THE LEADERSHIP CHARACTERISTICS AND DEVELOPMENT OF

DOCTOR TRUDY THOMAS

A CASE STUDY IN SERVANT-LEADERSHIP

A half thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION

of the

RHODES BUSINESS SCHOOL

by

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Declaration

I, Jennifer Anne Fietze, hereby declare that the work submitted within this research thesis is my own original work, produced under the guidance of my supervisor. I also declare that all reference sources have been accurately reported and acknowledged, and that this document has not previously, in its entirety or in part, been submitted to any University in order to obtain an academic qualification.

This work is submitted in partial fulfilment of the Masters of Business Administration at the Rhodes Business School, Rhodes University, Grahamstown, South Africa,

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Jennifer Anne Fietze   February 2015

Integrative Summary

Doctor Trudy Thomas is a leader that served; as a medical doctor and as a public servant over five decades during and after the apartheid era in South Africa.

The aim of this qualitative study was to identify the leadership characteristics that are evident in Doctor Thomas, the former MEC for Health for the Province of the Eastern Cape; as a leader and to explore how they developed over five decades, given her role within healthcare in South Africa.

The first requirement of a servant-leader according to Robert Greenleaf (the contemporary pioneer of servant-leadership) (Greenleaf, 1977), is that the leader is a servant first and starts with a desire to serve. Doctor Thomas started her professional life as a medical missionary doctor, a profession that by its nature is serving and ultimately healing, in the poor rural communities of the Eastern Cape. Her leadership grew out of her initial concern for her patients and their communities and by the opportunities that she was presented with to apply her skills to serve. She was able to identify the deeper needs within these communities and was able to envision practical solutions to these problems, enlisting the assistance of others.

Throughout her leadership journey she exhibited humility, and many other trademarks of a servant-leader. She did not see herself as a leader, believing rather that it was a privilege to serve and help people.

This study was therefore able to conclude that the leadership that Doctor Thomas has exhibited is that of a servant-leader and that her leadership journey was unintentional and grew out of her desire and ability to serve.

This thesis consists of three separate yet interrelated sections.

Section One, The Academic Case Study is a holistic, biographical academic case study on an individual. The outcomes of this research are presented as an academic paper, which includes a condensed literature review, results and discussion, as well as recommendations for future research. It also presents recommendations regarding the application of servant-leadership in service industries like Healthcare in South Africa. The presentation of the results is predominantly qualitative with some quantitative aspects.

Section Two, The Literature Review presents an extensive review of literature that relates to the phenomena of leadership; servant-leadership; leader and leadership development; servant-leadership development through service and finally servant-leadership in South Africa. Other aspects like Ubuntu and Unintentional leadership are examined. The literature review conducted serves as a broad foundation for understanding servant-leadership but does not purely focus on the issues of this individual study.

Section Three, The Research Methodology is an outline of the research aim and objectives, and the research paradigm that has been adopted. The discussion also details the research methodology; the case study method; an inductive approach; an intersubjective position; the individual researched; data collection techniques and analysis; objectivity; issues of quality; ethics; and the limitations of this research.

"The first responsibility of a leader is to define reality.

The last is to say thank you.

In between, the leader is a servant."
-Max DePree

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I look forward to many years of fulfilling our bucket-list together. My love always.

Finally to my Lord and Saviour, whose indwelling presence has given me the courage and strength to persevere.

Dedication

This work is dedicated to the myriad of nameless, faceless, faithful servants past, present and future who have offered their lives as living sacrifices to bring healing, succour, justice and peace to our suffering, broken world.

 "There is a light in this world, a healing spirit more powerful than any darkness we may encounter. We sometimes lose sight of this force when there is suffering, too much pain. Then suddenly, the spirit will emerge through the lives of ordinary people who hear the call and answer in extraordinary ways" - **Mother Teresa of Calcutta**

"Be the change you wish to see in the world" – **Mahatma Gandhi**

"The most potent weapon in the hands of the oppressor is the mind of the oppressed" – **Steve Bantu Biko**

"A leader is like a shepherd. He stays behind the flock, letting the most nimble go out ahead, whereupon the others follow, not realizing that all along they are being directed from behind." - **Nelson Rolihlahla Mandela**

"You know that those who are considered rulers of the Gentiles lord it over them, and their great ones exercise authority over them. But it shall not be so among you. Whoever would be great among you must be your servant, and whoever would be first among you must be slave of all. For even the Son of Man came not to be served but to serve, and to give His life as a ransom for many." – **Jesus Christ**

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List of Abbreviations

ANC - African National Congress

BCE – Before Current Era / Before Christ

DOH – Department of Health

HIV/Aids – Human Immunodeficiency Virus that causes Acquired Immune Deficiency Syndrome

MB.ChB - Bachelor of Medicine, Bachelor of Surgery

MDG – Millennium Development Goals

MEC – Minister of the Executive Council

MPL – Member of the Provincial Legislature

UNISA – University of South Africa

TAC – Treatment Action Campaign

TRC - The Truth and Reconciliation Commission

Section One: Academic Case Study

1.1 Abstract

There has been little research done to date on servant-leadership and the development of servant-leadership, particularly within South Africa. The leadership of Doctor Trudy Thomas initially appeared to be characterised by servant-leadership and therefore this study serves as a valuable biographical case study for research, thereby adding to the sparse knowledge in the areas of servant-leadership, leadership development and unintentional leadership in South Africa.

This paper identifies the leadership roles performed and the leadership characteristics that are evident in Doctor Thomas as a leader and traces her leadership development over five decades, given her role within healthcare in South Africa.

This study was able to conclude that the leadership characteristics that Doctor Thomas has exhibited are those of a servant-leader and that her leadership journey developed unintentionally, growing out of her desire and ability to serve, as well as her response to the needs and injustices that she encountered.

Key words: Servant-leadership, leadership development, unintentional leadership.

