 POPULATION AND SAMPLE

The total target population of this study was 120 employees of the Limpopo Department of Health. The sample size of 30 employees was contemplated, comprising middle managers from various directorates in the Provincial Head Office, Mopani District Office and eight hospitals of the Mopani District. The research methods and methodology employed in this study are discussed in detail in Chapter Three.

1.9 CHOICE AND RATIONALE OF RESEARCH DESIGN AND METHODOLOGY

Strang (2015:5) defines research methodology as a systematic and conceptual technique that structures the manner in which research is accomplished. A research design refers to the strategy that is followed in research, with the view to furnish a structure for gathering and analysing data, and addressing the research enquiry (Bryman and Bell, 2015:48). This study envisaged a qualitative approach using an exploratory survey design. Furthermore, the study was conducted within the anti-positivism philosophical assumptions. Anti-positivism involves the sympathetic intellectual capacity of human deeds instead of “forces that act on it” (Bryman and Bell, 2015:28).

The anti-positivism perspective evolves toward the authentic comprehension of emotional, communal and material phenomena which inclines to be slow and feasible (Leedy and Ormrod, 2015:26).

1.10 ETHICAL CONSIDERATIONS

Ethical permission to conduct the study was obtained from the Ethics Committee of the Limpopo Department of Health (LDoH). All participants were notified about the purpose and criteria of the study. The participants were requested to sign an informed consent form before participating in the study (Creswell, 2015:95). The consent form assured them of anonymity and the confidentiality of the research results (Bryman, 2016:133). They were also reminded that they would participate voluntarily and could

withdraw from the study at any time. Furthermore, they were assured that research results would be employed as fragment of the bigger group and not on an individual level. Moreover, they were convinced that feedback of the research would be available on their request (Eriksson and Kovalainen, 2016:176).

This study complied in all material respects with the content of the Policy on Research Ethics of the University of Limpopo. All sources utilised in this study were acknowledged and cited accordingly, and all principles of scientific honesty listed above were closely observed.

1.11 DEFINITIONS OF CONCEPTS

Research methods require that the concepts or terms used in the study be explicitly defined (Bryman and Bell, 2015:335). Definitions can be operational, theoretical or conceptual. Accordingly, the research defined concepts and relevant variables relating to senior management's perceptions and strategy implementation. The following were relevant for this study.

For the purpose of this study, **senior management** refers to a team of people occupying the highest management positions who perform management functions (planning, organising, leading and controlling) in order to satisfy the needs of various stakeholders, to enhance performance of the organisation, attain strategic objectives and gain competitive advantage. Senior management are also referred to as executives.

Strategy is an "action plan for outperforming its competitors and achieving superior profitability" (Thompson, *et al.*, 2014:4). Lussier and Achua (2016:405) define strategy as an optimal plan implemented by an organisation with the intention to attaining objectives and outstripping rivals. For the purpose of this study, strategy can be defined as an approach integrated with organisational processes aimed at satisfying the needs of different stakeholders and attaining long-term objectives.

Leadership is defined as an effort to provide support to employees and other stakeholders to attain organisational strategic goals (Ogaja and Kimiti, 2016:685). Lussier and Achua (2016:5) define leadership as the "influencing process between leaders and followers to achieve organisational objectives through change". For the

purpose of this study, leadership can be defined as the ability to direct and influence diverse workforce towards gaining competitive edge and remaining sustainable.

Strategy praxis can be defined as “actual activity, what people do in practice” (Seidl and Whittington, 2014:1410). Marietto and Sanches (2013:158) define strategy praxis as “the real work of practitioners, i.e., all the various activities involved in the deliberate formulation and implementation of strategy”. For the purpose of this study, the term praxis can be defined as the process of putting the strategy of the organisation into execution.

Strategy practices refer to the emblematic and material instruments that are used in performing the strategy (Whittington, 2014:3). Seidl and Whittington (2014:1410) define strategy practices as “shared routines of behaviour, including traditions, norms and procedures for thinking, acting and using things”. For the purpose of this study, the term strategy practices refers to actions for accomplishing strategy.

Strategy practitioners are those individuals who are directly involved with the performance of organisational strategy (Vaara and Whittington, 2012:285). Seidl and Whittington (2014:1410) define strategy practitioners as “the strategists who carry out and perform the practices”. For the purpose of this study, strategy practitioners refer to people who completely deal with the formulation and implementation of strategy.

Strategy implementation is defined as the ability of leadership to put the organisation’s policies and strategy into practice (Kordnaeij, 2016:33). Njoroge *et al.* (2015:1913) define strategy implementation as “an organisational adaptation activity through which continued organisational stellar performance can be achieved”. On the other hand, Burke (2016:33) defines strategy implementation as “organisational activities that coordinate actions across the entire organisation related to the advancement of its mission and goals”. For the purpose of this study, strategy implementation refers to the process of executing the plans and guidelines of the organisation.

Sustainability can be defined as the capability of organisation to achieve competitive edge by means of continuous response to the desires of various stakeholders (Louw and Venter, 2013:16). Perrott (2015:42) defines sustainability as “an emerging megatrend which will require organisations to adapt and innovate or be swept aside

by the forces of change” For the purpose of this study, sustainability can be defined as the process of managing and coordinating the triple bottom line of the organisation.

Organisational performance is defined as the level which enables the organisation to attain its mission by ensuring employee engagement and support (Goromonzi, 2016:309). Njoroge *et al.* (2015:1915) in their study, define organisational performance as a “function of how well an organisation satisfies its stakeholders and focuses on building closer customer relationships”. For the purpose of this study, organisational performance refers to the outcome of strategy and policy implementation.

1.12 LAYOUT OF THE MINI-DISSERTATION

The layout of the chapters is represented below:

- Chapter One introduces a brief overview of the context of the study, the problem statement and the research questions, purpose and significance, primary and secondary research objectives, the choice and rationale of research design and methodology, the definition of concepts used and the ethical considerations obtained for the study.
- Chapter Two discusses the literature review pertaining to senior management’s perceptions and strategy implementation. This includes the factors influencing strategy implementation of the Limpopo Department of Health, the effects of strategy implementation on overall organisational performance and the tools and techniques that can be used to assist senior management in implementing strategies.
- Chapter Three depicts the detailed picture of the research design and methodology employed in the study. Further, this chapter provides information on sample selection, the data collection method and techniques that is used to analyse and interpret the data.
- Chapter Four presents the data analysis and interpretation. The data is displayed in the form of tables and figures. Further, findings are used to formulate the implications of the study.

- Chapter Five discusses the limitations of the study, conclusions, the implications and also recommendations that will be made for further research.

1.13 SUMMARY

This chapter has served as an overview to the study. The background to the study, research objectives and problem statement as well as the research questions were highlighted. Further, definitions of concepts relating to the two variables, senior management's perceptions and strategy implementation, were also described. The rationale for the research design and methodology, the techniques used to collect data; and data analysis and interpretation methods have been highlighted. Finally, the chapter has also exhibited the ethical considerations and the chapter outline. The next chapter discusses the literature review pertaining to the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter introduced the study. This chapter discusses the literature pertaining to the topic. The chapter reveals the theoretical framework and development of a conceptual framework for the implementation of formulated strategies in the public sector. This literature review further reveals factors influencing strategy implementation in the public sector and tools and techniques for strategy implementation. It also identifies the challenges with regards to strategy implementation, strategy implementation practices, and the barriers to strategy implementation in public sector. It concludes by describing strategy implementation versus organisational performance and the use of the balanced scorecard as performance measures in public sector. This study sought to explore senior management's perceptions on implementing strategies in the Limpopo Department of Health.

2.2 THEORETICAL FRAMEWORK

A theoretical framework can be defined as being the plan for the overall research which provides a guideline for conducting and supporting research outline (Osanloo and Grant, 2016:13). It describes whether a research is philosophically, epistemologically, methodologically and analytically in its approach to the study as a whole (Osanloo and Grant, 2016:13). Hair *et al.* (2015:434) defines theoretical framework as the term "often used as title of a special section focusing on how the research issues have been conceptualised". This study was guided by the theoretical frameworks discussed below.

2.2.1 Practice-based view theory of strategy

The basis of strategy practice view can be traced to Vaara and Whittington (2012:294), but there has been a proliferation of theories of strategy practice i.e. the degree to which people communicate about practice in social discipline (Burke, 2016:102). Practice-based view (PBV) theory has been established as a substitute for resource-based view with the intention of expounding "performance based on things that are imitable". (Bromiley and Rau, 2016:260). By implication, the practice-based view

theory affects the Limpopo Department of Health. Strategy-as-practice (SAP) provides the elements and the degree of strategy analysis in the form of praxis, practices and practitioners (Marietto and Sanches, 2013:158). These three elements are at the heart of strategy-making i.e. strategy formulation, implementation and control (Vaara and Whittington, 2012:295). The practice-based view is linked to strategy-as-practice (praxis, practitioners and practices). Figure 2.1 depicts the process of the practice-based view model:

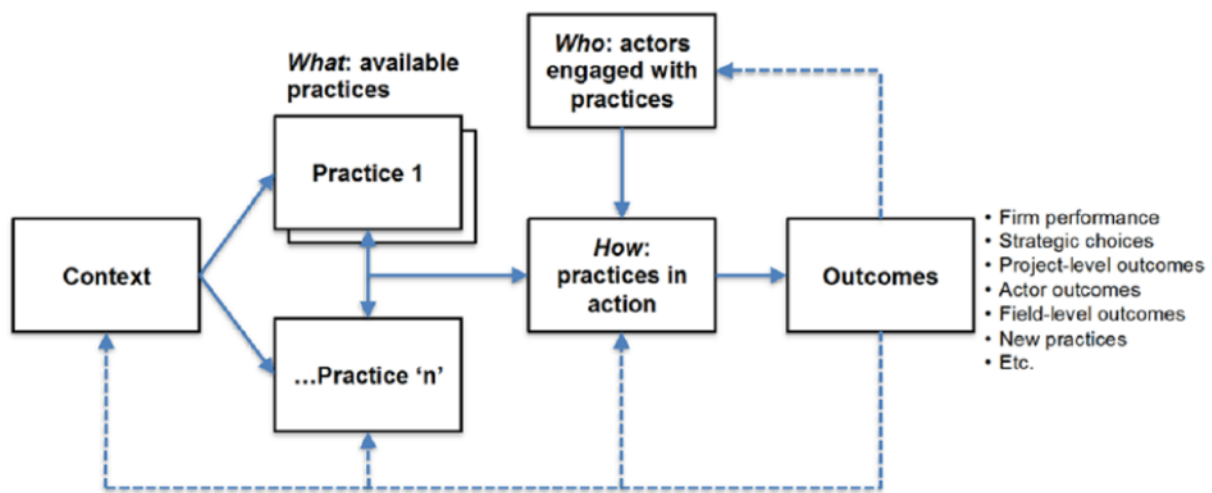


Figure 2.1: A schematic model of strategy practice (Bromiley and Rau, 2016:262).

The figure above illustrates the practitioners who participate in strategy action i.e. practice in order to attain organisational performance. Hence, the figure above portrays an intermediary between the practice in action and the performance results of the organisation. There is a close link within the strategy practice model.

The strategy tools play a significant role in ensuring that the practice of strategy transpires. Strategy tools that need to be perceived in strategy practice include Porter’s five forces and strategic group maps (Jarzabkowski and Kaplan, 2015:1-9). The authors (2015:2) focused on these tools as they systemise an understanding about strategy formulation within “structured approaches to strategy analysis”. Further, there is an emergent perception that strategy research has tended to overlook the chaotic daily realities of organisational health (Burke, 2016:32). This perception has contributed to an extreme focus by academics on exploring and comprehending the

processes and practices associated with strategy implementation (Jarzabkowski, *et al.*, 2016:273; Whittington, 2014:2; Seidl and Whittington, 2014:1409). Hence this study explores senior management's perceptions with regard to strategy implementation.

The processes and practices relating to organisational strategy should stress the underlying effects of how strategy implementation is carried out (Marietto and Sanches, 2013:158). For the practices to emerge, leaders are required to embed the processes and also scarce resources and artifacts into organisational strategies (Jarzabkowski, *et al.*, 2013:42). The researchers pinpointed the artifacts that leaders need to consider to evaluate the provision of strategy practices. These are pictures, maps, data packs, spreadsheets and graphs (Jarzabkowski, *et al.*, 2013:41). Further, in their study the authors (2013:41) highlighted the five practices that relates to strategy as: physicalising, locating, enumerating, analysing and selecting. These practices, if carried out effectively and efficiently can contribute to the day-to-day practices of strategy.

The advent of activity-based view theory of strategy, as contended by Marietto and Sanches (2013:157), is in recognition of the significance of organisation's communal needs (Seidl and Whittington, 2014:1409; Jarzabkowski, *et al.*, 2013:43; Vaara and Whittington, 2012:297) and economic analysis (Jarzabkowski and Kaplan, 2015:24). Burke (2016:35) contends that an organisation needs to contemplate a broader social needs of its clients in the process of formulating and implementing strategy i.e. stakeholder consideration in strategy-making.

2.2.2 McKinsey 7-S framework

McKinsey's 7-S framework was initiated by the consultant McKinsey from New York as an indicator of organisational usefulness and therefore this model is applicable to the public sector (Ochiel, *et al.*, 2016:1307). The framework includes strategy, structure, systems, staff, style, skills and shared values. This model helps leaders in ascertaining the fundamental components required when executing the organisational strategy (Louw and Venter, 2013:422). In addition, Higgins modified and enhanced the McKinsey 7-S framework by adding one additional element which is strategic performance i.e. the outcome of communications of the 7-S's (Kihara, 2017:29; Louw and Venter, 2013:422). This model impacts strategy implementation in the Limpopo

Department of Health. Some of these elements are discussed in section 2.5. The graphical framework is highlighted in Figure 2.2 below:

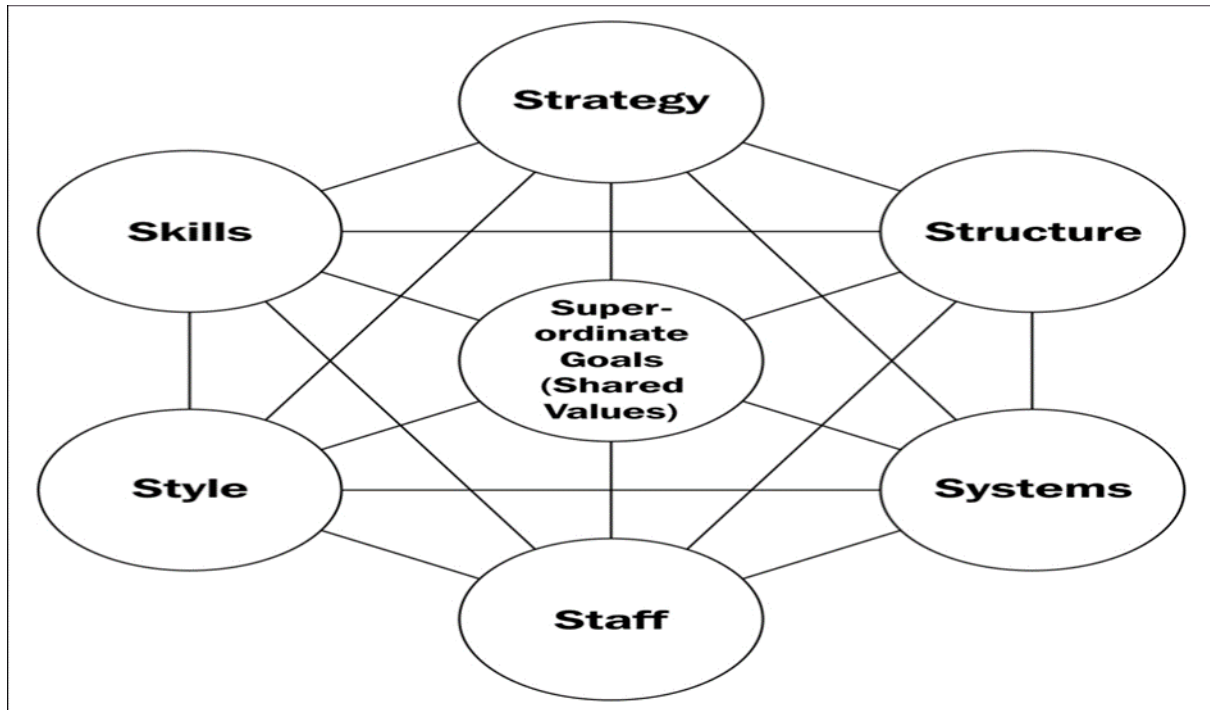


Figure 2.2: McKinsey 7-S Model (Kihara, 2017:28).

2.2.3 Resource-based view theory

The resource-based view (RBV) refers to the tangible, financial, human and other assets of the organisation (Kihara, 2017:23). The dynamic capabilities theory centres on the view that organisations endeavour to reconsider their resources in a fashion that will accommodate the environmental changes (Kihara, 2017:23). Hence, dynamic capabilities involve the process of linking, reorganising and obtaining resources in contemplation of the market changes (Vaara and Whittington, 2012:6). The organisation should acquire the resources required and apply them to establish capabilities in order to accomplish the practices which will sequentially assist in strategy implementation (Louw and Venter, 2013:236; Komingoi, 2011:12).