1.2 Introduction

South Africa has produced leaders of varying quality and character, ranging from the authors of apartheid to those who dedicated their lives to the eradication of oppression. Nelson Mandela, the first president of our democratic South Africa and Nobel Peace Laureate, was hailed as a global model of political leadership and a living example of true servant and selfless leadership (Mhone & Morare, 2013). There are many more examples of servant-leaders, including Steve Biko and Archbishop Desmond Tutu, who served diligently and selflessly, always putting the needs of the people first and acting out of a culture of service (Rensburg, 2002). There is no excuse for the mediocre, corrupt, self-serving and ineffective leadership experienced in South Africa today (Mhone & Morare, 2013).

The first requirement of a servant-leader according to Robert Greenleaf, the contemporary pioneer of servant-leadership (Greenleaf, 1977), is that the leader is a servant first and starts with a desire to serve.

Doctor Thomas started her professional life as a medical missionary doctor, a profession that by its nature is serving and ultimately healing, in the poor rural communities of the Eastern Cape. Her leadership grew out of her initial concern for her patients and their communities and by the opportunities that she was presented with to apply her skills and to serve. She was able to identify the deeper needs within these communities and was able to envision practical solutions to these problems, enlisting the assistance of others.

Doctor Trudy Thomas, the former MEC for Health for the Province of the Eastern Cape, was a leader that served; as a medical doctor and as a public servant over five decades during and after the apartheid era in South Africa. Throughout her leadership journey she exhibited humility, and many other trademarks of a servant-leader. She did not see herself as a leader, believing rather that it was a privilege to serve and help people. Her leadership journey is hopefully an inspiration to those who would follow in her footsteps and as encouragement for healthcare workers to put "service" back into public service.

1.3 Context of Research

This research attempted to investigate the leadership characteristics displayed by Doctor Trudy Thomas and to interpret the influences thereof on the communities she affected within the context of Public Healthcare in the Eastern Cape Province of South Africa during and after the apartheid era.

1.4 Literature Review

Initially, Doctor Thomas's leadership approach appeared to have many characteristics similar to those described as being integral to servant-leadership (Greenleaf, 1977) and therefore the literature was critically reviewed through the lens of servant-leadership and similar values-based leadership approaches. Whilst the focus of the literature review was on servant-leadership, other aspects like Ubuntu and Unintentional Leadership were also explored.

1.4.1 Understanding the concept of Servant-Leadership

The crisis of leadership in the past two decades is a not just limited to South Africa, but is a global phenomenon (Brubaker, 2013). This has stimulated interest in alternative forms of leadership and has been experienced as a move away from traditional Western authoritarian leadership approaches towards more participative contemporary approaches. Servant-leadership is a sub-set of the values-based contemporary leadership approaches.

Whilst the concept of servant-leadership has been in existence for many centuries, the phrase "servant-leadership" was pioneered by Robert K. Greenleaf in an essay "The Servant as Leader", which was first published in 1970 (Anderson, 2008). The seminal works of Greenleaf were based on his many years in the traditional corporate world and were never intended to be a new leadership theory (Anderson, 2008). Greenleaf's intention was to encourage people to change and thereby transforming their communities and organizations and ultimately society as a whole, to become more serving and ultimately healthier, more caring and more sustainable (Anderson, 2008).

His work was interpreted by many subsequent authors who attempted to define servant-leadership as a leadership theory and translate servant-leadership into servant-leader characteristics, behaviours and practices.

Greenleaf did not provide an empirically validated definition of servant-leadership and four decades later there was still no consensus about a definition or a theoretical framework for servant-leadership theory (Parris & Peachey, 2013). Consequently, writers and researchers started to formulate their own definitions and models, which resulted in many interpretations of servant-leadership and a wide range of behaviours described (Van Dierendonck, 2011). Initial academic criticism was based on the lack of rigorous empiric research, which initiated numerous and various research attempts over the decades. This research has contributed to the consolidation of the definition of servant leadership as a theory. Spears (1995), Laub (1999), Russell and Stone (2002), Patterson (2003) and Anderson (2008) have all made valuable contributions to the seminal works of Greenleaf (1970). A broad base of valuable literature is available, mostly anecdotal and targeted at the executive level of organizations (Van Dierendonck, 2011).

Empirically validated research on the conceptualization and operationalization of servant-leadership has only begun in the past two decades (Parris & Peachey, 2013). Recently, Van Dierendonck and Nuijten's (2011) work has included a broader range of organizational leadership to include diverse occupations and organizational levels, thereby gaining valuable insights on the servant-leadership of leaders throughout organizations, and not only executives (Parris & Peachey, 2013). Servant-leadership has been researched across various cultures, countries and industries (Parris & Peachey, 2013). These research efforts have contributed and continue to contribute greatly to the body of knowledge on servant-leadership. However, each author and school of thought has their own interpretation on servant-leadership. What initially was a simple, yet paradoxical concept of serving leadership, has become complex with many nuances (Anderson, 2008). It is therefore difficult for the lay-person to understand and practice servant-leadership.

The measurement of servant-leader behaviour has been explored by Laub (1999), Barbuto and Wheeler (2006), Senjaya et al. (2008), and Van Dierendonck (2010) amongst others. Whilst their work has been valuable and validated, it has examined servant-leader behaviour in organizations and from the perspective of the followers.

1.4.2 Understanding the concept of Ubuntu and Servant-leadership in South Africa

Servant-leadership, as it was first developed and researched was from a Western perspective (Cerff, 2004). An understanding of the uniquely African concepts of Ubuntu and traditional African leadership perspectives are important if servant-leadership is to be effectively assimilated into contemporary South African leadership culture (Cerff, 2004). The principles of Ubuntu provide values that connect to those of servant-leadership, thereby creating a platform that could be effectively applied in an African context (Winston & Bekker, 2004).

Servant-leadership studies have begun to explore the model's conceptualization in various global cultures, including Africa (Nelson, 2003; Danhausser & Boshoff, 2007 as cited in Brubaker, 2013), Asia and Latin America. Brubaker (2013) studied servant-leadership and Ubuntu-related leadership in Rwanda and was able to conclude that both concepts are related and significant in improving leader effectiveness, holding beneficial potential for influencing underdeveloped leadership across the African continent.

The measurement of servant-leader behaviour within the South African context has been explored by Danhausser and Boshoff (2007) and Mahembe and Engelbrecht (2013); these works have been valuable despite the failure of the measurement tools used by Danhausser and Boshoff (2007) (Mahembe & Engelbrecht, 2013). These research efforts have again examined servant-leader behaviour within organizations and also from the perspective of the followers.

1.4.3 The development of the unintentional leader

Unintentional leaders are described as those with no real training or natural inclination towards leadership, who sometimes find themselves thrust into leadership positions; despite not actively seeking such positions (Peters, 2004). Many professional organisations like healthcare and education are filled with people who are at the heart and soul of what the profession is doing and becoming. Often a leadership role is attributed to the person who is in the right place at the right time or by default, because no one else was willing, capable or available to take charge and perform the leadership functions, thereby filling the leadership vacuum (Peters, 2004).

The concept and operationalization of unintentional leadership is rarely described in leadership literature. It would also appear that no empirical studies have been conducted in this area. By their very nature, unintentional leaders would be humble and unassuming, and would thus be difficult to identify and therefore adequately study. One could even argue that unintentional leaders have characteristics similar to servant-leaders and that unintentional leadership is a sub-set of servant-leadership.

1.4.4 Summary

In reviewing the servant-leadership literature it was found that no consensus exists regarding the definition of servant-leadership (Parris & Peachey, 2013). Consequently, writers and researchers have formulated their own definitions and models, which have resulted in many interpretations of servant-leadership and a wide range of behaviours described (Van Dierendonck, 2011).

The majority of the servant-leadership literature is anecdotal and therefore there exists a scarcity of rigorous empirical studies (Russell & Stone, 2002). The studies that have been conducted and the models used were focussed on the subjective evaluation of leaders and organizations by colleagues and followers (Parris & Peachey, 2013) (Reed, et al., 2011).

The literature on Ubuntu is also mainly anecdotal, remaining under researched, poorly conceptualized and operationalized. Unintentional leadership literature is rare, with apparently no evidence of empirical studies having been conducted.

In reviewing the leadership literature, no parallels were found where a biographical case study was conducted on an individual servant-leader or where the leader evaluated was interviewed face-to-face. The servant-leadership measures that were previously used were designed to gather subjective information from colleagues and followers (Reed, et al., 2011). Applying these measures and questionnaires to this case were found to be mostly unfeasible - the challenge being that if a person is asked to evaluate if they are humble, they will not be able to answer effectively. If the person is truly humble, which implies that they are also unassuming, they would by nature not publicise their acts of kindness, generosity or sacrifice. The evidence for humility would then have to be obtained by the evaluation of the person's deeds, which could also be difficult to find evidence of. It was therefore logical to use the literature to highlight certain obvious servant-leadership characteristics evident in Doctor Thomas and to apply a combination of the relevant measures as a framework of questions for the face-to-face interviews and to augment this with information gained from published reports recording the public life of Doctor Thomas.

For the purposes of this research, the works of Spears (1995), Anderson (2008), Van Dierendonck (2011) and Parris and Peachey (2013) have mainly been used as the theoretical references for this work. The reason for this was that they appeared to the researcher to be more appropriate when applied to the leadership of Doctor Trudy Thomas.

1.5.1 Research aim and objectives

The primary objective of the research was to identify, analyze and understand the various leadership roles, functions and leadership characteristics of Doctor Thomas and to discover any specific underlying servant-leader qualities.

The secondary objective was to trace her leadership development and to analyze the events and associated challenges that shaped this development over a period of five decades. These events were then recorded as defining moments along a timeline, and were based on the various critical leadership roles that were performed, against the relevant corresponding political and social history of South Africa.

The analysis of each critical leadership role was further clarified in order to describe the leadership position; the context of the leadership challenge; how the leadership role was interpreted; how she equipped herself and others to perform this role; how leadership was exercised; how continuity and sustainability were ensured; and finally the insights and learnings gained.

The roles that Doctor Thomas performed as an activist and altruist were also explored in order to describe how and when they began; what these roles involved and what the associated challenges were; who the role models and mentors were; what the significant positive and / or negative outcomes were; and what sacrifices were involved both personally and professionally.

1.5.2 Research Method

The research question that this study attempted to discover was: What leadership characteristics are evident in Doctor Thomas as a leader and how did they develop, given her role within healthcare in South Africa?

The research paradigm adopted for the research was **Constructivist** (Guba and Lincoln, 1994:110; Riege, 2003:77), where the assumptions are subjective and the created knowledge depends on the interaction between and among researcher and research participant. By adopting the constructivist paradigm, the aim was to gain a deep and an individual's understanding of the phenomena of leadership, servant-leadership and leader development through service, within the specific context of Public Healthcare in South Africa over five decades; and which was rooted within the research participant's understanding of herself **(**Ritchie and Lewis, 2003: 32). A **Relativist** ontology was employed, where the realities were located within specific situations, contexts and individuals or groups (Guba and Lincoln, 1994:110; Riege, 2003: 77), which required that the researcher interacted actively with the research participant in order to ascertain her perspectives on leadership and leader development. A **Transactional / Subjectivist** epistemology (Guba and Lincoln, 1994:110) was adopted, where the nature of the relationship between the researcher and the research participant entailed close interactions in order to explore a subjective reality (Guba and Lincoln, 1994: 109).

In this research study, a **qualitative research framework** was explored in order to "describe" and to "understand" human behaviour from an insider's perspective of the social phenomena of leadership, servant leadership and leadership development (Babbie, 2011). The constructivist paradigm's methodology was concentrated on the interpretation, understanding and reconstruction of the beliefs that were untainted, legitimate and truthful insider descriptions that were generated by establishing a genuine rapport with the research participant, and thereby gaining her trust (Guba and Lincoln, 1994: 111). Objectivity within the constructivist paradigm was maintained by the adoption of an inter-subjective position (Babbie, 2011). An **exploratory case study methodology** was appropriate for this case as it allowed for a detailed understanding, and interpretation of phenomena, within a single bounded system (Yin, 2003) of a single unit. The unit of analysis in this case was focused on the biographical study of an individual leader (Babbie, 2011). The exploratory case study methodology was used to explore reality, as it allowed the researcher to use multiple sources of data and where the researcher had little ability to affect the phenomenon being studied (Ritchie and Lewis, 2003: 39). In order to realize the research aim, a **holistic single case study research method** was used, and thus the questions of "how" and "why", have been answered (Gray, 2004). The research was mainly qualitative in nature, whilst being both descriptive and heuristic.