2.2.4 The Burke-Litwin model

The Burke-Litwin model is used to assess the performances at the individual and organisational level. The model deals with recognised changes that are specifically linked to transformational and transactional change as the two categories of change (Louw and Venter, 2013:422). Therefore, the Limpopo Department of Health should

apply this model to evaluate the performance of the organisation, based on the leadership style employed.

2.3 CONCEPTUAL FRAMEWORK

A conceptual framework is a printed or graphic portrayal that depicts either sketchily or in a descriptive form, the fundamental dimensions to be studied such as key factors or models (Kihara, 2017:34). This study has adopted the McKinsey 7-S framework as a principal of formulating a suitable conceptual framework that clarifies the strategy implementation process of the LDoH (Ochiel, *et al.*, 2016:1306). Therefore, Figure 2.3 below depicts a proposed framework for strategy implementation that guides this study.



Figure 2.3: The conceptual framework of strategy implementation (Author’s work based on the work of Kihara, 2017:34)

2.4 THE BACKGROUND OF THE LIMPOPO DEPARTMENT OF HEALTH

Limpopo Province is one of the nine provinces in the Republic of South Africa. As indicated above, The Limpopo Department of Health (LDoH) is one of the twelve Departments in Limpopo Province which is situated in the north region of the Republic

of South Africa. It operates in five districts namely, Mopani, Vhembe, Capricorn, Waterberg and Sekhukhune. The Department consists of the following facilities: two (2) tertiary hospitals, five (5) regional hospitals; three (3) specialised hospitals; thirty (30) district hospitals; and four hundred and sixty seven (467) clinics-including health centres (Department of Health, 2017). It also has at least four (4) vertical programmes namely, malaria control, a pharmaceutical depot, emergency medical services and the nursing campus. Section 27 of the Constitution of the Republic of South Africa Act No 108 of 1996 stipulates that everyone has the right to have access to health care services, including reproductive health care (Constitution of the Republic of South Africa Act No 108 of 1996).

The LDoH is governed by the applicable legislation that guide other government Departments in the Republic of South Africa especially concerning the administration part. These includes amongst others, The Constitution of the Republic of South Africa (Act No. 108 of 1996), the Labour Relations Act (Act No. 66 of 1995 as amended), Public Finance Management Act (Act No. 1 of 1999 as amended), Treasury Regulations, the Basic Conditions of Employment Amendment Act (Act No. 11 of 2002), the Employment Equity Act (Act No. 55 of 1998), Skills Development Act (Act No. 97 of 1998 as amended) etc. These laws are central laws and regulations that provide guidelines for the running of mandates in the public sector in the Republic of South Africa. However, there are also policies, strategies and procedures that supplement the laws highlighted above.

The LDoH provides free health care services to the citizens of Limpopo Province. The strategic approach of the Department is espoused in the annual performance plan (APP). The annual performance plan of the public sector is necessitated to describe particular performance targets and to detail the programmes whereby these targets will be attained in the interest of long-term objectives (National Treasury, 2015/16:232). The vision and mission statements of the LDoH are: “A long and healthy life for people of Limpopo” and “The Department is committed to provide health care service that is accessible, comprehensive, integrated, sustainable and affordable” (Annual Performance Plan, 2016/17:8). The vision statement identifies where the organisation intends to be in the future (Thompson, *et al.*, 2014:20), and the mission statement display a specific purpose that distinguishes the organisation from others (Erasmus, *et al.*, 2016:212). The Department’s function is, however, crucial to the

attainment of the National Development Plan (NDP) objectives, 2030 vision and trajectory.

The overarching outcome that the country seeks to achieve is “A long and healthy life for all South Africans” (MTSF, 2014/19:1). The NDP contends that by 2030, it is feasible to have raised the life expectancy of South Africans (both males and females) to at least 70 years (NDP, 2030:330). Over the next five years, the country will harness all its efforts within and outside the health sector, to achieve this outcome. Key interventions to improve life expectancy include addressing social determinants of health, promoting health, and reducing the burden of disease from both communicable and Non-Communicable Diseases (NCD) as well as achieving meaningful progress towards entire total coverage through the phased implementation of National Health Insurance (MTSF, 2014/19:1). However, an effective and responsive health system is essential for attaining this.

The Medium Term Strategic Framework (MTSF) of the Department (2014/19:18) highlights performance outcomes (strategic roles) based on the activities, indicators and targets for different key performance areas. This includes, amongst others: reforming of central hospitals and increasing their capacity for local decision-making and accountability to facilitate semi-autonomy, improving the quality of district hospitals, expanding provision of rehabilitation services and accessibility of primary health services to people with disabilities, and also improving financial management skills and audit outcomes of the Department.

For a fairly long time the Department was labelled as the Department of Health and Welfare. It was then changed to Department of Health and Social Development responsible for health care services and developmental and social services to the community of Limpopo Province until 2011, where the two Departments were officially separated. The core functions of the Department are carried out in the tertiary hospitals, regional hospitals, district hospitals, specialised hospitals, health centres and clinics. The Department offers a vast of health services to the community. This includes the provision of the following (Annual Performance Plan, 2016/17): allied health support services, malaria control programme, health promotion, immunisations, nutrition, pharmaceutical, nursing services, nursing training, emergency medical services, National Health Insurance (NHI) and MCHWM.

The empirical research findings underline several benefits by the democratic government towards enhancing the health status of all South Africans (MTSF, 2014/19:2-3). These includes amongst others:

- an increase in overall life expectancy from 57.1 years in 2009 to 62.9 years in 2014;
- an increase in female life expectancy from 59.7 years in 2009 to 65.8 years in 2014; and
- an increase in male life expectancy from 54.6 years in 2009 to 60.0 years in 2014.

The empirical study findings above reveal that there has been an improvement in South Africa in terms of increasing life expectancy of people for both male and female. However, the MTSF (2014/19:10) highlights that some strategies such as Non-Communicable Diseases (NCD) have been difficult to implement as it necessitates behavioural and lifestyle change. Nonetheless, specific and concrete actions are required from the health sector and its implementation partners to strengthen primary health care services, address social determinants of health and other interventions that have an impact on Non-Communicable Diseases (NCD) (MTSF, 2014/19:10).

In concluding, the view of strategy and the strategic management process (i.e. strategy formulation, implementation and control) are as significant for the public sector as in private sector. The NDP 2013 detects the necessity for the development and implementation of mechanisms to improve the efficiency and control of health care costs in the private sector as a means of reducing those costs (Zarenda, 2013:13). Furthermore, mechanisms need to be implemented to enhance efficiencies and the control of those spiralling costs in private health care (Zarenda, 2013:13). However, the South African health system is obliged to comply with the principles of primary health care and the district health system (NDP, 2013:330). The NDP raise a concern about capacitating of specialists in South Africa, which inspires the continued production of systems specialists, and which is not consistent with the needs of the country (NDP, 2013:41). The contributing challenge is the lack of continuous training and the development of health professionals in order for them to adapt to changes arising from outside the Department. In order to resolve this challenge, the Department

should source additional funds either from the donors or by means of grants from National Treasury.

2.5 TOOLS AND TECHNIQUES FOR SUCCESSFUL STRATEGY IMPLEMENTATION IN THE PUBLIC SECTOR

There are various tools and techniques used in strategy implementation in the public sector including the LDoH, such as annual objectives, policies and functional strategies (Komingoi, 2011:12-15). These are discussed below:

2.5.1 Annual objectives

According to Komingoi (2011:12); annual objectives are necessary for strategy implementation because they:

- represent the basis for allocation of resources;
- are primary mechanisms for evaluating managers;
- are the major instruments for monitoring progress towards achieving long-term objectives; and
- establish organisational, divisional and Departmental priorities.

2.5.2 Policies

Policies refer to the processes or procedures that direct the organisation in accomplishing its mandate (Ehlers and Lazenby, 2010:176). Policies are referred to as declaration of intent within the organisation (Ehlers and Lazenby, 2010:532). According to Komingoi (2011:12) policies are there to “set boundaries, constraints and limits on the kind of administrative actions that can be taken to reward or sanction behaviour; they clarify what can and cannot be done in pursuit of the organisation’s objectives”. Policies enable leaders to make reasonable decisions in order to attain the strategic objectives of the organisation (Erasmus, *et al.*, 2016:220). On the other hand, policies and procedures should be reviewed regularly to ensure that they sustain strategy implementation process (Lussier and Achua, 2016:409; Olivier, 2015:158).

2.5.3 Functional strategies

Functional strategies refer to the key regular activities that take place in every functional area within the organisation with the view of attaining the selected strategies (Louw and Venter, 2013:530). According to Ehlers and Lazenby (2010:342), functional

strategies vary from grand or business strategies in terms of “time horizon, specificity and participation”. However, these strategies should conform to the predetermined strategic objectives and grand strategies of the organisation (Olivier, 2015:122; Komingoi, 2011:14).

2.6 FACTORS INFLUENCING STRATEGY IMPLEMENTATION IN THE PUBLIC SECTOR

The key dimensions influencing strategy implementation in public sector including the LDoH are organisational structure, systems, styles, culture, people, communication, control, time and resources (Kihara, 2017:25). These are discussed below:

2.6.1 Organisational structure

Organisational structure is crucial to strategy implementation. It is a design or framework that enables the strategic processes to operate in order to attain organisational objectives (Louw and Venter, 2013:534). Organisational structure can be regarded as one of the substantial internal strengths that facilitate strategy implementation and organisational performance (Kihara, 2017:106; Olivier, 2015:106).

2.6.2 Systems

The organisation should have up-to-date systems to support strategy implementation. Systems is a mixed technique comprising of mutual and interactive mechanisms of the organisations (Louw and Venter, 2013:534). Generally, systems such as reward fulfil a pivotal role in motivating employees in terms of strategy implementation in the public sector (Alam and Islam, 2017:8; Olivier, 2015:159). Stewart (2014:242) has expressed related concerns, indicating that “public sector innovation is particularly dependent upon the motivation of public servants and may therefore be more vulnerable than in the private sector due to a lack of incentives”. Research findings by Yuliansyah *et al.* (2017:67) advocate that employees who are highly motivated commit themselves to their work so that they can furnish high quality services to customers. In addition, Stewart (2014:241) reveals that flexible support systems in every directorate in the public sector such as human resource (HR), finance and information technology (IT) are fundamental in the implementation of strategy, change and innovation. Frank (2014:53) contends that a proper reward system should be implemented in order to

motivate employees and critically improve strategy execution in public sector organisations.

2.6.3 Styles

Different organisations adopt different styles. Styles refers to a “set of behaviour that are consistent over time and define the manner or approach adopted by the person in their roles” (Louw and Venter, 2013:534). Consequently, leadership behaviour and groups with balanced leadership styles may also be important in strategy implementation in the public sector (Stewart, 2014:241).

2.6.4 Culture

Culture is a set of beliefs, standards and norms that are deeply embedded to the employees of the organisation (Louw and Venter, 2013:532). On the other hand, Goromonzi (2016:308) succinctly defines organisational culture as “the shared values and norms of the organisations members”. There is a link between organisational culture, strategy implementation and performance in the public sector (Goromonzi, 2016:309). However, organisational culture as a dimension of strategy implementation in public sector has an influential effect on organisational “processes, employees and performance” (Alam and Islam, 2017:3). Furthermore, culture needs to be aligned with the organisational strategies, vision and values (Lussier and Achua, 2016:359; Olivier, 2015:157).

2.6.5 People

Strategy-as-perspective (SAP) perspectives focus on the participants in endeavouring to implement organisational strategies (Bromiley and Rau, 2016:265). The term people in this study refer to the human resources that perform duties associated with the implementation of strategy. A study by Kihara (2017:106) revealed that human resources is a fundamental dimension that steers strategy implementation in the public and private sectors, and thus organisational performance. The extensive training and development strategy of employees, including leaders needs to be consciously effected to support effective strategy implementation in the public sector (Olivier, 2015:173; Frank, 2014:54; Van Wart, 2013:557). However, the absence of employee involvement slows down strategy implementation as employees feel side-lined (Goromonzi, 2016:314).

2.6.6 Communication

Communication plays a significant role in disseminating information and knowledge in the process of strategy implementation (Lussier and Achua, 2016:185). Communication is a means of imparting thoughts by ways of interchanging the information (Burke, 2016:30). However, an ineffective communication process creates complexity in endeavouring to implement organisational strategies (Goromonzi, 2016:314). An effective strategy should simultaneously put emphasis on implementation and communication (Alam and Islam, 2017:6). Further, effective communication, employee involvement and team spirit in strategy implementation in the public sector is substantial for improving performance (Olivier, 2015:197; McAdam, *et al.*, 2013:431). Teamwork is a contributory dimension to attaining the objectives of the organisation. In addition, communication is a key issue that pertains to strategy implementation in public service (Jiang and Carpenter, 2013:9). Similarly, the lack of communication strategy could be seen as possible reason that impede proper strategy implementation (Jiang and Carpenter, 2013:9).

2.6.7 Control

Stewart (2014:246) submits that the solid control of the flow of information and financial resources is vital in the public sector environment. Stewart (2014:247) further declare that leaders in the public sector need to constrict control and maintain flexibility and capability of employees in strategy implementation. Control involves assessing management's field of control such as human resource, financial, information and physical resources control (Erasmus, *et al.*, 2016:264). According to Erasmus *et al.* (2016:265-266) the purpose of control includes the following:

- control is connected with planning, organising and leading;
- control helps organisations to adapt to changes in business environment;
- control helps to limit the accumulation of error;
- control helps to reduce costs; and
- control helps organisations to cope with rising organisational size and complexity.

2.6.8 Time

Time is another dimension that can impede effective strategy implementation in the public sector (Lussier and Achua, 2016:409; Jiang and Carpenter, 2013:5). Fassauer and Schirmer (2008:11) submit that leaders in the public sector dedicate themselves in political interventions and games, and spend much time on that, which then adversely affects their role of implementing change and strategies in the public organisations. Lussier and Achua (2016:409) argues that time plays a pivotal part in strategy implementation and needs to be saved.

2.6.9 Resources

Organisational resources can be human or financial (Melton and Meier, 2017:128). The organisation requires ample resources to utilise in strategy implementation process (Goromonzi, 2016:313; Olivier, 2015:82). However, institutions in the public sector encounter huge challenges in the process of strategy implementation which involves distribution of scarce resources, motivation of employees and politics (Alam and Islam, 2017:6; Franks, 2014:52). Resources such as leadership knowledge and time are always needed to carry out any uncertainties that may arise during implementation process (Fassauer and Schirmer, 2008:13).

2.7 CHALLENGES OF STRATEGY IMPLEMENTATION IN THE PUBLIC SECTOR

Challenges of strategy implementation in public sector including the LDoH are linking strategy formulation and implementation, resource allocation, matching structure with strategy, and creative strategy supportive culture (Komingoi, 2011:18-20; Jiang and Carpenter, 2013:7). The leaders should have the ability to apply their distinctive capabilities to furnishing a basis for competitive edge (Lussier and Achua, 2016:409; Louw and Venter, 2013:237; Komingoi, 2011:9). These challenges are stressed below:

2.7.1 Linking strategy formulation and implementation

Burke (2016:17) argues that linking between strategy planning and implementation continues to be a fundamental challenge for both the private and public sectors. Researchers have found that the formulation of strategy is viewed as a complex element of strategic management (Kordnaeij, 2016:33; Kihara, *et al.*, 2016:233). Similarly, several studies have shown that strategy implementation is the most complicated element of strategic management process, as contrasted with strategy

formulation (Lussier and Achua, 2016:408; Burke, 2016:26; Kihara, *et al.*, 2016:233; Ochiel, *et al.*, 2016:1306; Cândido and Santos, 2015:2; Njagi and Kombo, 2014:63). For the reasons listed above, it is not easy to link strategy formulation and implementation.

2.7.2 Resource allocation

Every organisation has at least four kinds of resources namely, human, financial, physical and technological resources (Erasmus, *et al.*, 2016:182; Louw and Venter, 2013:235; Komingoi, 2011:18; Ehlers and Lazenby, 2010:335-336). Resource allocation has been considered to be a major challenge to effective strategy implementation (Ehlers and Lazenby, 2010:335). Nonetheless, if the key focus of strategy is allocating scarce resources to various directorates, then strategy implementation becomes a priority in the public sector (Burke, 2016:106). Resource allocation is a fundamental leadership activity that is a prerequisite for successful implementation in the public sector, and thus efficient management of strategy enables resources to be distributed according to priorities based on annual objectives (Komingoi, 2011:18-19).

2.7.3 Matching structure with strategy

A change in organisational strategy often necessitates changes in the way in which organisational design is planned (Komingoi, 2012:19). However, when there is no close-fit between strategy and structure, this may negatively affect organisational performance in the sense that there will be contradictory priorities pertaining to strategy implementation tasks (Ehlers and Lazenby, 2010:320). Thus, an organisational structure is defined as a “framework within which the strategic process must operate to achieve the organisation’s goals” (Ehlers and Lazenby, 2010:320).