The research approach was **inductive and phenomenological**, where the researcher attempted to understand social phenomena and relate these findings to the existing literature (Babbie, 2011). In this case the researcher was also a healthcare professional with experience in the similar healthcare environment within the same province, who had initiated a relationship with Doctor Thomas prior to the research being performed.

The **data was collected** via the use of documentation, archival records, and in-depth interviews. Prior to the interviews, the researcher visited the research participant to gain an understanding of the context and logistical requirements for the research, to establish initial rapport and to gain insight.

A series of **semi-structured face to face qualitative interviews** were conducted with the primary research participant, namely, Doctor Trudy Thomas, former MEC of Health for the Eastern Cape as advised by Babbie (2011). The interview questions and discussion topics were asked orally and then recorded (written down) exactly as given in order to maintain integrity in the process (Babbie, 2011:213). The critical incident technique, initially described by Flanagan (Flanagan, 1954) and later widely used in service (Gremler, 2004) and literacy research (Hughes, et al., 2007) was used where data was collected from the respondent's perspective and in her own words, without forcing her into any given framework. This technique was used in order to identify rare events that could be missed by other methods which only focus on common and everyday events (Hughes, et al., 2007), during the data collection and analysis.

The interviewer had a **series of open-ended questions and discussion topics**, which were used as a framework for the two interviews that were conducted (see Appendix 3).The interviews that were conducted were intended to be flexible, sensitive and probing in order to adjust to unexpected events and information. Further questions were added by the researcher during and after the interviews to better explore certain themes. The researcher conducted all the interviews in the home of Doctor Thomas as this was conducive to establishing a relaxed, comfortable environment. The interviews were conducted in English, being the mother tongue of both the research participant and the researcher. Care was taken by the researcher to accurately and meticulously write down the responses and the content of the interviews. Additional information was obtained subsequently from the research participant telephonically and by email.

An extensive data search of relevant data bases was conducted in order to obtain documentation regarding the public life of Doctor Thomas. These included newspaper and journal articles, as well as archival transcripts and presentations. The additional data was required to add credibility and validity to the research as well as to provide comparative and historical perspectives (Babbie, 2011). Gaining access to current and archived historical data posed a challenge during the research experience. Interpretations in this research would have been difficult to conclude if the aforementioned qualitative information was inaccessible. Much of the desired information was extracted from both the personal interviews and from documentation that was retrieved. The interview process was rather challenging and due to time constraints not all the information was able to be gathered directly in the time allocated. However this was mitigated by leaving the question

framework for Doctor Thomas to complete and augment (see Appendix 3), in her own time and thereby provided a written transcript in her own words and from her perspective.

Once all the interview data had been obtained, it was transcribed and sent to the research participant for verification and approval.

The data was then subjected to a **systematic analysis**, where the critical incidents (Hughes, et al., 2007) were identified and described. Key themes emerging from the interview discussions were induced and patterns of 'key themes' or aspects reflecting the leadership roles and natures and their contexts were developed. The period being studied covered over five to six decades and it was expected to see patterns, explanations and logic over that time period. In this research, explanation-building and time-series analysis were utilized for the purposes of realizing the research aim.

The leadership development was compiled and events that lead to this growth, over time, were identified and were recorded as a time-line. The explanation-building technique was used to understand the leadership of Doctor Thomas and describe how this developed (Babbie, 2011). The aim of the analysis was to eventually produce a timeline representing the leadership development of Doctor Thomas, as well as a comparative table representing the servant leader characteristics evident in her leadership approach.

1.6 Findings

1.6.1 Doctor Thomas: A short biography

Doctor Gertrude (Trudy) Christina Thomas was born in 1936 and educated in Krugersdorp, a mining town west of Johannesburg. After she gained a First Class Matric she proceeded to the University of Witwatersrand, Johannesburg, where she received her medical qualifications of MB.ChB. in 1958 (Rotary Club of East London, 2009). She was an intern and senior houseman at Baragwanath Hospital, Soweto, and then in 1961, began her long involvement with the Eastern Cape, starting her professional career as a rural missionary doctor at St Matthews Mission Hospital near Keiskammahoek, where she was head of a 150-Patient Paediatric Unit and a network of 11 Rural Clinics (Walters, 2003) (Hutmacher MacLean, 2004)

Doctor Thomas found herself working in one of the most dysfunctional of the apartheid homelands, where thousands of uprooted people were resettled in rural areas, without adequate infrastructure (Walters, 2003). It was during this period that she really saw the human faces of the suffering that was caused by the **apartheid** policies of the Nationalist government in the orphaned, abused and abandoned children; in the destitute mothers with malnourished children and no partner- support. As a medical practitioner, Doctor Thomas treated and cared for the innocent victims of apartheid - the children and along with them the mothers and the neglected (Walters, 2003). She also had a passionate concern for the health of individuals and communities and initiated and participated in a variety of community projects. It was inevitable that through these community projects, she met and worked with the Black Consciousness leader Steve Biko, who was a great inspiration to her (Thomas, 2014). Doctor Thomas later became a member of the **Black Sash** and the then banned African National Congress (ANC) and was an outspoken anti-apartheid **activist** in the 1970s (Batten, 2008) (See Appendix 1: Expanded Glossary of terms)

In 1974, Doctor Thomas moved to East London to become Head of the Paediatric Outpatient Unit at Frere Hospital and in 1979 moved to the Cecilia Makiwane Hospital, Mdantsane, where she established and headed the Community Health Department. In 1989, Doctor Thomas moved to the University of Cape Town for three years to further her medical studies and acting as a Registrar of the Community Health Department. In 1991 she received a Fellowship in Community Health from the University of Cape Town. Doctor Thomas returned to the Eastern Cape in 1992, working from the Duncan Village Day Hospital in East London and in 1993 moved back to Cecilia Makiwane for a year.