2.7.4 Creating a strategy supportive culture

The success of strategy implementation depends on key success factors which are ascertained by the cultural background of the public sector (McAdam, *et al.*, 2013:427). However, there is a necessity for leadership in public sector to essentially alter a diverse culture by means of “facilitating a culture shift” if the status quo does not yield required strategic outcomes (Jiang and Carpenter, 2013:13). Lussier and

Achua (2016:409) argue that “a supportive organisational culture enhances the success of strategy execution”.

2.7.5 Managing diversity

Leading the diverse environment becomes a main challenge for the public sector’s leadership (Jiang and Carpenter, 2013:7). A study finding by Goromonzi (2016:308) asserts that a culture can create strategy implementation challenges as a result of compelling employees to adjust in diversity between individual objectives and organisational strategic objectives. If the teamwork is being encouraged, organisations can overcome these challenges. Hence, a diverse workforce can produce a sound decision-making process and improve products and services that satisfy the desires of customers (Njoroge, *et al.*, 2015:1919).

2.8 STRATEGY IMPLEMENTATION PRACTICES IN THE PUBLIC SECTOR

Leadership is at the heart of the public sector administration’s affairs that concerns the linkage between the democratic system and the administration of the processes (Ospina, 2016:276). In spite of the complexity of the public sector and the significance of public administration, there have been limited studies that focused on the perceptions of senior management on strategy implementation (Melton and Meier, 2017:118). In addition, leaders in the public service require the capability of initiating and implementing policies and attracting scarce resources (Melton and Meier, 2017:119; Komingoi, 2011:9; Olivier, 2015:137).

Senior management in the public sector administration had been categorised as the public managers in a revolutionised business environment (Ospina, 2016:276). Leaders had been exemplified by numerous aspects which include amongst others; accountability and the responsibility of directing organisation in order achieve the strategic objectives (Melton and Meier, 2017:122). Figure 2.4 below shows the strategy-making as a continuous process for both public and private sectors.

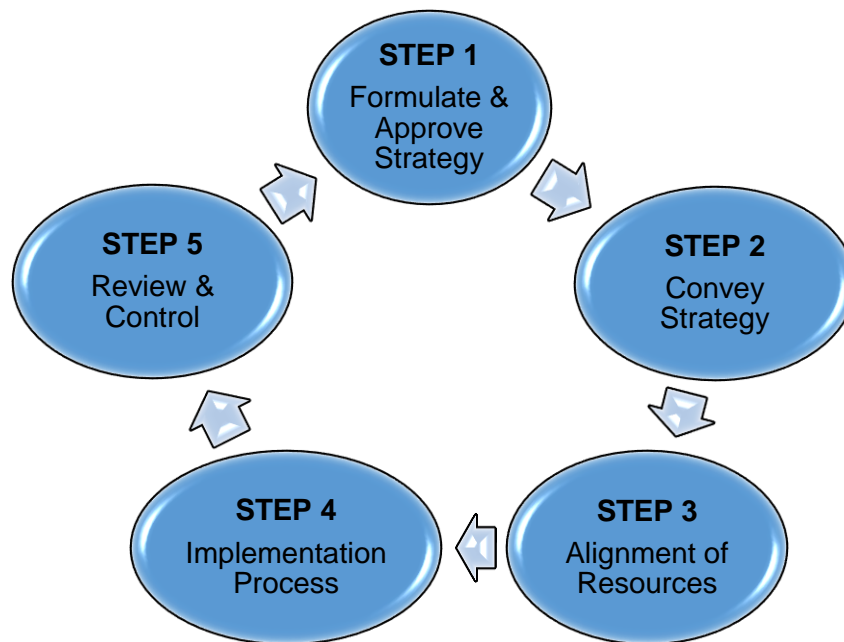


Figure 2.4: Steps of strategy-making as a continuous process (Author’s work)

2.9 LEADERSHIP STYLE AS A ROLE OF LEADERSHIP IN STRATEGY IMPLEMENTATION

Leadership style contributes in driving the strategy implementation of the organisation for both the private and public sectors (Kihara, 2017:17). Leadership style refers to “the consistent pattern of behaviour exhibited by leaders when relating to subordinates and others. The Major issues include the way in which leader’s presents, communicate and control the people or situation” (Kihara, 2017:4). The kinds of leadership style includes transformational, transactional and laissez-faire (passive avoidant) (Lussier and Achua, 2016:328; Dajani and Mohamad, 2016:43; Louw and Venter, 2013:425). They are described below.

2.9.1 Transformational leadership

Transformational leadership can be defined as the process of transition whereby leadership moves from the current operation to innovative way of thinking and doing things (Kihara, 2017:201). In transformational leadership, leaders and followers are able to elevate each other to the point where “high morality and motivation” are attained (Erasmus, *et al.*, 2016:251). Further, transformational leadership are able to communicate objectives, interact with the followers and reduce political control (Van Wart, 2013:55). Van Wart (2013:558) further highlight that findings reveal that

leadership in public sector require that transformational and transactional leadership should complement each other, as both transformational skills and transactional skills are necessitated. According to Dajani and Mohamad (2016:43), there are five dimensions of transformational leadership and these are:

- **Idealised influence behaviour and attributes** which connotes the charismatic or emotional aspect of leadership;
- **Inspirational motivation** that is descriptive of leaders who inspire and motivate followers and are capable of communicating high expectations to them;
- **Intellectual stimulation** includes leaders who support their followers to try innovative methods towards problem-solving; and
- **Individualised consideration** exists when leaders act as coaches and advisors who address each follower in accordance to his or her particular needs capabilities.

2.9.2 Transactional leadership

The transactional leadership style became appropriate in public organisations from 1950s to 1970s, thereafter the emphasis on transformational leadership on transition specifically fits a more turbulent world (Van Wart, 2013:558). Transactional leadership refers to meeting the anticipations of the followers in order to maximise performance of the organisation (Kihara, 2017:201). Transactional leadership centres on the exchange between the leader and follower wherein the leader simplifies what is required of the follower and ensure that the outcome of obligations are met (Louw and Venter, 2013:425).

Furthermore, transactional leadership stimulate the followers by engaging their self-interest for example, corporate leaders exchanging pay and status for work effort (Erasmus, *et al.*, 2016:251). According to Dajani and Mohamad (2016:43), transactional leaders are “those who basically operate within the existing culture as opposed to those who try to change the culture to meet new expectations”. There are three factors of transactional leadership style and these are contingent reward, management by exception (active) and management by exception (passive) (Dajani and Mohamad, 2016:43).

- **Contingent reward** is the effective dimension of leadership whereby the leaders remunerate subordinates for achieving the objectives (Louw and Venter, 2013:425).
- **Management by exception (active)** occurs when leaders enthusiastically oversee the work of the subordinates in an attempt to identify and avoid mistakes (Louw and Venter, 2013:426).
- **Management by exception (passive)** takes place when leaders respond and interfere in the work of subordinates only when mistakes emerge (Louw and Venter, 2013:426).

2.9.3 Laissez-faire (passive avoidant) leadership

Laissez-faire is the leadership style which is “more quiet and reactive in nature” (Kihara, 2017:201). In other words, laissez-faire is a lack of leadership and non-leadership at the same time (Dajani and Mohamad, 2016:43; Louw and Venter, 2013:426). Laissez-faire leaders are hesitant in nature and avoid making decisions in the organisation.

2.10 BARRIERS TO STRATEGY IMPLEMENTATION IN THE PUBLIC SECTOR

Ehlers and Lazenby (2010:263) have identified at least four barriers to strategy implementation and these barriers are: vision barrier, people barrier, management barrier and resource barrier. These barriers to strategy implementation are illustrated in Figure 2.5 below:

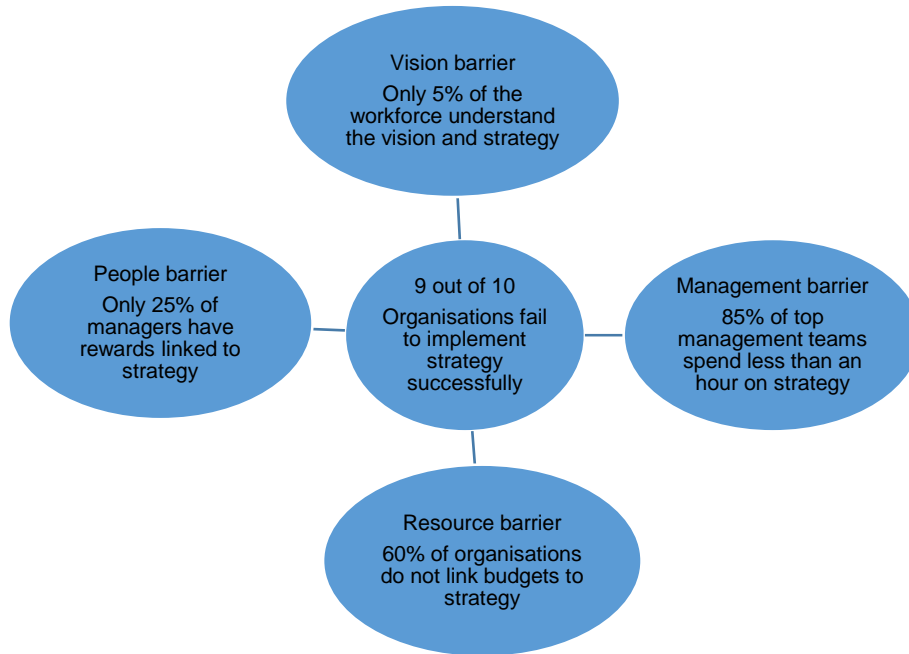


Figure 2.5: Barriers to strategy implementation (Ehlers and Lazenby, 2010:263)

The figure above reveals each barrier with an explanation of how strategy implementation is perceived within the organisation. In terms of the **vision barrier**, it is explicit that a small number (5%) of employees of the organisation's employees are able to understand the vision and strategy. This means that it is the responsibility of the senior management to ensure that the entire workforce is informed as far as the vision and strategy is concerned. As for the **people barrier**, this study findings further revealed that only one quarter (25%) of managers have linked rewards to strategy. As result, 75% of managers do not link the rewards systems to the strategy, and this prevents a successful implementation of the strategy. The **management barrier** indicates that 85% of executives' teams spend less than one hour on strategy. It is clear that they are not dedicated and committed to strategy implementation. Lastly, for the **resource barrier**, it is stated that 60% of organisation do not link budgets to strategy, hence strategy implementation failure occurs.

Barriers to strategy implementation include change, power struggles and conflicts of interest (Frank, 2014:50; Jiang and Carpenter, 2013:6; Fassauer and Schirmer, 2008:21). These are discussed below.

2.10.1 Change

Strategic change refers to the process of influencing and engaging the workforce to contribute in transforming the status quo of the organisation and refocusing on the desired future state (Ehlers and Lazenby, 2010:265). The major obstacles to failure of strategy implementation and change in public sector are resistance and influence of politics (Fassauer and Schirmer, 2008:11). Political changes have an adverse impact on strategy implementation in the sense such changes involve leaders in the public sector (Ladner, 2016:324). Research findings by Van Wart (2013:558) demonstrate that “the acceptance of change is even more important in the public sector than in the private sector, where chief executive officers have more power to drive reforms through unilaterally”.

2.10.2 Power struggles

Power refers to the capability of leadership that aims to alter the behaviour of employees in the organisation (Erasmus, *et al.*, 2016:246). Ladner (2016:317) states that power relations and political instability have an impact on both individual employees and teams, and thus also policy on implementation within public sector background. Furthermore, some leader’s power to influence people arises as a result of applying political interventions (Olivier, 2015:103; Ehlers and Lazenby, 2010:273). There are different types of power that contribute to strategy implementation in the organisation namely, legitimate power, reward power, coercive power, referent power, expert power, information power and connection power (Lussier and Achua, 2016:146-150; Erasmus, *et al.*, 2016:247). These are highlighted below.

- **Legitimate power** is the power “based on the user’s position power, given by the organisation” (Lussier and Achua, 2016:146). The leader uses this power to control followers, processes and systems of the organisation.
- **Reward power** is the power “based on manager’s ability to influence employees with something of value to them” (Erasmus, *et al.*, 2016:247). Reward power enables the followers to be compensated for the work being performed (Olivier, 2015:120). These can be monetary or non-monetary rewards.
- **Coercive power** entails the “punishment and withholding of reward to influence compliance” (Lussier and Achua, 2016:148). This type of power adversely

affects the followers because it can lead to trauma and other stress-related activities such as depression and fear (Olivier, 2015:120).

- **Referent power** refers to “a manager’s personal power or charisma” (Erasmus, *et al.*, 2016:247). It relates to the interpersonal relationship that the leader displays to the followers.
- **Expert power** refers to the power which is coupled with a leader’s ability to apply expertise in an organisation (Lussier and Achua, 2016:149). This type of power enables a leader to transfer knowledge and skill to the followers through coaching and mentoring.
- **Information power** involves the capability of the leader to share information with the followers using various communication strategies (Lussier and Achua, 2016:150).
- **Connection power** is the power “based on the user’s relationship with influential people” (Lussier and Achua, 2016:150). Eventually, this power enables a leader to connect and network with different stakeholders (both internal and external).

2.10.3 Conflicts of interest

Conflicts of interest usually take place in the public sector wherein leadership manipulate systems for their own benefits, non-compliance in terms of policies and procedures of the Department. The political and administration part conflicts with each other because leaders have motive behind their self-interest of benefiting at the expense of taxes of citizens (Lussier and Achua, 2016:154). Furthermore, Lussier and Achua (2016:154) argue that leaders use co-optation as a means of fulfilling their own desires. Co-optation refers to the process of “buying off of informal leaders by giving them personal rewards to accept and promote change” (Ehlers and Lazenby, 2010:272). However, this method can lead to moral uncertainty which in turn provokes complaints and criticisms against the leader.

2.11 STRATEGY IMPLEMENTATION AND ORGANISATIONAL PERFORMANCE IN THE PUBLIC SECTOR

The study by Alam and Islam (2017:8) has identified several indicators and variables that exhibit organisational performance in the public sector. These include strategy, leadership, employees, structure, quality, performance measurement, innovation and

development, information technology, corporate governance and external factors. Alam and Islam (2017:8) argue that regular employment of these indicators precisely stabilises the linkage between strategy implementation and organisational performance. Hence the quality performance depends on tight integration of the indicators and variables highlighted above.

The study findings by Goromonzi (2016:308) assert that organisational performance necessitates the organisational credo whereby employees are ready to accept change as part of strategy implementation. Furthermore, performance is associated with effective reward systems such as rewarding individual performance and other incentives (i.e. services bonuses and financial rewards) (Alam and Islam, 2017:8; Lussier and Achua, 2016:409). However, in order to implement attractive performance-based rewards, it is considered that a robust alliance of change of supporters in strategy implementation is necessitated to enable effective change, and thus leadership in public sector should embrace everyone including politicians (Fassauer and Schirmer, 2008:13).

2.12 THE USE OF THE BALANCED SCORECARD AS A PERFORMANCE MEASURE IN THE PUBLIC SECTOR

The performance measurement system in the public sector plays a crucial part in strategy implementation (Northcott and Taulapapa, 2012:169). A balanced scorecard forms part of those performance measurement system. The balanced scorecard (BSC) can be defined as “a strategic management tool that is useful for guiding, controlling and challenging an organisation towards realising as shared conception of the future” (Louw and Venter, 2013:528). The balanced scorecard, according to Gunarsih *et al.* (2015:67) is defined as “a set of measures that gives top manager a fast but comprehensive view of the business, which includes financial measures that tell the results of actions already taken, complements the financial measures with operational measures on customer satisfaction, internal processes and the organisation’s innovation and improvement activities-operational measures that are drivers of future financial performance”. The balanced scorecard helps appraise the organisation’s financial and long-term goals (Lussier and Achua, 2016:411).

Generally, the balanced scorecard is constructively linked to the organisational performance (Yuliansyah, *et al.*, 2017:59). It further assists leadership to discuss and

implement the strategy of the organisation in public sector (Chimtengo, *et al.*, 2017:85). Louw and Venter (2013:267) contend that the generic competitive strategies such as cost leadership and differentiation contributes to the enhancement of organisational performance. However, these strategies are also applicable to public sector setting. The balance scorecard comprises four perspectives namely, financial, customer, internal business processes and learning and growth perspectives (Hu, *et al.*, 2017:666; Olivier, 2015:185; Gunarsih, *et al.*, 2015:65; Louw and Venter, 2013:119). These are discussed below.

2.12.1 Financial perspective

The financial perspective reveals the selected strategies that are adopted in another perspectives such as customer, internal business processes and learning and growth and thus provide information on whether the strategy implementation can play a role in yielding better performance outcome (Chimtengo, *et al.*, 2017:86). The measurement of financial information enables the organisation to determine its financial status i.e. growth or deterioration. As a result, the scarce financial resources can be allocated appropriately within the organisation.

2.12.2 Customer perspective

As for customer perspective, Yemeshvary and Palo (2013:175) suggest that the public sector balanced scorecard can be amended to cater for the variety of services, consumers and other stakeholders. These authors (2013:175) advocate that the public sector balanced scorecard can be revised in order to take into account the performance perspective not included in the original framework. Apart from that, the organisation should ensure that the products or services offered suit the customer's needs. This will enhance the profitability of organisation and remain sustainable in the market place. It is therefore important to conduct a customer satisfaction survey to ascertain their desires.

2.12.3 Internal business process perspective

Internal business processes involve the crucial procedures that steer the customer satisfaction and ultimately the financial results (Chimtengo, *et al.*, 2017:87). The three perspectives (i.e. financial, customer and internal business process) are interlinked. Therefore, the organisation requires that financial activities are embedded in the

internal business process in order to satisfy the needs of customers and other stakeholders. However, tight internal business process contributes to ascertaining the organisational performance in public sector (Gunarsih, *et al.*, 2015:67). Internal business processes include aspects such as quality, capabilities, technology and innovation, systems, resources, organisational credo, structures, strategies and leadership style.

2.12.4 Learning and growth perspective

Learning and growth refers to the recognition of various proficiencies and processes that control the public sector to enhance its internal business processes (Chimtengo, *et al.*, 2017:87). The research findings by Northcott and Taulapapa (2012:175) highlight that continuous learning strategy needs to be in place to enhance the balanced scorecard implementation in public sector. This means that employees should be given the opportunity to advance themselves academically in order to contribute to the quality performance of the organisation. It can be done through coaching, mentoring and the appointment of external training service providers.

2.13 CHALLENGES ASSOCIATED WITH BALANCED SCORECARD IMPLEMENTATION IN THE PUBLIC SECTOR

There is a knowledge gap in terms of the balanced scorecard initiation and implementation in public sector (Northcott and Taulapapa, 2012:169). However, insufficient time and ineffective implementation of the scorecard are attributed to improper reward systems and individuals resistance to change (Hu, *et al.*, 2017:672). Figure 2.6 below depicts the processes of engaging employees with the strategic focus and implementation of balanced scorecard until the objectives are attained in the public sector. However, proper linkage of these theoretical framework and successful implementation of the balanced scorecard objectives are vital for improving performance of the organisation (Yemeshvary and Palo, 2013:304).

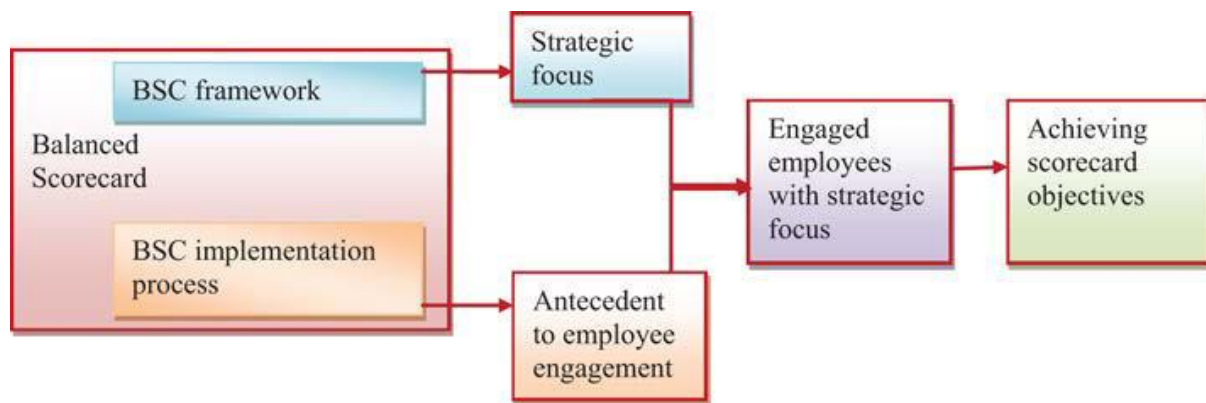


Figure 2.6: A theoretical framework showing the link to employee engagement (Yemeshvary and Palo, 2013:303).

The study by Northcott and Taulapapa (2012:169) has identified at least three challenges associated with balanced scorecard implementation in public sector. These are highlighted below.

2.13.1 Poor information systems

The study findings by Hu *et al.* (2017:675) support the fact that there are significant implications for creators and implementers of management information systems in public sector. This is dynamic as it emphasise the fact that “success in strategy implementation can be increased just by changing the design and information content of a cockpit”. The study by Holohan and Mcdonagh (2017:4) focused on the establishment of the practice-based mid-range theory fostering the linkage between information systems and strategic alignment in the public service organisations.

2.13.2 Poor measures

A research by Northcott and Taulapapa (2012:171) suggests that most of leadership in public organisations are unable to measure performance appropriately using the balanced scorecard tool. However, this might be caused by lack of knowledge, expertise and competencies. As a result, an extensive training and development of senior management is essential (Frank, 2014:54). The literature point of view, Holohan and Mcdonagh (2017:5) found that in public service organisations “strong emphasis exists on measuring organisation level strategic alliance in the pursuit of increased organisation performance”.

2.13.3 Problems with defining the customers and their needs

The other challenge associated with the implementation of the balanced scorecard is defining the customers and their desires. Customers are the heart of both private and public sectors (Northcott and Taulapapa, 2012:175). The survival and growth of every organisation depend on offering quality goods and services to customers, meet their expectations and enhance their satisfaction (Hu, *et al.*, 2017:688).

2.14 SUMMARY

This chapter discussed the literature review that pertains to strategy implementation mainly in the public sector. This chapter has also focused on revealing pertinent information relating to strategy implementation of the Limpopo Department of Health. This chapter provided a detailed discussion of the theoretical framework, conceptual framework, the tools and techniques for successful strategy implementation, factors influencing strategy implementation, strategy implementation practices in the public sector, leadership styles as part of strategy implementation and barriers to effective strategy implementation in the public sector. The next chapter describes the research methods and methodology employed in order to address the research problem.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter presented the literature review pertaining to senior management's perceptions with regard to strategy implementation. It furnished the theoretical base for conducting the primary research. However, the focus of this chapter was on discussing the research methodology that was employed in this study in order to find answers to the research problem. The primary objective of this study was to determine the challenges that leadership encounter in the process of endeavouring to implement strategies in the LDoH. In this chapter, the research methodology and design including the philosophy of research, research plan, sampling methods, data collection and data analysis will be discussed thoroughly. Furthermore, the reliability and validity of the study will be also described.

3.2 RESEARCH METHODOLOGY AND DESIGN

Research methodology refers to the systematic and conceptual technique that establishes the manner in which a research or investigation is accomplished (Strang, 2015:5). The methods and techniques employed in this study are discussed below.

3.2.1 The philosophy of research

The research philosophy which the researcher employs play a significant role in achieving the objectives of the study. The assumptions strengthen the research approach and techniques applied in the study. The study by Leedy and Ormrod (2015:25-26) identified three philosophical assumptions underlying research methodology namely, positivism, post-positivism and constructivism. This study was conducted within the anti-positivism philosophical assumptions.

Positivism refers to the research paradigm that prefers the use of techniques to discover the relationship between the variables (Eriksson and Kovalainen, 2016:68). In contrast, anti-positivism refers to the "philosophical perspective based on the ideas that progress toward an accurate understanding of a phenomenon is likely to be gradual and probabilistic and a truly complete understanding of the phenomenon may ultimately be impossible" (Leedy and Ormrod, 2015:25). On the other hand,

constructivism refers to the philosophy that already exists which supports that meaning is detected and established autonomously (Creswell and Poth, 2018:105).

Anti-positivism is also referred to as interpretivism (Bryman, 2016:26). The anti-positivism perspective evolves toward the authentic comprehension of emotional, communal and material phenomena which inclines to be slow and practical (Leedy and Ormrod, 2015:26). The research by Bryman (2016:26) reveals that anti-positivism paradigm is alarmed with the imagined cognisance of human deeds instead of influences “that are deemed to act on it”.

3.2.2 Research design and plan

The focus of this study was in the Limpopo Department of Health (LDoH). There are two approaches to research namely, qualitative and quantitative (Creswell and Poth, 2018:48; Hair, *et al.*, 2015:145). A qualitative approach explores the research problem with the view to building knowledge on specific phenomena (Eriksson and Kovalainen, 2016:45). In contrast, quantitative research contemplates analysing numeric data through the use of statistical procedures (Hair, *et al.*, 2015:145). However, in this study, a qualitative approach adopting an exploratory design was employed. A survey method of collecting data was applied. The qualitative approach put great emphasis on understanding the experiences relating to human social behaviour (Cassell, 2015:142). The benefits of employing the qualitative approach include exploration, multifaceted description, verification, theory development, problem identification and evaluation (Leedy and Ormrod, 2015:271).

There are two basic developmental research methods in terms of time scale that have been developed to describe changes or variations in behaviour, namely, longitudinal and cross-sectional (Salkind, 2012:328). The longitudinal study measures the extent to which variations in behaviour in a single group or themes are considered more than once in time (Hair, *et al.*, 2015:451). In contrast, a cross-sectional study is done at one point in time (Salkind, 2012:648). For the benefit of this study, a cross-sectional study was employed. According to Salkind (2012:330) the benefits of employing a cross-sectional study include: the short time span, low dropout rate, low cost and it requires no long-term administration or co-operation between staff and participants.

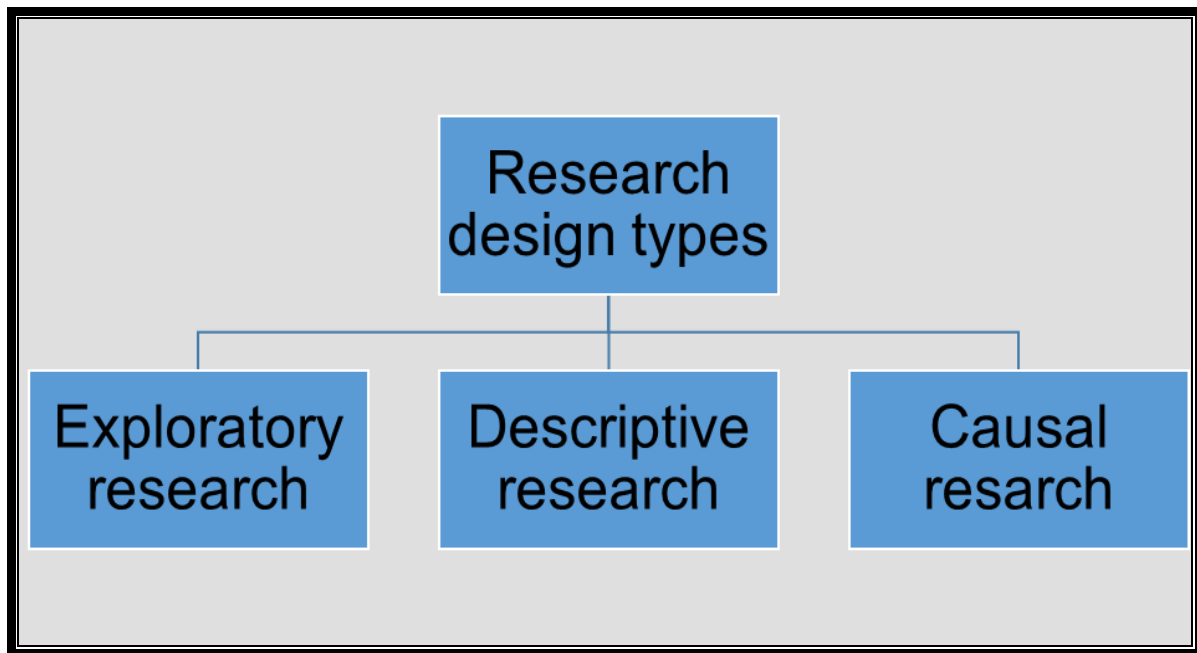


Figure 3.1: Types of research designs (Babin and Zikmund, 2015:53).

Figure 3.1 above depicts the three kinds of research designs, namely, exploratory, descriptive and causal designs. These research designs are crucial when addressing a research problem. Exploratory design is a research in which the qualitative data is being gathered in endeavour to communicate the formulation and execution of data collection (Bryman and Bell, 2015:70). A descriptive design allows the researcher to draw inferences regarding the present status of the situation (Leedy and Ormrod, 2015:386). On the other hand, causal research explores different causes arising from a pre-defined effect (Strang, 2015:89). As indicated above, an exploratory design was envisaged. Exploratory research is performed when the study has received inadequate evidence that pertain to a specific research problem (Hair, *et al.*, 2015:448). It is, however, also used to build understanding of a particular research problem (Creswell and Poth, 2018:135). The exploratory design helped the researcher to gather detailed data regarding senior management's perceptions with regard to strategy implementation in the LDoH.

An inductive process was followed in this study. According to Bryman (2016:16), an inductive approach refers to "the relationship between theory and research, in particular whether theory is an outcome of the research". An inductive approach affords the researcher an opportunity to construct or amend a theory on the specific phenomenon (Strang, 2015:126). Furthermore, an inductive process pursues the

rationale of continuing from the experimental research to the theoretical study findings (Eriksson and Kovalainen, 2016:55).

3.2.3 Population

A population is a group of prospective participants to whom the researcher wants to generalise the results of a study (Bryman and Bell, 2015:196). This research focused on the micro-level praxis emphasising the aggregate actors within the organisational context (Creswell and Poth, 2018:145). Therefore, the units of analysis consisted of middle managers at the Provincial Head Office, Mopani District and eight hospitals in Mopani District. The middle managers were made of health professionals and administrative support staff. Apparently, the units of analysis were relevant, as they better understand how strategy implementation is perceived in the Department.

The fundamental challenge of qualitative approach is to ascertain the sample size of the study (Cassell, 2015:125). The total target population of this study was 120 employees of the LDoH.

3.2.4 Sample, sampling methods and sample size

Sampling refers to the method of gathering data from the sampled population (Hair, *et al.*, 2015:164) and a sample is a subcategory of the population (Cassell, 2015:33). There are two main methods of sampling namely, probability and non-probability (Leedy and Ormrod, 2015:177). According to Bryman (2016:176) probability sampling is a sampling procedure in which participants are afforded an equal opportunity of being chosen to participate in the study. In comparison, non-probability sampling does not give participants an equal opportunity of being chosen to participate in the study (Hair, *et al.*, 2015:184). For the purpose of this study, a non-probability purposive sampling was employed. Purposive sampling entails choosing pertinent elements in the sample for particular research aim (Eriksson and Kovalainen, 2016:61). The major pitfall of employing a non-probability sampling method is that the findings may not be generalised to the larger population (Bryman and Bell, 2015:429).

The sample size of 30 employees was contemplated, comprising middle managers from various directorates in the Provincial Head Office, the Mopani District Office and eight hospitals of the Mopani District. As indicated above, these middle managers were health professionals and administrative support staff within the Department.

3.2.5 Data collection

Data collection refers to the technique used to gather information to respond to research questions (Cassell, 2015:84). Data can be either primary or secondary (Bryman, 2016:11). Leedy and Ormrod (2015:95) define primary data as “data that directly emerge or emanate from unobservable phenomena”. In contrast, secondary data entails assessing both internal and external data supplies (Hair, *et al.*, 2015:128). For the purpose of this study, primary data was collected. However, the data collection instrument can be structured, unstructured or semi-structured (Bryman and Bell, 2015:479). Thus, for purpose of this study, structured self-completion questionnaires were followed as the data collection instrument.

Qualitative data can be gathered from participants in various ways such as observations, interviews, documents and audio-visual materials (Creswell and Poth, 2018:204). A self-completion questionnaire using open and close-ended questions was employed as the data collection approach. The advantages of using self-completion questionnaires include: convenience for respondents, no interviewer variability; and it being more feasible to collect data (Bryman and Bell, 2015:240). On the other hand, the shortcomings of using self-completion questionnaires include: the difficulty of asking other kinds of questions, the questionnaire can be read as a whole, the researcher cannot prompt and cannot probe (Bryman and Bell, 2015:240).

As indicated earlier, data was collected from middle managers from various directorates in the Provincial Head Office, the Mopani District and eight hospitals of the Mopani District. These middle managers consist of the health professionals and administrative support staff within the Department. Respondents were selected based on convenience and ease of access. Anonymity and confidentiality during data collection process was carefully maintained and observed. Further, participants were protected from any potential physical or emotional harm.

The subject matters covered on the structured self-completion questionnaires comprising of Section A (demographic information of participants in the LDoH), Section B (eliciting information on understanding of strategy implementation in the LDoH), Section C (the factors influencing strategy implementation in the LDoH), Section D (tools and techniques that can assist leadership in ensuring successful strategy implementation); and Section E (eliciting information about the influence of

strategy implementation on the overall organisational performance). In the formulation of the questionnaires, experts in the discipline of strategic management were engaged to evaluate the authenticity of questionnaires (Bryman, 2016:172). The preliminary questionnaires were pretested (piloted) amongst three employees of the Department of Cooperative Governance, Human Settlements and Traditional Affairs (CoGHSTA) in order to ascertain their opinions concerning question clarity and simplicity of answering (Creswell, 2015:109). The major goal was to reduce any errors that might possibly occur (Bryman and Bell, 2015:211).