The common features of each of Doctor Thomas's professional appointments were that in performing her function as a medical doctor she was able to identify deeper social symptoms that needed to be addressed within the communities she served. Apart from her specialised medical knowledge, Doctor Thomas displayed the organisational skills to ensure appropriate, community-based delivery of fundamental health services.

In 1994, after the first democratic elections in South Africa, Doctor Thomas was appointed as the MEC for Health in the Eastern Cape Province of South Africa (Hutmacher MacLean, 2004). Doctor Thomas held that position until 1999, when she resigned from her position, public service and the African National Congress (ANC) because she could no longer subscribe to their policies (Batten, 2008).

Doctor Thomas recently headed up an organization called "Loaves and Fishes" which cares for children affected by poverty, violence and Aids in Buffalo City (Charity SA, 2006). She was the founder and head of an organisation called Masiwenzeni ("Let's do it") which aims to facilitate the development and promotion of models of cost-effective social and health services (Walters, 2003).

In 1996, Doctor Thomas received the Nelson Mandela Health and Human Rights Award for her humanitarian contributions and her steadfast commitment to improving the quality of care for children and the elderly (Henry Kaiser Family Foundation, 2010). In 2003, she was awarded an Honorary Doctorate of Law from Rhodes University (Rotary Club of East London, 2009).

Doctor Thomas has looked after those in need all her life; she has been and continues to be an advocate of decent healthcare (Valentine, 2001). Doctor Thomas continues to contribute as a humanitarian, community medical doctor, activist and commentator with her regular newspaper column and the various organizations she supports like the Treatment Action Campaign (TAC). Her leadership has grown from her innate compassion and the desire to alleviate the suffering and injustice so prevalent in our world today.

1.7.2 The leadership roles and functions of Doctor Thomas

Doctor Thomas's leadership approach has evolved unintentionally and developed as a result of the situations that she found herself in and the opportunities thereby presented to practice her profession, to serve and to heal others. "I have never thought of myself as a leader – if anything as a pusher and a worrier and a desperado" (Thomas, 2012).

Her leadership approach would appear to have many characteristics similar to those described as being integral to servant-leadership (Greenleaf, 1977). The purpose of this case study is thus to evaluate her leadership approach and to discover the factors that influenced its development. The theoretical framework for the research is based on servant-leadership and leadership development theories, with a specific focus on the development of servant-leadership through service.

The information gathered during the research process was through interviews conducted with Doctor Thomas, as well as based on the newspaper reports and archive material that was sourced. This information was analyzed and the following defining critical leadership roles were identified and their various aspects are further clarified below (Table 1).

As a medical professional and physician, Doctor Thomas would have been trained and skilled in the diagnosis of disease, which requires a careful examination of the signs and symptoms, as well as deliberate communication, in order to understand the underlying causes of the presenting problem. Only once the immediate condition and contributory factors are identified can effective treatments and courses of action be taken. Urgent and serious problems require quick and effective actions. Errors of judgment can have costly consequences and require knowledge, experience and commitment if they are to be avoided. The most important requirements for a physician are the ability to care for the sick and vulnerable and to have a deep respect for the value and dignity of life. " I love health care and the wonderful possibilities of decent healthcare and the horrible consequences of the horrible health care we are seeing now" (Thomas, 2012).

These medical problem solving skills developed unconsciously in practice and were applied by Doctor Thomas in the interpretation of the various leadership roles she performed throughout her leadership journey.

A pattern of her responses has been repeated in each of the leadership roles that she has performed:
- Sees a need or injustice
- Identifies and quantifies the need or injustice
- Responds to a need or injustice
- Brings healing
- Empowers, involves and persuades others to help find solutions
- Encourages training and development

Table 1: The Leadership Roles of Doctor Thomas

Leadership Role	Period	Context of the leadership challenge
Paediatric Doctor	1961-1974 1974-1979	1. Head of Paediatric unit (150 beds) and a network of 11 rural clinics, St Matthews Mission Hospital, Keiskammahoek, Ciskei. 2. Head of Paediatric Outpatient Unit, Frere Provincial Hospital, East London.
Community Health Specialist	1979-1989 1989-1991 1991-1994	1. Head of Community Health Department, Cecilia Makiwane Hospital, Mdantsane 2.Registrar of Community Health Department, University of Cape Town 3.Community Health Specialist, Duncan Village, Ciskei
Activist / Politician / Public Servant	1972 1992-1994 1994-1999 1999-2000	1.Member of the Black Sash 2.Member of the ANC 3.Chairperson ANC's Border Health Desk 4.MEC- Minister of Health, Eastern Cape Provincial Government 5.MPL and Chairperson of the standing committee for Public Participation
Humanitarian	2001 2006	1.Founder and head of an organisation called Masiwenzeni ("Let's do it") 2.Headed up an organization called "Loaves and Fishes" 3.Member of the Treatment Action Campaign (TAC)
Community Commentator	1972 2002-2014 2002-2014	1. Author of a book "Their Doctor Speaks" 2. Weekly column in local newspaper the "Daily Dispatch" 3. Speaker and contributor at medical and healthcare related conferences and journals

Doctor Thomas's leadership journey began long before she became a leader. She began equipping herself to become a medical doctor through formal study. It was during her years of practical training at Baragwanath hospital that she experienced the first "need" and together with a spiritual conviction,

provided the initial motivation to use her professional skills to serve as a missionary doctor in a poor rural area.

In the process of bringing physical healing, she was able to identify the greater "need" of malnutrition in the poverty stricken communities resulting from the "injustice" created by the apartheid government policies. In addressing the immediate problems ("needs") of poverty and malnutrition, Doctor Thomas was instrumental in the development and establishment of community vegetable gardens and craft workshops, thereby empowering others to find solutions that provided food and incomes. She also persuaded a foreign aid organization to donate funding in order to provide milk for young children, in the process becoming an altruist.