3.2.6 Data analysis

Data analysis refers to the method of examining, converting and copying data to detect valuable information that would provide decision-making (Bryman and Bell, 2015:13). For the purpose of this study, data analysis and interpretation was conducted using the IBM Statistical Packaging for the Social Sciences (SPSS) statistics (Version 24), hence, this study employed an exploratory survey design. Data was edited, coded, cleaned, categorised and presented through frequency counts which are depicted in tables, bars and figures. The internal consistency of the knowledge scale was calculated using Cronbach's Alpha and the average inter-item correlation. Cronbach's Alpha is used as a measure of internal consistency (Bryman and Bell, 2015:169). This method is described in detail in Chapter Four.

In order to establish the degree to which senior management's perceptions are considered to have an effect on strategy implementation in the LDoH, an inter-item correlation was determined. Since an open-ended questionnaire was used, a content analysis was employed to identify different senior management's perceptions and organisational strategies, and the extent to which these influence organisational strategy implementation in the LDoH, whether negative or positive. Content analysis classifies and interprets in the form of text the data gathered in order to respond to the research problem.

3.3 RELIABILITY AND VALIDITY

The reliability and validity of research instrument was tested. Reliability exists when the test measures similar data several times to reduce bias and ends with the similar outcomes (Eriksson and Kovalainen, 2016:187). Validity refers to "the trustworthiness of inferences drawn from data" (Creswell, 2015:192). Bias refers to an intentional

endeavour to withhold or conceal the study findings (Bryman and Bell, 2015:176). A study by Babin and Zikmund (2015:170) indicates that there are two categories of respondent error in terms of bias, namely, response bias and non-response error. Response bias occurs when respondent intentionally or unintentionally respond to the research question with a particular viewpoint that distorts the fact (Babin and Zikmund, 2015:171). On the other hand, non-response error refers to the numerical variance between a survey that takes into consideration those who answered to the research questions and those who declined to give answers to research questions (Bryman and Bell, 2015:188).

In qualitative research, data trustworthiness is what the research aims for. Trustworthiness entails proving that facts for research findings are rigorous, and that disputes arising, based on those findings are resilient (Hair, *et al.*, 2015:287). The study pursued Bryman's (2016:384) technique of ascertaining reliability and validity aiming at constructing the trustworthiness of the study. This involves the credibility, dependability, transferability and confirmability of the study.

- **Credibility** involves ensuring that the research study is conducted in accordance with the applicable norms of best practice (Bryman and Bell, 2015:402);
- **Dependability** involves conducting an audit to ascertain the trustworthiness of data collected (Brink, 2009:119).
- **Transferability** refers to a qualitative research criterion that implies a rigorous study involving a certain number of people sharing particular features Bryman and Bell, 2015:402).
- **Confirmability** certifies that the results, inferences and recommendations are advocated by the data and that there is conformity between the researcher's interpretation and real substantiation (Brink, 2009:119). For confirmability, sources referred were read more than once and also reflected in data sources including complete references.

There are different types of reliability namely, inter-rater, test-retest, equivalent forms and internal consistency reliability (Leedy and Ormrod, 2015:117). Inter-rater reliability is the measure that ascertains the equivalence of scores achieved with an instrument employed by various observers (Strang, 2015:201). Test-retest reliability entails

managing similar scale to similar respondents twice with the view of ascertaining the consistency of test (Babin and Zikmund, 2015:281). Equivalent forms reliability refers to the degree to which dissimilar versions of similar measurement instrument generate same results (Leedy and Ormrod, 2015:386). Internal consistency reliability is applied to appraise “summated scale where several elements (items) are summed to form a total score for construct” (Hair, *et al.*, 2015:450). For this study, an internal consistency reliability test was used.

The types of validity includes: face, content, criterion and construct validity (Leedy and Ormrod, 2015:115). Face validity involves the degree to which “individual measure’s content match the intended concept’s definition” (Babin and Zikmund, 2015:282). Content validity refers to the extent to which the objects measure the content they were meant to measure (Creswell, 2015:160). However, face and content validity are interrelated (Hair, *et al.*, 2015:239; Babin and Zikmund, 2015:300). Criterion validity refers to the capability of the measure to link with other typical measures of same concepts (Hair, *et al.* 2015:446). Construct validity takes place when the measure entailed in a project consistently and honestly signify a single concept (Bryman and Bell, 2015:722). Content validity is pertinent to this study because elements in the questionnaires describe the overall scope of the concept that is being measured.

3.4 SUMMARY

This chapter furnished a detailed description of the research design and methodology that was followed in this study. The study envisaged a qualitative approach, an exploratory survey design in order to address research problem and attain the research objectives. Further, the data collection instrument, data analysis and interpretation, and the reliability and validity of the study were discussed in detail. Finally, the research methods and methodology highlighted above were feasible for this study. The next chapter focuses on the analysis and interpretation of the results.

CHAPTER FOUR

ANALYSIS AND INTERPRETATION OF RESULTS

4.1 INTRODUCTION

The previous chapter about the research design and methodology discussed the way the research was undertaken. This chapter focuses on the analysis of the data which is described in the form of tables, figures and circular diagrams. The purpose of this chapter is to present and interpret the empirical findings of this study. In interpretation, the immediate results were translated into integrated and meaningful statistics and findings. This study employed a qualitative approach using an exploratory design. The findings are proved to be related to the objectives of the research. The success of this study is assured through both data analysis and interpretation which are carried out in an orderly manner.

4.2 DATA COLLECTION

The relevance of the information was ascertained by the respondents' accuracy and the reliability of the data collected. The sample consisted of 30 employees of the LDoH. The data in this chapter is derived from structured self-completion questionnaires completed by seven female and 23 male respondents from the LDoH, particularly from the Provincial Head Office, the Mopani District Office and eight hospitals of the Mopani District. Responses from the self-completion questionnaires were used to evaluate the factors influencing strategy implementation in the LDoH, tools and techniques that could assist leadership in ensuring successful strategy implementation in the LDoH and the influence or effects of strategy implementation on organisational performance in the LDoH.

4.3 ANALYSIS AND INTERPRETATION OF RESULTS

The data obtained from questionnaires was analysed and interpreted. The results are illustrated by means of tables, graphs and charts. The results from all sections of the questionnaires are also compared to existing empirical evidence to assess consistency.

4.3.1 Statistical software

The data obtained from the questionnaires was analysed using IBM SPSS statistics (Version 24). Data analysis entails categorising, ordering, manipulating and summarising data to describe it in meaningful terms (Bryman and Bell, 2015:13). The demographical information from Section A was analysed with descriptive statistics and described with frequencies and percentages.

4.3.2 Descriptive statistical analysis

The data was summarised and presented by making use of descriptive statistics. Descriptive statistics is used to explain the elements of a population or sample (Babin and Zikmund, 2015:394). The use of descriptive statistics such as graphs and charts assists the researcher in comprehending research data (Hair, *et al.*, 2015:317). However, tables, charts, graph and percentage were used in the presentation of the findings. The mean, standard deviation, minimum and maximum values for all scaled questioned were also computed and used in the explanation of the findings.

4.3.3 Inferential statistical analysis

The One-Way Analysis of Variance (ANOVA) test was also used for the significance of the difference between position and factors influencing strategy implementation in the LDoH, tools and techniques that would assist in ensuring successful strategy implementation in the LDoH, and the influence of strategy implementation on the overall organisational performance in the LDoH. ANOVA entails the investigation of the results of one treatment variable on an interval-scaled dependent variable (Babin and Zikmund, 2015:247).

4.3.4 Demographical information

The researcher required the personal information of the respondents. This included each respondent's name of directorate, number of years in public service, gender, age, number of years in the Department, marital status, position, salary level, employment status and qualifications obtained. The researcher obtained thirty (30) responses from the employees of the LDoH. The demographics of the sample are described in Table 4.1 below.

Table 4.1: Demographic detail of a sample respondents

Demographical information		Frequency	Percent
Gender	Male	23	76.7
	Female	7	23.3
	Total	30	100
Age	26 - 35 years	2	6.7
	36 - 45 years	14	46.7
	46 - 55 years	12	40
	56 - 65 years	2	6.7
	Total	30	100
Marital status	Single	4	13.3
	Married	25	83.3
	Divorce	1	3.3
	Total	30	100
Number of years in public service	0 -10 years	6	20
	11 -20 years	12	40
	21 -30 years	9	30
	31 -40 years	3	10
	Total	30	100
Number of years in the department	0 -10 years	11	36.7
	11 -20 years	13	43.3
	21 -30 years	3	10
	31 -40 years	3	10
	Total	30	100
Position (Rank)	Assistant Director	18	60
	Deputy Director	10	33.3

	Director	2	6.7
	Total	30	100
Salary level	8 - 10	13	43.3
	11-12	15	50
	13 - 14	2	6.7
	Total	30	100
Employment status	Permanent	30	100
Qualification obtained	Matric	1	3.3
	Diploma	8	26.7
	Bachelor's degree	6	20
	Postgraduate degree (e.g. Honours, Masters or PhD)	15	50
	Total	30	100

Table 4.2: Information about the name of your directorate

Directorate/Division	Frequency	Percent
Asset Management	1	3.3
Budget and Expenditure	1	3.3
Corporate Services	1	3.3
Demand and Acquisition Management	1	3.3
District Management Services	1	3.3
Finance	3	10
Finance (Procurement)	1	3.3
Finance (Salary)	1	3.3
Financial Accounts	1	3.3
Financial Management	1	3.3
HIV and AIDS	2	6.7

Human Resources Management	1	3.3
Information and Records	1	3.3
Maternal, Child, Women, Youth and Adolescent Health	1	3.3
Mental Health	1	3.3
PDPHC	1	3.3
Pharmaceutical Services	2	6.7
Primary Health Care	2	6.7
Quality Assurance	1	3.3
Risk Management	1	3.3
Salary Administration	2	6.7
TB Control	2	6.7
Transport	1	3.3
Total	30	100

Table 4.2 above presented the different directorates to which respondents are attached to in the LDoH. As a result, strategy implementation takes place in every directorate of the organisation.

Table 4.3: The number of employees in different directorates

Number	Frequency	Percent
1	1	3.3
2	2	6.7
3	5	16.7
4	2	6.7
5	3	10
6	2	6.7
9	1	3.3

10	2	6.7
11	2	6.7
12	1	3.3
14	2	6.7
15	4	13.3
50	1	3.3
120	2	6.7
Total	30	100

Table 4.3 above depicts the number of employees in different directorates.

4.3.5 Results of the study

This chapter presents the results of the research. The structure used was used to present the items level responses, followed by the scale level responses and lastly by the tests of the hypotheses of the research. This structure was followed for each sub-research question. These questions appear below:

- What are the factors that influence strategy implementation of the LDoH?
- What effect does strategy implementation have on the overall performance of the LDoH?
- What are the tools and techniques that can help senior management in ensuring successful strategy implementation in the LDoH?

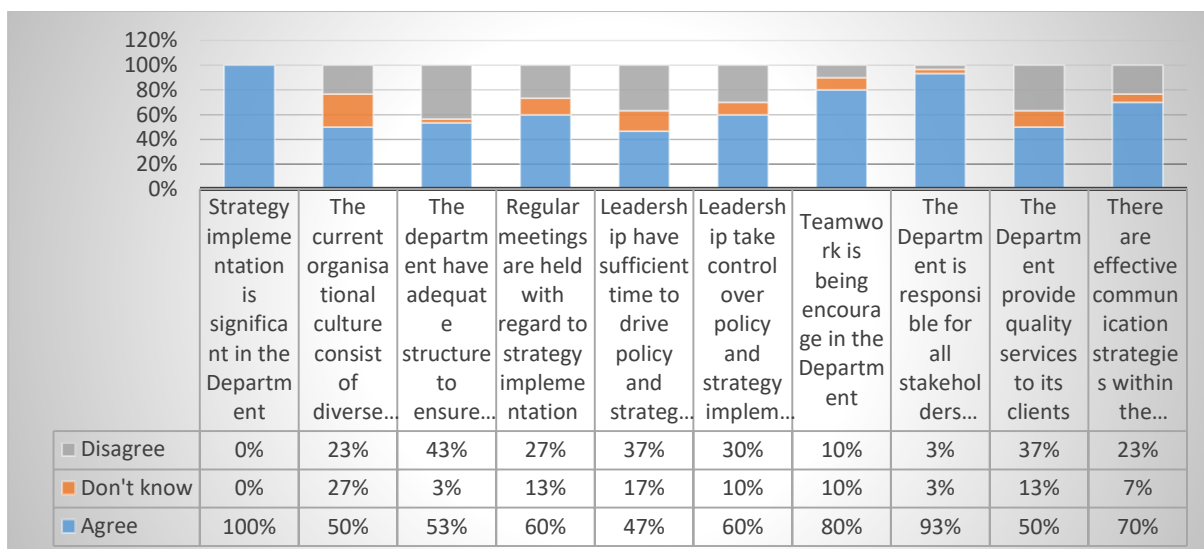


Figure 4.1: Factors influencing strategy implementation in the LDoH (Author's work)

The results of the figure above are clearly depicted in table below.

Table 4.4: Factors influencing strategy implementation in the LDoH

Factor	Agree (%)	Don't know (%)	Disagree (%)
Strategy implementation is significant in the Department.	100	0	0
The current organisational culture consist of diverse environment.	50	27	23
The Department has adequate structure to ensure proper strategy implementation.	53	3	43
Regular meetings are held with regard to strategy implementation.	60	13	27
Leadership have sufficient time to drive policy and strategy implementation.	47	17	37
Leadership take control over policy and strategy implementation.	60	10	30
Teamwork is being encouraged in the Department.	80	10	10
The Department is responsible for all stakeholders (both internal and external).	93	3	3
The Department provides quality services to its clients.	50	13	37

There are effective communication strategies within the Department.	70	7	23
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Based on Figure 4.1 above, 100% of respondents agreed that strategy implementation is significant in the Department. Twenty three per cent of respondents disagreed that the current organisational culture consists of diverse environment, while 27% do not know and 50% agreed. Forty three per cent of respondents disagreed that the Department have adequate structure to ensure proper strategy implementation, while 3% do not know and 53% agreed. Twenty seven per cent of respondents disagreed that regular meetings are held with regard to strategy implementation, while 13% do not know and 60% agreed. Thirty seven per cent of respondents disagreed that leadership have sufficient time to drive policy and strategy implementation, while 17% do not know and 47% agreed. Thirty per cent of respondents disagree that leadership take control over policy and strategy implementation, while 10% do not know and 60% agreed. Ten per cent of respondents disagreed that teamwork is being encouraged in the Department, while 10% do not know and 80% agreed. Three per cent of respondents disagreed that the Department is responsible for all stakeholders (both internal and external), while 3% do not know and 90% agreed. Thirty seven per cent of respondents disagreed that the Department provide quality services to its clients, while 13% do not know and 50% agreed. Twenty three per cent of respondents disagreed that there are effective communication strategies within the Department, while 7% do not know and 70% agreed.

From the data above it is clear that respondents are aware of the factors influencing strategy implementation in the LDoH. However, leadership needs to perceive strategy implementation as a priority in the LDoH.

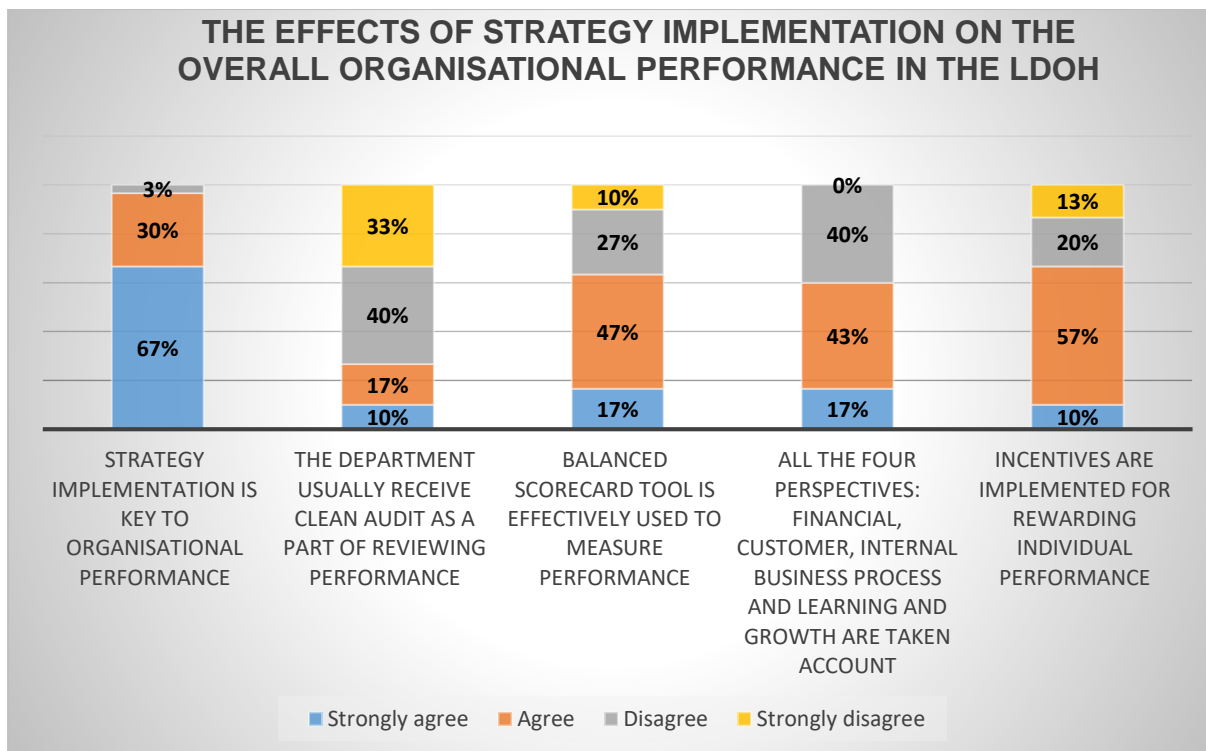


Figure 4.2: The effects of strategy implementation on the overall organisational performance (Author’s work)

The results of the figure above are illustrated in table below:

Table 4.5: The effects of strategy implementation on the overall organisational performance

Effect	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Strategy implementation is key to organisational performance.	67	30	3	0
The Department usually receives clean audit as a part of the reviewing performance.	10	17	40	33
Balanced scorecard tool is effectively used to measure performance.	17	47	27	10

All the four perspectives: financial, customer, internal business process and learning and growth are taken into account.	17	43	40	0
Incentives are implemented for rewarding individual performance.	10	57	20	13

Based on Figure 4.2 above, 67% of respondents strongly agreed that strategy implementation is key to organisational performance, while 30% agreed and 3% disagreed. Ten per cent of respondents strongly agreed that the Department usually receive clean audit as a part of reviewing performance, while 17% agreed, 40% disagreed and 33% strongly agreed. Seventeen per cent of respondents strongly agreed that the balanced scorecard tool is effectively used to measure performance, while 47% agreed, 27% disagreed and 10% strongly disagreed. Seventeen per cent of respondents strongly agreed that all the four perspectives: financial, customer, internal business process and learning and growth are taken into account, while 43% agreed and 40% disagreed. Ten per cent of respondents strongly agreed that incentives are implemented for rewarding individual performance, while 57% agreed, 20% disagreed and 13% strongly disagreed. It is however plain to see that strategy implementation is a key to the achievement of organisational performance. It is explicit that strategy implementation is key to the achievement of organisational performance.

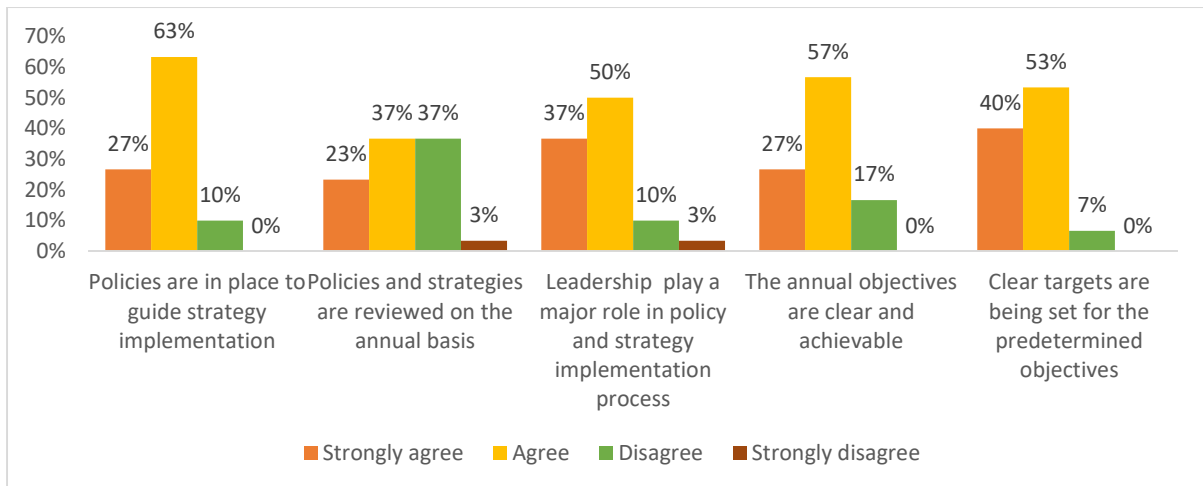


Figure 4.3: The tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH (Author’s work)

The results of the above figure depicted in the table below:

Table 4.6: The tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH

Tools and techniques	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Policies are in place to guide strategy implementation.	27	63	10	0
Policies and strategies are reviewed on an annual basis.	23	37	37	3
Leaders play a major role in policy and strategy implementation process.	37	50	10	3
The annual objectives are clear and achievable.	27	57	17	0
Clear targets are being set for the predetermined objectives.	40	53	7	0

Based on Figure 4.3 above, 27% of respondents strongly agreed that policies are in place to guide strategy implementation, while 63% agreed and 10% disagreed. Twenty

three per cent of respondents strongly agreed that policies and strategies are reviewed on the annual basis, while 37% agreed, 37% disagreed and 3% strongly agreed. Thirty seven per cent of respondents strongly agreed that leaders play a major role in policy and strategy implementation process, while 50% agreed, 10% disagreed and 3% strongly disagreed. Twenty seven per cent of respondents strongly agreed that the annual objectives are clear and achievable, while 57% agreed and 17% disagreed. Forty per cent of respondents strongly agreed that clear targets are being set for the predetermined objectives, while 53% agreed and 7% disagreed. Based on the information above, it is clear that tools and techniques are in place to assist leadership in ensuring an effective strategy implementation in the LDoH.

4.3.6 Descriptive statistics

The item-level responses are summated to scale level and the summary of statistics and frequency distribution appear in Table 4.7 below:

Table 4.7: Summary statistics of mean knowledge scores (n=30)

		N	Mean	Std. Deviation	Std. Error
Factors influencing strategy implementation in the Department of Health					
	Assistant Director	18	14.5	4.579	1.079
	Deputy Director	10	16.5	5.359	1.695
	Director	2	22.5	2.121	1.5
	Total	30	15.7	5.066	0.925
Tools and techniques that assist in ensuring successful strategy implementation in the Department of Health					
	Assistant Director	18	9.11	2.139	0.504
	Deputy Director	10	9.2	2.616	0.827
	Director	2	13	1.414	1
	Total	30	9.4	2.415	0.441

The influence of strategy implementation on organisational performance in the Department of Health					
Assistant Director	18	10.83	2.203	0.519	
Deputy Director	10	11.3	2.791	0.883	
Director	2	14.5	0.707	0.5	
Total	30	11.23	2.473	0.452	

Table 4.8: ANOVA test of hypotheses

	Sum of Squares	df	Mean Square	F	Sig.
Factors influencing strategy implantation in the LDoH					
	124.8	2	62.4	2.72	0.084
	619.5	27	22.944		
	744.3	29			
Tools and techniques that assist in ensuring successful strategy implementation in the LDoH					
	27.822	2	13.911	2.657	0.088
	141.38	27	5.236		
	169.2	29			
The influence of strategy implementation on organisational performance in the LDoH					
	24.267	2	12.133	2.14	0.137
	153.1	27	5.67		
	177.37	29			

Table 4.9: Q8: Under what circumstances is it easy to communicate with leadership in the Department?

Response	Frequency	Percent
An open door policy is followed in most cases while reporting lines are encouraged and promoted. This enables officers to make follow-ups and enquiries much easier.	1	3.3
Communication is done through circulars, memos and internal policies in line with departmental policies.	1	3.3
Difficult because of bureaucracy. If in a written form, there will be no confidentiality.	1	3.3
During the business planning sessions, when policies and procedure manuals are reviewed, it becomes easier to communicate with our leadership, particularly within the same branch. During quarterly and monthly meetings when our performance is being assessed, is when ideas communicated by leaders are seen and felt. The open meetings are still regarded as a good approach to communicate effectively with a team.	1	3.3
During the strategy planning session and only when we hold the management meeting. However, our inputs during the meetings are not even taken into consideration. Leadership expect us to perform and meet the targets while they are not supportive.	1	3.3
In monthly meetings with the district management team. Quarterly review meetings.	1	3.3
Internal communication (easy) but meetings (not easy).	1	3.3
It is easy to communicate, but following the predefined channels or levels which may lead to concerns being ignored before the highest level of governance.	1	3.3
It is easy to communicate with leaders in the department during meetings and the performance assessment period.	1	3.3
It is never easy as leadership is more concerned with the targets than with the process of achieving those targets. Communication is more likely in instances where targets have not being achieved often with threats of demotion or redeployment.	1	3.3

It is not easy at all. The mode of communication is from top-down and the feelings of the employees are not taken into account by the executive. Meetings are hardly held between the executive and the employees. The information that reaches employees sometimes is not accurate and appears to be distorted along the way.	1	3.3
It is not easy to communicate directly with the leadership of the department. Only when they are challenged that when union goes to the leaders of the Department to communicate on our behalf.	1	3.3
It is very clear because of the organogram that allows us to speak or communicate with the primary supervisor.	1	3.3
It sometimes easy to communicate in meetings, but eventually your ideas and suggestion are not taken into account or taken forward, and that will lead to management or the leaders strategising and implementing things that will not yield results. Eventually meaning that the whole strategy is redundant.	1	3.3
Proper communications channels are in place, namely, meetings, workshops, and strategic plan sessions.	1	3.3
The department has a communication unit in all districts for liaison with internal and external stakeholders. Otherwise, in the unit there are hierarchical structures to follow in case of communication.	1	3.3
The department has provided means to communicate with its leaders, starting from the District to Provincial Head Office, where transparency and access to higher offices is available. There are also other communication methods being used by leadership to engage all staff members, such as a departmental website, weekly newsletters etc. Staff members are also encouraged to use these modes of communication to engage with leadership.	1	3.3
The leaders are easy to access or communicate with them as long as one makes an appointment with them.	1	3.3
They are not easily accessible. They communicate with us only there are problems encountered or only when they did not perform satisfactory.	1	3.3

Very complicated, lots of bureaucracies. Lack of communication, people implement things they do not understand.	1	3.3
We communicate through meetings and letters if and when there is a problem, more especially audit during outcomes.	1	3.3
We communicate with them during meeting, problem solving and so forth and so forth.	1	3.3
Weekly when planning, monthly when reporting, quarterly when reporting and during occasions of important developments and new mandates.	1	3.3
When discussing stock availability of pharmaceutical products leadership is always willing to engage with our section.	1	3.3
We communicate with leaders when necessary, through memos, circulars and policies.	1	3.3
When one has a query.	1	3.3
When there is a crisis the leadership of the department tends to listen to the employees than when there is no crisis e.g. during the strikes or stay-away. The leadership however prefers to communicate with the labour representatives to resolve issues. This is good on their part as they use an open door policy.	1	3.3
When we have meetings invited or arranged by management, it is easy to communicate with leadership in this department. It is, however, not easy for employees to arrange for a meeting with a view to communicating with management.	1	3.3
Whenever needed, we do communicate with the leadership for example when we review our strategic plan, business plan, service delivery reports meetings and also when reviewing institutional policies. We also communicate with leadership when there is dispute with the employees. We also communicate with the leadership when there is new policy in place to be implemented in the department.	1	3.3
Whenever there are emergencies, through appointment with the relevant managers and when there are meetings/plenary sessions for planned events.	1	3.3
Total	30	100

Table 4.9 above represents the level of respondents' understanding about under what circumstances it is easy to communicate with leaders in the Department. Succinctly, on average, it is not easy to communicate with the leadership of the Department.

Table 4.10: Q9: How happy are employees with the way leadership steers policy and strategy implementation

Response	Frequency	Percent
50% happy	1	3.3
No	12	40
Not entirely happy	1	3.3
Not really	1	3.3
Not strongly happy	1	3.3
Not very happy	1	3.3
Partly happy	1	3.3
To a limited extent	1	3.3
Yes	11	36.7
Total	30	100

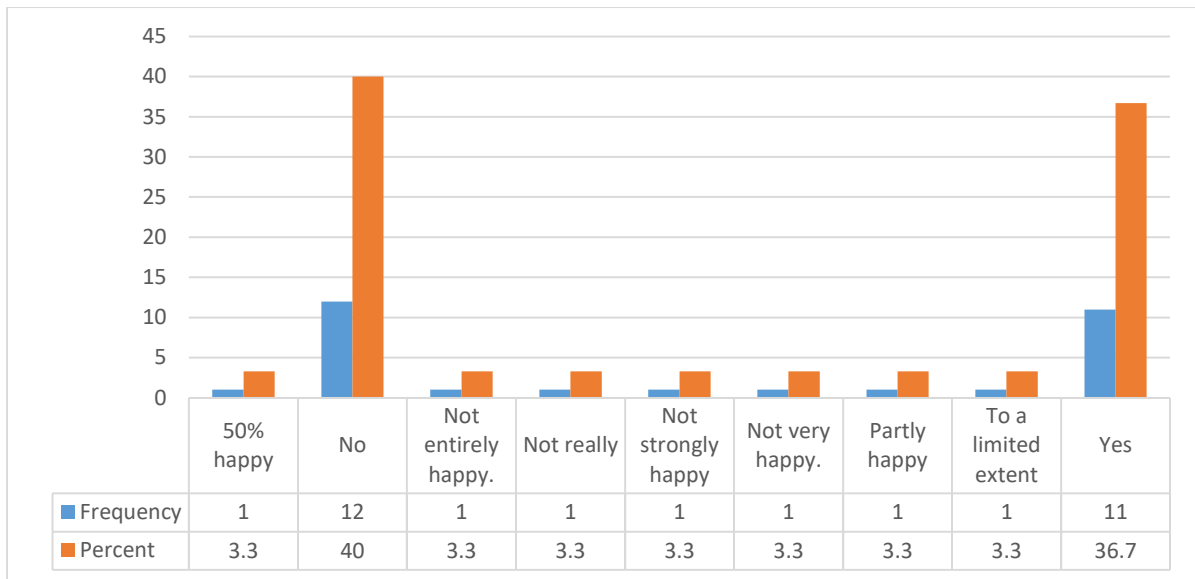


Figure 4.4: Q9: How happy are employees with the way leadership steer policy and strategy implementation

Question 9 (Figure 4.4 and Table 4.10) confirm that 12 (40%) of respondents are happy with the way leadership steer policy and strategy implementation, 12 (40%) of respondents are not happy, 1 (3.3%) respondent is not entirely happy, 1 (3.3%) not really happy, 1 (3.3%) not strongly happy, 1 (3.3%) not very happy, 1 (3.3%) partly happy and 1 (3.3%) to a limited extent. Based on data shown above, it is clear that most of the respondents are not happy with the way leadership steers the strategy and policy implementation process.

Table 4.11: Q9: Explanation

Response	Frequency	Percent
Not indicated.	3	10
A lot can be desired.	1	3.3
As some policies and strategies are drawn but ignored when they do not suit leadership. Very good policies are made in meetings, but when it comes to implementation there is no progress. Maybe this is due to lack of time as more time is spent on theory and not on practical implementation.	1	3.3

As sometimes leadership violates the same policies and strategies put in place, strategic document e.g. DHP, APP, DOP, PSP etc., are not aligned to each other.	1	3.3
Avenues for policy implementation are available from annual performance plans, district plans, operation plans, guidelines and policies feedback mechanisms at every level responsibilities.	1	3.3
Because during the process of policy development, leaders also involves all employees to contribute their inputs in policy making. As an official of the department I feel happy to be engaged from the beginning.	1	3.3
Because MEC's are changed on a regular basis and as a result when the new one comes in he/she tries to come up with new strategies. There is also a lack of consultation with officials at the bottom to ensure that the strategy is implementable. Policies are implemented, but at a very slow pace.	1	3.3
Because there is involvement of all through regular meetings, feedback, reviews, M & E processes.	1	3.3
However, the implementation is not done due to challenges of finances and shortage of staff.	1	3.3
I am happy because before new policy is implemented, the leadership will seek the inputs from the ground level.	1	3.3
I am happy about the manner in which the leadership steer its policies, but when it comes to implementation there is a chaos in that they do not implement their policies more often than not. When it comes to implementation they only implement what favours them and not the workers, hence strikes are rife.	1	3.3
I am happy with the way leadership steers policies and strategy. Extended management are included and take part in strategy implementation of the department.	1	3.3
I am happy with the way my leadership steer policy and strategy implementation. Leadership ensure that the strategic plan is well coordinated with its activities to work towards one goal which needs to be achieved. Where there is a proper linkage between success in strategy implementation and active	1	3.3

leadership involvement in strategy formulation, there is a fulfilment of valued objectives and goals achievement.		
Leadership just draft the policies and strategies and they do not follow up the implementation of those policies and strategies. Policies are not even reviewed on time.	1	3.3
More effort geared at what we call priority programmes and the rest not well considered. Some policies have loopholes.	1	3.3
Normally policy is done at the higher level and employees are invited at the last minute to give inputs. Even if inputs are given, there is no guarantee that they will be taken into account.	1	3.3
Policies are being implemented in line with the strategy plan of department and the institution. Institutions are given chance to give inputs in compiling of policies.	1	3.3
Policies which are designed to benefit staff members are not implemented adequately, that is cash incentives policies, career development and training etc.	1	3.3
Policy and strategy implementation are being discussed at the top management level and we are expected to implement the strategy while we were not involved in the meetings. There is a lack of communication between leadership and lower level employees. Employees are not rewarded for strategy implementation which leads us to boycott/strike which in turn hampers the strategy implementation.	1	3.3
Since the leadership does not provide all resources required to implement the strategy at hand. People are requested to implement the strategy with minimum resources that lead to failure or audit finding.	1	3.3
Some aspects as the policies are not addressed accordingly.	1	3.3
Somehow lacking because of a lack of leadership capabilities.	1	3.3
The challenge is mostly on the implementation part whereby there is lack of proper monitoring and evaluation.	1	3.3
The district is big consisting of a population of large number of the Deputy Directors who are the implementing agents, do not have people reporting to them. This makes it difficult to	1	3.3

implement policy and strategy. The result is that they are left to react to adverse events, leaving them with little time to focus on implementation.		
The policies and strategic implementation are partially implemented this is evident from the qualified Auditor-General reports.	1	3.3
There is a little gap between policy makers and implementers that is why the department is operating mainly on draft policies, and guidelines. While strategic decisions are made somewhere, somehow, little efforts are made to actualise some of the important decisions made. Other assessment tools are not authenticated by approval from relevant policy makers.	1	3.3
We are happy about our leadership when it comes to implementation of policy and strategy e.g. we ensure that we comply with PFMA during effecting of payments.	1	3.3
When there are new policies that are being drafted, leadership request for our inputs but they do not take them into consideration. The other challenge is that policies are not reviewed on time or on the annual basis.	1	3.3
Total	30	100

Table 4.11 above is based on the views of the respondents about how happy are they with the way the leaders steer policy and strategy implementation.