Doctor Thomas's response to the "injustice" was to become an anti-apartheid activist and a member of the Black Sash. She joined the struggle in order to oppose the unjust government policies, to speak out and inform the rest of the world.

This pattern was repeated over the next few decades with each new leadership role that Doctor Thomas performed, with each role feeding into the next role. As a Paediatric doctor she realized that the deeper need was within the health of communities, this then served as the motivation to move into this area and a new role. In order to equip herself for this role, Doctor Thomas furthered her studies and became a Community Health Specialist, which in turn prepared her for the role of leading the Provincial Department of Health (DOH). Her years as an activist equipped her to become a politician, which drew on her organizational skills and extensive knowledge of health issues prevalent in the province. When disillusionment and personal frustrations with the government grew, with the inevitable conflicts of interest, competition for resources, the greed for power, wealth and authority; Doctor Thomas sadly resigning from the ANC, public service and politics. She had the wisdom to realise that her leadership was not in alignment with the prevailing leadership culture and that her season of direct influence had come to an end (Thomas, 2012). Doctor Thomas then followed her altruistic calling and poured her talents and energy into humanitarian organizations. She has also continued her role as an activist, being the outspoken voice expressing her views publically and challenging the decision- makers to be more accountable and highlighting the wrongs of our society.

Doctor Thomas not only equipped herself for each leadership role that she performed, but was instrumental in equipping others to perform their roles within their teams. This took various forms such as:
- establishing a Home Industry to teach and employ destitute women
- the introduction of Primary Health Care Training for Nurse Practitioners
- the initiation of the Village Health Worker Programme with workers in rural villages
- the establishment of a bursary scheme for the children of indigent and chronically ill guardians

Doctor Thomas exercised leadership by doing what was required of her, by acts of service and performing her function in each of her roles, not thinking of herself as a leader. Her roles were

interpreted as being a team member, encouraging, empowering and supporting her colleagues to perform their functions within the team.

In the majority of her leadership roles Doctor Thomas established community projects, provincial programmes and infrastructure in order to ensure continuity and sustainability. These were:
The establishment of:
- the St Matthews Children's home for orphaned, abused and abandoned children
- key services like home-based care for abused and frail elderly people
- a hospital liaison service to monitor the progress, compliance and safety of tuberculotic and abused children
-

It was however, in her role as MEC that Doctor Thomas saw opportunities in the change of government to prioritize the important health concerns in the new dispensation. This was where her greatest impact on provincial healthcare was realized in the policy changes, new legislation and changes brought about to the provincial healthcare infrastructure. Some of these were:
- the decentralisation of provincial health services into 21 districts
- the establishment of "Academic Health Complexes" in which teaching and service provision complemented each other at service sites
- financial support for community and home-care programmes for hospice work, providing terminal care of sufferers of cancers and AIDS and support for their families
- policy formulation for a comprehensive Mental Health Service integrated from the primary health level into all other referral levels
- initiating a comprehensive service for the victims of domestic violence and child abuse
- initiating the Institute of Primary Health Care for the training of all categories of health-care workers in comprehensive community and primary health skills

The achievement of improved healthcare during her tenure were reflected by the eradication of measles as a community health problem through community and clinically-based immunization programmes, as well as a dramatic reduction of malnutrition and gastro-enteritis through clinic- and community-based programmes.

In all the leadership roles performed by Doctor Thomas, there were aspects activism and altruism that complemented her primary medical roles. As previously stated, these roles were initiated in response to the needs and injustices that she was exposed to in the poor rural communities.The nature of her involvement was expressed in many different ways, from joining the then banned ANC to establishing a humanitarian organization called "Loaves and Fishes".

In the identification of her mentors and role models, Doctor Thomas credits her "Oupa and Ouma", her father, a miner and her mother, a housewife, as the nurturing and supportive family influences that encouraged her to become a medical doctor. The other "important men in my life were Steve (Biko) and Madiba (Nelson Mandela)" (Thomas, 2014).

Doctor Thomas's personal life has seen many triumphs and sacrifices. She was married to Doctor Ian Harris, but later divorced. She is a mother of 4 children and grandmother to 6 grandchildren, the pride and joy of her life. She is a vegetarian and does Pilates in order to stay fit and healthy. She lives in Chintsa East, a small seaside village on the outskirts of East London and is involved with the local township in medical and humanitarian ways. She has a deep love and respect for the natural environment, as evidenced by her solar panels, rain-water tanks and biological sewerage system at her home and the in passion she has for the indigenous flora and fauna that surround her.

In earlier years Doctor Thomas was a deeply committed Christian and lay preacher in a protestant Christian church which served as her spiritual motivation to study medicine and become a medical missionary together with her husband, in a poor rural community of the Eastern Cape. Unfortunately, the authoritarian hierarchy of the traditional church and their inability to respond appropriately to the injustice and needs prevalent in the poor, dysfunctional communities of the apartheid era, contributed to Doctor Thomas's disillusionment with religion and eventual loss of faith.

During the apartheid era, Doctor Thomas's involvement with the then banned ANC and the Black Sash, her friendships with other activists like Biko, put herself and her family at risk from the security police and involved surveillance and harassment. " I am not sure that I can be of leadership use to you but I would be honoured to explore these issues with you. And, from a selfish point of view, I think this could help me clarify some of my frustration and questions and address my disillusionment constructively. Can't let them win!" (Thomas, 2012)

1.7.3 The Servant-leadership characteristics of Doctor Thomas

In order to evaluate whether the leadership shown by Doctor Thomas is in fact servant-leadership, the following process of evaluation was followed:
No suitable measurement tool was found to be applicable to the type of research.
Therefore, it was decided to use a combination of Greenleaf's (1970) original servant-leadership concepts as well as the servant-leader characteristics identified by Spears (1995), as a framework for the qualitative analysis of Doctors Thomas's leadership. The result of this evaluation is displayed below (Table 2)

The core of Greenleaf's servant-leadership concept is the much quoted (Parris & Peachey, 2013) (Reed, et al., 2011):

"The servant-leader is servant first… It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead.

That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power or drive to acquire material possessions." At heart, the individual is a servant first, making the conscious decision to lead in order to better serve others, not to increase their own power (Greenleaf, 1970). The great leader is seen as a servant first, and that simple fact is the key to his greatness (Greenleaf, 1977:21).The difference manifests itself in the care taken by the servant; first to make sure that other people's highest priorities are being served. The best test, and difficult to administer, is: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And what is the effect on the least privileged in society; will they benefit or, at least, not be further deprived (Greenleaf, 1970)?

Greenleaf's opinion is that leadership should focus primarily on meeting the needs of others. The premise of this form of leadership is that the leader seeks to humbly serve, without expectation to be served by those who follow, and through one's service one is recognized as a leader (Anderson, 2008)

By identifying core aspects in Greenleaf's concept of servant-leadership and comparing them to the evidence of Doctor Thomas's leadership, we are able to evaluate whether a correlation exists.

The servant-leader *is* servant first….Doctor Thomas's leadership journey was unintentional and grew out of her desire to serve and practice her profession. Her leadership grew from her innate compassion and the desire to alleviate the suffering and injustice so prevalent in our world.

Servant-leadership is a calling…. It was during her years of practical training at Baragwanath hospital that Doctor Thomas first experienced the effects of poverty and injustice, which together with a spiritual conviction, provided the initial motivation to use her professional skills to serve as a missionary doctor in a poor rural area.

Servant-leadership is a way of life….. Doctor Thomas has looked after those in need all her life; she has been and continues to be an advocate of decent healthcare (Valentine, 2001). Doctor Thomas continues to contribute as a humanitarian, community medical doctor, activist and commentator with her regular newspaper column and the various organizations she supports like the Treatment Action Campaign (TAC).

Table 2: The Servant-leader characteristics of Doctor Trudy Thomas

What servant-leaders do:	What Doctor Trudy Thomas exhibited:
Servant-leaders serve	5 decades of servanthood
Servant-leaders lead	Leadership in various roles and contexts
Servant-leaders care	Has cared for the sick, elderly and vulnerable all her life
Servant-leaders heal	Has healed patients as a medical doctor and their communities indirectly
Servant-leaders know their followers well	Spent her adult life immersed in the environments and poverty stricken communities of her patients
Servant-leaders focus on their followers and their needs	Evidenced by the numerous deeds of service and establishment of many community-based upliftment programmes
Servant-leaders grow and develop followers	Evidenced by the numerous training and development programmes implemented
Servant-leaders listen	In order to diagnose, she had to listen and understand the verbal and non-verbal clues.
Servant-leaders are able to conceptualize	By thinking creatively, she was able to understand the challenges and provide practical solutions (poverty- create vegetable gardens)
Servant-leaders provide vision and direction	She understood the lessons of the past, the realities of the present and the likely consequences of decisions for the future.
Servant-leaders are persuaders	Evidenced by her successfully receiving funding from foreign aid organization for milk
Servant-leaders build strong and loving relationships with followers	The doctor-patient relationship is built on trust and respect, a pre-requisite of strong and loving relationships
Servant-leaders empower others	Evidenced by the numerous training and development programmes implemented
Servant-leaders build a sense of community	Evidenced by the establishment of many community-based upliftment programmes
Servant-leaders display humility	Not seeing herself as a leader, it was a privilege to serve/ help people
Servant-leaders display authenticity	Evidenced by her public commentary on injustice and the poor governance and service delivery
Servant-leaders display empathy	Evidenced by the understanding of others that allows for their acceptance as human beings irrespective of their views, culture or behaviour
Servant-leaders display awareness	Awareness of others and self, have enabled her to view situations from a more integrated, holistic position

Servant-leaders display moral integrity	Evidenced by her public commentary on injustice and the poor governance and service delivery
Servant-leaders display stewardship	Played a significant role in preserving and utilizing what is best from their legacy, making choices and decisions and taking actions in trust for the greater good of society, thereby ensuring a sustainable future
Servant-leaders display interpersonal acceptance	She understood the intrinsic value of people that allowed for their acceptance as human beings
Servant-leaders do not seek to be served and have no expectation for wealth, power or possessions	Evidenced by her motivation to become a missionary doctor in a poor rural area as opposed to her contemporaries who were seduced by wealth, position and possessions

1.8 Discussion

Ultimately, according to Greenleaf, the ultimate test of a servant-leader and difficult to administer, is: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And what is the effect on the least privileged in society; will they benefit or, at least, not be further deprived?
 When this test is applied to Doctor Trudy Thomas, one can certainly state that the communities she served became healthier and more empowered as a result of her involvement with them. Doctor Thomas's servanthood was focussed on the least privileged in society, therefore they would have benefitted and not been further deprived as a result of her direct and indirect interventions, whilst she was still performing her leadership role. Unfortunately, the long-term impact would depend on her successors also being servant-leaders, which has not been the case In the fifteen years following her resignation as MEC of the Eastern Cape Department of Health, Doctor Thomas witnessed the progressive deterioration of the province's health department and the services it offered. This deterioration became a full-blown catastrophe in 2012 and she was one of the authors of the damning Eastern Cape Crisis Coalition Report " Death and Dying in the Eastern Cape. (Ngukana, 2013), In this report Doctor Thomas stated that "What is happening is tragic. People are dying every day due to negligence and shortages of drugs and equipment. The infrastructure is appalling, with buildings falling apart. The government is killing its own people. (Ngukana, 2013) (Thomas, 2012)

However, should Doctor Thomas's leadership be judged because of the apparent failure of her successors to become servant-leaders themselves? In the final analysis, every human being has been born with the gift of free will and choice. People will follow the voice that is the loudest and resonates the most within them. According to Maslow's hierarchy of needs, (Maslow, 1954), in

Shriberg & Shriberg , 2011) people need to have their first order needs met before they are able to focus on higher order needs like self-actualisation. In other words unless physical needs for safety, shelter and nourishment are assured, only then can these be followed by second order needs of education and training and in turn higher order needs. Doctor Trudy Thomas was able to make a difference in changing the conditions of the communities she served and thereby facilitated the meeting of first and second order needs.