4.4 RELIABILITY AND VALIDITY

Reliability exists when the test measures similar data several times to avoid bias and ends with the same outcomes (Eriksson and Kovalainen, 2016:187). The internal consistency of the knowledge scale was calculated using Cronbach's Alpha and the average inter-item correlation. Cronbach's Alpha is used as a measure of the internal consistency of similar elements consisting of the same scale (Bryman and Bell, 2015:169). These values are presented in Table 4.12 below.

Table 4.12: Internal consistency reliability values of scales

Scale	Cronbach's alpha	Average inter-Item Correlation	Number of Item
Factors influencing strategy implementation in the Department of Health	0.847	0.384	9
The influence of strategy implementation on organizational performance in the Department of Health	0.584	0.208	5
Tools and techniques that assist in ensuring successful strategy implementation in the Department of Health	0.724	0.365	5
Overall	0.879	0.279	19

The values of Cronbach’s Alpha are acceptable for both scales if they are greater than the minimum acceptable value of 0.6 (Babin and Zikmund, 2015:281). However, the following scales can be interpreted (Babin and Zikmund, 2015:281):

- For a coefficient between 0.7 and 0.8, reliability is considered good.
- For a coefficient between 0.6 and 0.7, reliability is considered fair.
- For a coefficient below 0.6, reliability is considered poor.

Furthermore, the value of the average inter-item correlation is greater than the minimum acceptable value of 0.3 (Babin and Zikmund, 2015:281). The Cronbach’s Alpha of this study is 0.879 and the average inter-item correlation is 0.279 which is the acceptance value of Cronbach’s Alpha and average inter-item correlation.

4.5 PILOT STUDY

A pilot study is a small-scale trial of the proposed procedures, materials, and methods, and sometimes also includes coding sheets and analytic choices and is carried out to uncover and to address any problem before the main study is carried out (Bryman and Bell, 2015:272). Since this study focused on the qualitative approach, the researcher first conducted three test interviews which were helpful to some issues before sample.

4.6 SUMMARY

This chapter presented the findings obtained from empirical research. The study adopted a qualitative approach using exploratory research design to investigate senior management's perceptions with regard to strategy implementation in the LDoH. Descriptive and inferential statistics were employed to describe the study findings and therefore the results were presented by referring to the actual question numbers in the questionnaires, as indicated in Appendix A. The way in which strategy implementation is perceived in the LDoH was examined in terms of senior management's perceptions, different factors influencing strategy implementation and tools and techniques that could assist leadership in ensuring effective strategy implementation. Furthermore, a profile of the thirty respondents in terms of their demographics was compiled. The reliability and validity of the research instrument employed was also provided. The next chapter presents the conclusions and recommendations of this study.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Strategy implementation in public sector environment has been the subject of a limited research studies. The study aimed to conduct an investigation on the senior management's perceptions in endeavouring to implement organisational strategies in the Limpopo Department of Health (LDoH), with the intention of contributing to knowledge to the field of strategic management in general. As a result, the study examined the effect of senior management's perceptions (the independent variable) with regard to strategy implementation (the dependent variable) in the LDoH.

This chapter reviews the findings discussed in Chapter Four with the intention of formulating the conclusions and recommendations of the study. Furthermore, the reliability and validity of the research, overview of the research problem and purpose of the study, the summary of the research findings from the literature review, the conclusions of findings and recommendations, the limitations of the study and suggestion for future research will also be discussed.

5.2 OVERVIEW OF THE RESEARCH PROBLEM AND PURPOSE OF THE STUDY

Effective formulation of organisational strategy does not guarantee the successful implementation. Strategic management plays a fundamental role in expediting the distribution of an organisational resources in a well-organised manner to ensure effective performance of the organisation in a competitive atmosphere. However, strategy implementation has been shown to be a fundamental challenge for the public and private sectors. Hence these arise from poor sustainability of strategies and lack of proper competencies by senior management. Furthermore, the failure of strategy implementation in the public sector is, amongst others, attributed to managerial ineffectiveness, improper forecasting and management, ineffectual information sharing techniques, engaging in politics and the uncertainty of assigning responsibilities in the execution process, as well as poor allotment of the scarce resources.

Consequently, the external environmental variables such as political, social, ecological, technological and economic variables contribute to strategy

implementation failure as changes takes place rapidly. Hence there is a need to adapt with to these changes in order to improve the execution process and achieve the long-term objectives. These require the senior management to assess the variables and devise some means of dealing with them. They can contemplate appraising the environment to identify those threats impacting the Limpopo Department of Health and the public sector at large. Furthermore, strategy implementation necessitates the emergence of strategy supportive culture and efficient organisational structure for the purpose of responding to strategy challenges. Moreover, the lack of a proper reward systems that motivate employees to do their best is the contributing factor to strategy execution failure. Hence, the purpose of the study was to probe the perceptions of senior managers on the implementation of the strategy in the Limpopo Department of Health, in order to contribute knowledge to the field of strategic management to both the public and private sectors.

5.3 SUMMARY OF RESEARCH FINDINGS FROM LITERATURE REVIEW

Strategy implementation in the public sector environment has experienced a limited research studies. Therefore, there is lack of knowledge in terms of how strategy implementation is perceived in the public sector from the literature. However, research confirmed that formulating organisation strategy is not an easy task, and hence implementing it throughout the organisation is even worse. For this reason, scarce resources have been perceived as being an obstacle for driving a successful strategy implementation in the public sector environment. This is derived from the fact that leadership lack capacity in terms of allocating and distributing scarce resources amongst the directorates.

Subsequently, leaders in the public sector require both transformational and transactional leadership skills to complement each other in discharging their mandates and responsibilities. The managerial dimensions such as change, power struggles and conflicts of interest have been seen as manipulators for strategy implementation in public sector environment. This is evident because it was discovered in the theory that strategy implementation should undoubtedly be practised at all levels within the public sector. Hence, senior management should stay away from these practices and behaviour. However, from examining the theory in this regard, it also became evident that various challenges exist regarding strategy implementation in the public sector,

which is primarily linked to the barriers and the implementation of the strategy or strategies. Hence the most pertinent challenges, factors in and barriers to successful strategy implementation in the public sector were sourced from the literature review.

5.4 SUMMARY OF FINDINGS FROM EMPIRICAL STUDY

The overall purpose of the study was to probe the perceptions of senior management on the implementation of the strategy in the Limpopo Department of Health, in order to contribute knowledge to the field of strategic management. Emanating from the research problem, the primary objective of this study was to determine the challenges that senior management encounter in the process of implementing strategies in the LDoH. Therefore, the secondary objectives were:

- to identify the factors influencing strategy implementation of the LDoH;
- to determine the effects of strategy implementation on the overall organisational performance of the LDoH; and
- to identify the tools and techniques that can assist senior management in ensuring effective strategy implementation in the LDoH.

The following study findings emerged from the empirical research in relation to the research objectives:

5.4.1 Secondary objective 1: To identify factors influencing strategy implementation of the LDoH

The research results depicted in Figure 4.1 of the previous chapter and Figure 5.1 specifically indicated that respondents are aware of various factors influencing strategy implementation in the LDoH. As illustrated in Figure 5.1, it is clear that the bigger fragment of the average of 66.30% reveals that the majority of respondents agree on the factors influencing strategy implementation in the LDoH.

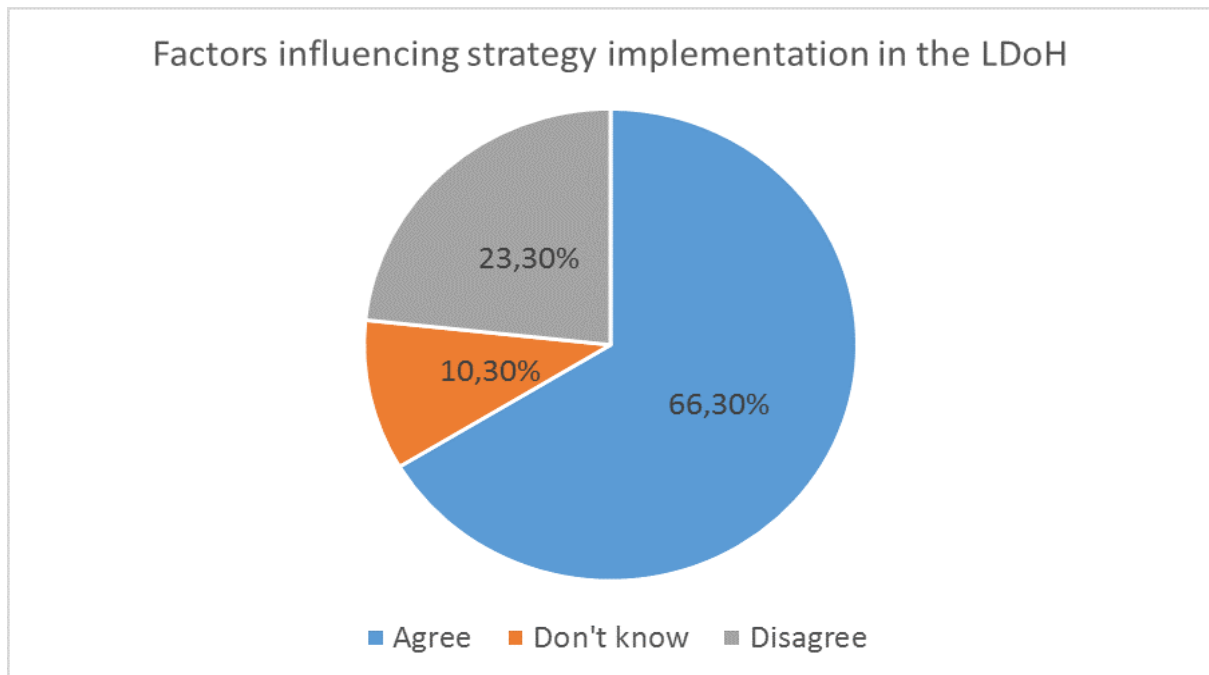


Figure 5.1: Average on factors influencing strategy implementation in the LDoH (n=30) (Source: Author's work)

Recommendations

It is recommended that senior management perceive strategy implementation as being a significant aspect of the organisation in order to attain the long-term objectives and remain sustainable. Furthermore, regular communication is the centre of every organisation, thus it is recommended that effective communication strategies and channels should be in place to accelerate the implementation process. Lastly, senior managers should be able to align the strategies with the culture and structure of the LDoH in order to ensure the smooth flow of strategy implementation.

5.4.2 Secondary objective 2: To determine the effects of strategy implementation on the overall performance in the LDoH

Based on the research findings illustrated in Figure 4.2 of the previous chapter, the higher proportion of 67% of the respondents strongly agreed that strategy implementation is essential to organisational performance. Figure 5.2 below depicts the average of the effects of strategy implementation on the overall performance in the LDoH.

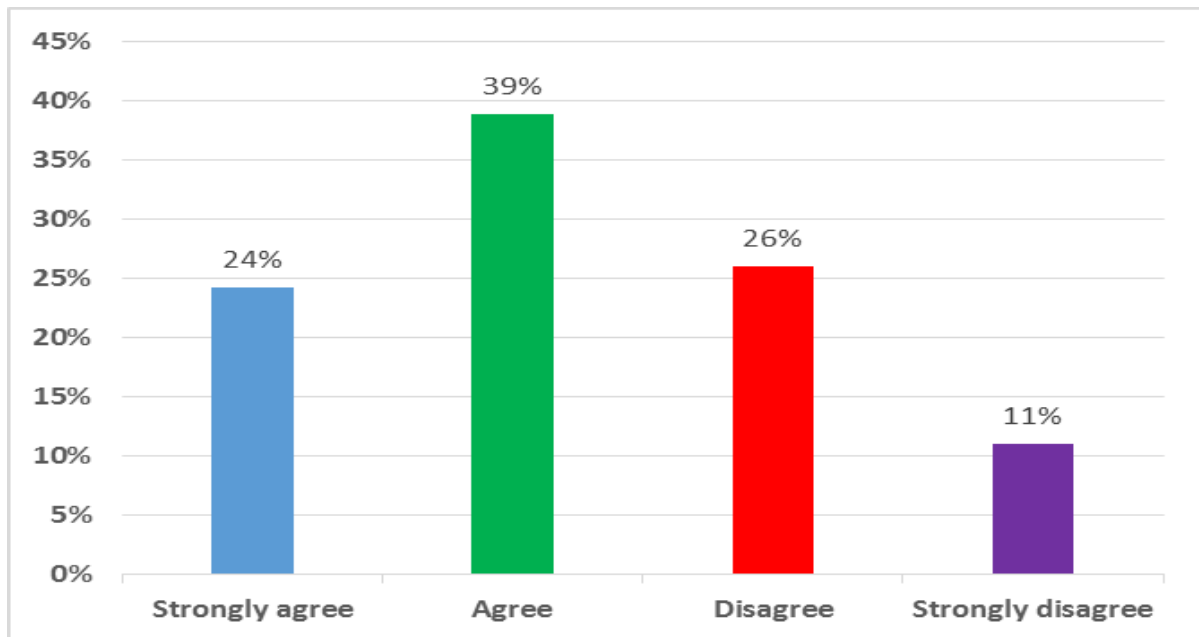


Figure 5.2: Average on the effects of strategy implementation on the overall performance in the LDoH (n=30) (Source: Author's work)

Recommendations

Senior management should ensure that effective reward systems are executed in order to encourage employees to commit themselves to the achievement of the success of strategy implementation. It is recommended that senior management should effectively apply the four perspectives of the balanced scored in order to properly measure the performance of the organisation accurately. Hence, these perspectives are significant for guiding the outcome of the organisation including the LDoH.

5.4.3 Secondary objective 3: To identify tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH

The research results indicated in Figure 4.3 of the previous chapter depicts that respondents are aware of the tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH. As illustrated in Figure 5.3 below, on average it is clear that a high proportion of the respondents (52%) agree on the tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH. Furthermore, 30.80% of the respondents strongly agree

on the tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH.

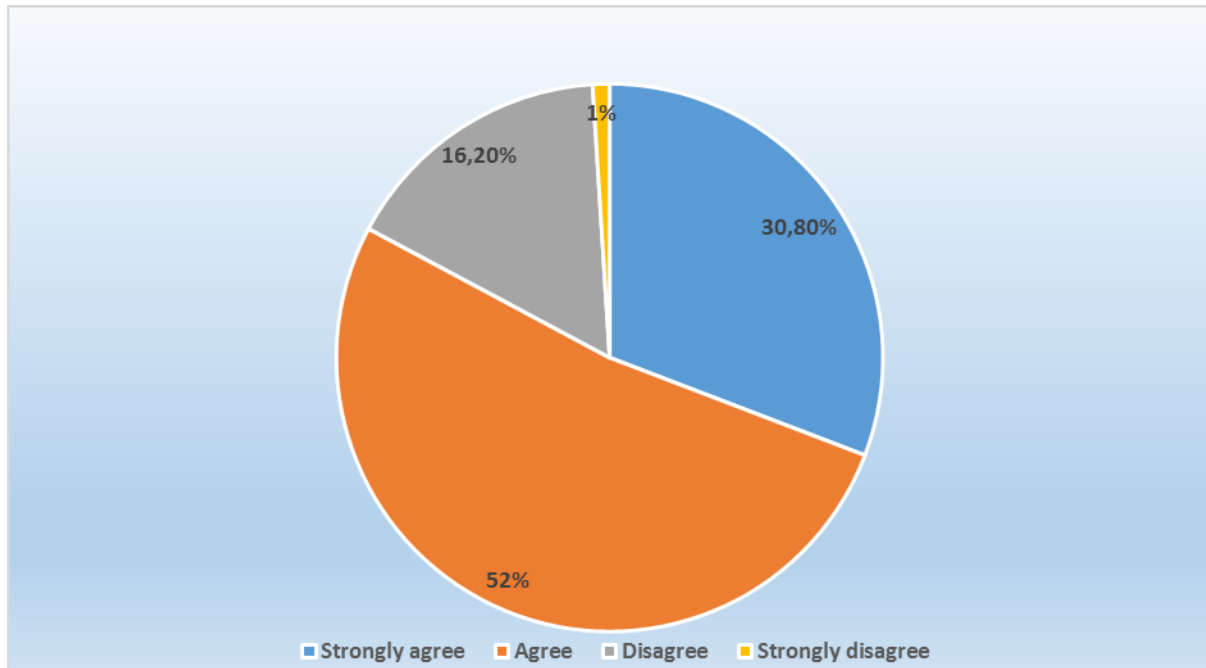


Figure 5.3: Average on tools and techniques that can assist leadership in ensuring effective strategy implementation in the LDoH (n=30) (Author's work)

Recommendations

It is recommended that senior management should ensure that policies and procedures are reviewed regularly in order to accommodate the changes that affect organisations. It is also vital to identify the internal capabilities (organisational structure, reward systems, supportive culture, alignment and appropriate leadership style) and capitalise on them in order to overcome the challenges inside and outside the organisation.

5.5 THE RELIABILITY AND VALIDITY OF THE RESEARCH

As indicated in Chapter Four, Sections 4.4, both senior management's perceptions and strategy implementation demonstrated the psycho-metric possessions of reliability. Furthermore, as stated in Chapter Four, section 4.4, according to Bryman and Bell (2015:169), Cronbach's Alpha is used as a measure of internal consistency of similar elements consisting of a scale.

Table 4.12 in Chapter Four, confirmed the internal consistency of factors influencing strategy implementation in the LDoH, the influence of strategy implementation on organisational performance in the LDoH, and those tools and techniques that assist in ensuring successful strategy implementation in the LDoH of the McKinsey 7-S model or framework. The values of Cronbach's Alpha are acceptable for both scales if they are greater than the minimum acceptable value of 0.6 (Babin and Zikmund, 2015:281). Hence the value of the average inter-item correlation is greater than the minimum acceptable value of 0.3 (Babin and Zikmund, 2015:281). Furthermore, the Cronbach's Alpha of this study was 0.879 and the average inter-item correlation was 0.279, which is the acceptance value of Cronbach's Alpha and average inter-item correlation.

5.6 CONCLUSION OF FINDINGS AND RECOMMENDATIONS

The primary objective and secondary objectives of this study were probed employing descriptive statistics using a questionnaires. Therefore, descriptive and inferential statistics were utilised to interpret the collected data as discussed in Chapter Four, sections 4.3.2 and 4.3.3 respectively. The recommendations proposed by the researcher could be applied by the senior management in the public sector as it would assist them in ensuring effective strategy implementation. Hence, senior management are devoting much time in strategy planning, while the most significant fragment about strategy is being overlooked. Accordingly, the success and survival of every organisation depends on the proper implementation of the strategies. A remarkable organisational performance goes hand in hand with effective strategy implementation including the Limpopo Department of Health.

Consequently, strategy implementation should be carefully contemplated as it has an impact in the organisational performance. Therefore, senior management from the LDoH should devote themselves to disbursing the scarce resources in order to attain the strategic objectives of the organisation. Proper systems and processes should be in place in order to drive the strategy implementation of the Department successfully. Furthermore, the integration of both transactional and transformational leadership styles should be in place to enable the Department to fast-track the strategy implementation processes. This involves engaging employees in the decision-making process and responding to the desires of various stakeholders that is, both internal

and external. Leadership of the Department should enforce policy and procedure implementation.

This study recommends that senior management should effectively document and operationalise tools and techniques for successful strategy implementation such as annual objectives, policies and functional strategies. Therefore, senior management in the public sector, specifically from the Limpopo Department of Health may find this study beneficial with the purpose of enhancing the implementation of strategies. Furthermore, senior management should adapt to the changes from macro-environments (such as economic, social, political, ecological, and technological variables) because strategy implementation has been perceived a multifaceted, vigorous and changing task. Hence most of the government institutions are under-performing and lack remedial action. Effective team-work can also contribute to the effectiveness and efficiency of implementation of strategies in the Limpopo Department of Health and public service at large. The tight engagement of team members can help to accelerate the execution process.

It is critical to appoint competent senior management based on their knowledge and expertise so that strategy implementation can be successful. The reason for this is that senior management engaged in political interference spend much time advancing in their political activities and interventions; and this has an adverse impact on policy and strategy execution.

Senior management of the Limpopo Department of Health should provide full support to the employees as they are drivers of strategy and the policy implementation process. Thus, regular communication is essential to steer the process. This can be through meetings, workshops, seminars and so on. In addition, effective communication channels and strategies should be in place. This will enable speedy policy and strategy execution. Furthermore, employees should be motivated by means of appropriate reward systems. This involves the payment of incentives in the form of performance bonuses and recognition by means of non-financial rewards such as awards.

The Limpopo Department of Health should have a proper, adequate and effective organisational structure which is linked to their vision, mission and strategic objectives. This means that vacant positions should be filled with the view to respond to strategy

implementation challenges. Although resources to cater for that can be scarce, prioritisation remains crucial. This implies that the Department should be able to furnish financial, human, technological and physical resources in order to improve the implementation process; and thus achieve superior performance by obtaining clean audits. This requires earnestly dedicated senior management who are ready to respond to the needs of various stakeholders including employees of the Department.

Finally, senior management should apply the relevant tools and techniques to measure organisational performance within the Department. This involves gaining knowledge in terms of assessing and evaluating performance using the four perspectives of balanced scorecard which are financial, customer, internal business processes and learning and growth perspectives.

5.7 LIMITATION OF THE STUDY

A research limitation is a weakness that makes a research results uncertain (Hair, *et al.*, 2015:428). In research studies there are types of limitations, namely methodological and theoretical (Leedy and Ormrod, 2015:62-65). As pertains to theoretical aspects, concepts used in the study were derived from academically reviewed and accredited articles and books. In relation to methodology, the research was conducted using a qualitative approach, exploratory design to collect and analyse data. The anticipated limitations of this study include the following factors.

- This study is qualitative in nature, scarce resources such as limited time and transport costs associated with the collection data have been seen as a limitation as the study was conducted in the LDoH. The sample included not only the Provincial Head Office but also District Offices and Hospitals.
- The study espoused non-probability purposive sampling and not probability random sampling. The research findings cannot be generalised to the other institutions in the public sector environment.
- The sample of this study was drawn mainly from the employees of the LDoH and thus it was not geographically representative. Nevertheless, the aim of this

study was not to be representative, but to allow other scholars to transfer the results of the study.

- It might also be challenging to determine the trustworthiness of data as may be lacking in rigor which is a crucial attribute of qualitative research. Further, participants might underrate the effect of strategy implementation which produces bias.

5.8 SUGGESTIONS FOR FUTURE RESEARCH

The identification of areas for future research is vital for every study (Bryman and Bell, 2015:107). Based on the findings from the literature review and empirical research, conclusions and limitations discussed, various suggestions for future research opportunities can be offered and these appear below.

- Since this study envisaged a qualitative approach to exploring senior management's perceptions with regards to strategy implementation in LDoH which received limited research, future research should endeavour to explore more about those perceptions.
- Research may be carried out in order to explore the differences across some of the demographic details (such as gender, educational qualifications and age) pertaining to strategy implementation in the public sector. Therefore, research may be conducted to further investigate these variables that relates to gender regarding leaders' attitudes towards implementing organisational strategies particularly in the public sector.
- In this study, senior management's perception of strategy implementation were based on the qualitative approach. However, it would be significant to apply a quantitative approach in order to gain more understanding about strategy implementation from a larger sample.
- Due to the changing business environment such as economic, social, technological and political factors, as these influence the strategy implementation of the organisation, additional research could be conducted to

explore in greater detail those variables affecting strategy implementation in the public sector.

- The other opportunity for future research could be to apply a various model for measuring senior management's perceptions with regard to strategy implementation, which may generate dissimilar research findings.
- Due to the sample drawn mainly from employees of the LDoH, the views of many individuals from outside the selected participants were not represented. Future research could thus aim to identify a more representative sample of employees, targeting different public sector departments across the Limpopo Provincial Government. Furthermore, expanding the sample to include a diverse group of individuals in the public sector particularly in Limpopo Province could well generate different results.
- Subsequently, research could be carried out to identify all the barriers to strategy implementation in public sector. This would include barriers such as resistance to change, conflicts of interest and power struggles, and particularly how these could be overcome successfully.

5.9 SUMMARY

This chapter concludes this study, which explored senior management's perceptions with regard to strategy implementation in the LDoH. The research objectives were utilised as a basis for drawing conclusions. Recommendations were made for strategy implementation in the public sector. A summary of findings from literature review was provided. The limitations of the study were highlighted, followed by the suggestion of the possibility for future research. Based on the research findings it can be concluded that strategy implementation is vital in the public sector environment, but senior management are not really devoted to it. Further, senior management's improvement in their competence of dispensing the resources could lead to effective strategy implementation in the public sector.

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APPENDIX A: RESEARCH INSTRUMENT



TURFLOOP GRADUATE SCHOOL OF LEADERSHIP

RESEARCH INSTRUMENT

MASTER OF BUSINESS ADMINISTRATION (MBA)

UNIVERSITY OF LIMPOPO

SENIOR MANAGEMENT'S PERCEPTIONS WITH REGARD TO STRATEGY
IMPLEMENTATION IN LIMPOPO DEPARTMENT OF HEALTH

Resp. No.		
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Dear Respondent

Thanks for your willingness to engage yourself in this face-to-face interviews on senior management's perceptions with regard to strategy implementation in Limpopo Department of Health. **Strategy implementation** is defined as the ability of leadership to put organisation's policies and strategy into practice. The purpose of this study is to conduct an exploration on senior management's perceptions in endeavouring to implement strategies in the Limpopo Department of Health. The interviews should take approximately **20 minutes** to complete. Anonymity and confidentiality will be kept at all times.

The questions consist of open-ended and close-ended questions. There are no right or wrong answers, the objective is to gather face-to-face in-depth responses about senior management's perceptions on strategy implementation in Limpopo Department of Health.

SECTION A: DEMOGRAPHIC INFORMATION

1. Name of your directorate.....

2. Your directorate consists of how many employees.....

3. Personal Details:

3.1 Gender (Please Indicate with X)

Male	Female
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3.2 Age (Please Indicate with X)

15-25	26-35	36-45	46-55	56-65
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3.3 Marital status (Please Indicate with X)

Single	Married	Divorce	Widow (er)
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3.4 Number of years in public service (Please Indicate with X)

0-10	11-20	21-30	31-40
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3.5 Number of years in the department (Please Indicate with X)

0-10	11-20	21-30	31-40
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3.6 Position (Rank) (Please Indicate with X)

Assistant Director	Deputy Director	Director	Chief Director
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3.7 Salary level (Please Indicate with X)

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8-10	11-12	13-14
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3.8 Employment status (Please Indicate by X)

Permanent	Temporary	Contract
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3.9 Qualification obtained (Please Indicate with X the highest qualification applicable to you):

A	Matric	
B	Diploma (including National Diploma)	
C	Bachelor's Degree	
D	Postgraduate Degree (e.g. Honours, Masters or PhD)	

SECTION B: YOUR UNDERSTANDING ABOUT STRATEGY IMPLEMENTATION IN THE DEPARTMENT OF HEALTH

4. Please select appropriate answer by indicating "Yes" or "No" (by marking with an X) on the following statements:

	Statement	Yes	No
4.1	Do you understand what is meant by strategy implementation in the public sector?		
4.2	Does the Limpopo Department of Health have a vision statement?		
4.3	Does the Limpopo Department of Health have a mission statement?		
4.4	Are the annual objectives of the Department measurable and achievable?		
4.5	Are you aware of the resources that are required in strategy implementation?		

4.6	Do your department have adequate organisational structure necessary for strategy implementation?		
4.7	Do your department have proper communication channels as vehicle to strategy implementation?		
4.8	Are leadership supportive during strategy implementation process?		
4.9	Do your department have the effective reward systems in place to support the strategy implementation? (Example, performance bonus, award, etc.)		

SECTION C: FACTORS INFLUENCING STRATEGY IMPLEMENTATION IN THE DEPARTMENT OF HEALTH

5. Please respond to the following statements (*by marking with an X*) :

		1 Agree	2 Don't Know	3 Disagree
A	Strategy implementation is significant in the Department.			
B	The current organisational culture consists of diverse environment.			
C	The department have adequate structure to ensure proper strategy implementation.			
D	Regular meetings are held with regard to strategy implementation.			
E	Leadership have sufficient time to drive policy and strategy implementation.			
F	Leadership take control over policy and strategy implementation.			
G	Teamwork is being encourage in the Department.			
H	The Department is responsible for all stakeholders (both internal and external)			

I	The Department provide quality services to its clients.			
J	There are effective communication strategies within the Department.			

SECTION D: TOOLS AND TECHNIQUES THAT ASSIST IN ENSURING SUCCESSFUL STRATEGY IMPLEMENTATION IN THE DEPARTMENT OF HEALTH

6. Please respond to the following statements *(by marking with an X)*:

		Strongly Agree	Agree	Disagree	Strongly Disagree
A	Policies are in place to guide strategy implementation.				
B	Policies and strategies are reviewed on the annual basis.				
C	Leadership play a major role in policy and strategy implementation process.				
D	The annual objectives are clear and achievable.				
E	Clear targets are being set for the predetermined objectives.				

SECTION E: THE INFLUENCE OF STRATEGY IMPLEMENTATION ON ORGANISATIONAL PERFORMANCE IN THE DEPARTMENT OF HEALTH

7. Please respond to the following statements *(by marking with an X)*:

		Strongly Agree	Agree	Disagree	Strongly Disagree
A	Strategy implementation is key to organisational performance.				
B	The Department usually receive clean audit as a part of reviewing performance.				
C	Balanced scorecard tool is effectively used to measure performance.				
D	All the four perspectives: financial, customer, internal business process and learning and growth are taken account.				
E	Incentives are implemented for rewarding individual performance.				

8. Under what circumstances it is easy to communicate with leadership in the Department?

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9. Are you happy with the way leadership steer policy and strategy implementation?

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Thank you for your time and co-operation.

Should you have any queries relating to the survey please contact the researcher:

Mr Baloyi Wiston (201720057)

Cell: 083 892 2637 or E-mail: baloyiwm9@gmail.com and/or

Dr LJE Beyers (Mini-Dissertation Supervisor) @ 015 268 4243

APPENDIX B: INFORMED CONSENT FORM



TURFLOOP GRADUATE SCHOOL OF LEADERSHIP

INFORMED CONSENT

TITLE OF THE STUDY:

SENIOR MANAGEMENT'S PERCEPTIONS WITH REGARD TO STRATEGY IMPLEMENTATION IN THE LIMPOPO DEPARTMENT OF HEALTH

Research conducted by:

Mr W.M. Baloyi (201720057)
Cell: 083 892 2637

Dear Respondent,

You are invited to participate in an academic research study conducted by Mr W.M. Baloyi, a Master's student from the Turfloop Graduate School of Leadership at the University of Limpopo. The purpose of this study is to conduct an exploration on senior management's perceptions in endeavouring to implement strategies in the Limpopo Department of Health.

Please note the following:

- This is an anonymous survey as your name will not appear on the questionnaires. The answers you give will be treated as strictly confidential as you cannot be identified in person based on the answers you give.
- Your participation in this study is very important to us. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.
- Please answer the questions in the attached questionnaires as completely and honestly as possible. This should not take more than **20 minutes** of your time.
- The results of the study will be used for academic research purposes only.
- The research study was approved by the Higher Degree Committee at University of Limpopo as well as the Ethical Clearance Committee of the University of Limpopo. Please contact me if you have any questions or comments regarding the study.

Please sign the form to indicate that:

- You have read and understand the information provided above.
- You give your consent to participate in the study on a voluntary basis.

Respondent's Signature

Date

APPENDIX C: REQUEST FOR PERMISSION

P.O Box 741

VUYANI

0931

09 January 2018

The Head of Department

Department of Health

POLOKWANE

Dear Sir/Madam

REQUEST FOR THE PERMISSION TO CONDUCT RESEARCH ON SENIOR MANAGEMENT'S PERCEPTION WITH REGARD TO STRATEGY IMPLEMENTATION

In fulfilment of my Degree of Master Business Administration at the University of Limpopo, Turfloop Graduate School of Leadership, I am conducting an interesting research study on how senior management perceive strategy implementation in the Department of Health. Strategy implementation is a major challenge for both sectors (the private and public). Therefore, the purpose of this study is to conduct an exploration on senior management's perceptions in endeavouring to implement strategies in the Limpopo Department of Health.

To enable the researcher to complete this study, a request is hereby made for the permission to collect primary data to employees of the Department. Hence, the data that will be gathered from the employees will be used only for the purpose of this study.

I deeply appreciate your co-operation in making this study possible.

Sincerely,

Baloyi Wiston Mbhazima

Contact: 0838922637/0152942009