The disillusionment and her personal frustrations with the government began and grew when Doctor Thomas was elevated to a position further removed from and only indirectly involved with the daily realities that she had always been capable and comfortable dealing with. It was easier to identify problems when they were obvious, easier to have a shared vision of, and have a common goal in solving these problems. In politics and government office, the problems and goals were more complex and not so clearly defined, with the inevitable conflicts of interest, competition for resources, the greed for power, wealth and authority, resulting in the people involved being pulled in different directions and not sharing the same vision. The two greatest barriers to effective servant-leadership in organizations according to Wong and Page (2003) are authoritarian hierarchy and egotistic pride, both of which were present in the government and political leadership experienced by Doctor Thomas.

Doctor Thomas left government office and sadly resigned from the ANC, public service and politics. As a servant-leader, she had the wisdom to realise that her leadership was not in alignment with the prevailing leadership culture and that her season of direct influence of "speaking out against a way of governing and financing, despite excellent policies, which is so disadvantageous to our poorest province and especially the poorest people in it" had come to an end (Thomas, 2012). She did not selfishly cling to this position and was not defeated or deterred by this experience. Instead she poured her talents and energy into other areas that she was familiar with and has always been passionate about – the suffering and marginalised people. She has continued to be the outspoken voice expressing her views, thereby publically challenging the decision- makers to be more accountable and highlighting the wrongs of our society. She continues to advocate decent healthcare and to be a voice of integrity, wisdom and conscience to those who would listen.

When evaluating the legacy that Doctor Trudy Thomas has left us, we can clearly see the thread of servanthood running through it. Her journey also highlights an unconscious balancing of the triple bottom line (King, 2009): focussing on the wellbeing of communities, the genuine concern for the environment and the appropriate use of financial and other valuable resources. With insight, skill and expert medical and administrative knowledge and very little thought or herself or for a "career" in the conventional sense of the term, Doctor Trudy Thomas has dedicated her life to the alleviation of the suffering of the poorest of the poor (Walters, 2003). This dedication, this quality of life is worthy of the fullest and highest recognition. She has been a truly unselfish, compassionate steward and a serving, ethical, intelligent, humble leader.

1.8.1 Limitations of the study

This research study was predominantly based on interview data collected from a single individual, as well as documentation and archival records. Whilst the information received from the interviews was targeted, insightful and original, it was potentially at risk of bias and inaccuracies due to poor recall and time constraints.

The diversity of the information collected was of such a nature that exhaustive analysis could not be adequately performed within the scope, resources and time-frames of this research. The major rival interpretations were not fully explored due to the many paradoxes and applications present in the various aspects of the research contexts, namely: Leadership, servant-leadership, leadership development, servant-leadership through service in healthcare in South Africa, peri- and post-apartheid. It was a particular challenge for the researcher to balance authenticity whilst developing a deepening relationship with the research participant.

1.8.2 Value of the study and recommendations for further research

The value and usefulness of this holistic individual case study was that it allowed the researcher access to a unique biography that contained previously private information. The insights gained from this research could be of value as a precursor for further studies, particularly for the development of servant-leaders in service industries, like healthcare and public service, in developing countries, especially where leadership and service delivery has failed.

The studies that have been conducted on servant-leadership and the models used were focussed on the subjective evaluation of leaders and organizations by colleagues and followers (Parris & Peachey, 2013) (Reed, et al., 2011).The absence of an appropriate tool to measure an individual's servant-leadership characteristics from their own perspective, was a challenge in this research, with valuable insights being lost in the process.

1.8.4 Conclusion

The aim of this qualitative study was to identify the leadership characteristics that are evident in Doctor Thomas, the former MEC for Health for the Province of the Eastern Cape; as a leader and to explore how they developed over five decades, given her role within healthcare in South Africa.

The aim of this research study was met with the production of a timeline, representing the leadership development of Doctor Thomas, as well as a comparative table representing the servant-leader characteristics evident in her leadership approach, based on the evidence gathered during this research study. This study was able to conclude that the leadership that Doctor Trudy Thomas has exhibited is that of a servant-leader and that her leadership journey was unintentional and grew out of her desire and ability to serve. The value and usefulness of this holistic individual case study was that

it allowed the researcher access to a unique biography that contained previously private information. The insights gained from this research could be of value as a precursor for further studies, particularly for the development of servant-leaders in service industries, like healthcare and public service, in developing countries, especially where service delivery has failed.

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Section Two: Literature Review

2.1 Introduction

The purpose of the literature review was to establish a foundation for the research, thereby developing an understanding and insight into the relevant previous research conducted and the trends that subsequently emerged (Saunders, et al., 2003). The nature of the research paradigm (Fouche & Delport, 2002) determined the manner and extent to which the literature was utilized. In this study, the approach was inductive, where the researcher attempted to understand social phenomena and to relate these findings to the existing literature (Babbie, 2011). It was therefore important to perform the literature review early in the research process in order to establish an orientating theoretical framework to guide the study.

The primary objective of this research was to understand and identify the leadership characteristics of Doctor Trudy Thomas. The secondary objective was to trace the development of her leadership and to identify the events that shaped this development, within the context of healthcare during and after the apartheid era in South Africa.

Initial observation of Doctor Thomas's leadership approach appeared to have many characteristics similar to those described as being integral to servant-leadership (Greenleaf, 1977) and therefore the literature was reviewed through the lens of servant-leadership and similar values-based leadership approaches.

 The first section of the literature review was conducted to trace the evolution of leadership theories from the traditional Western approaches to the contemporary leadership theories, focussing on values-based leadership and specifically on servant-leadership. The second section was focussed on leadership and leader development, as well as leadership development through service and unintentional leadership. The literature for both sections was reviewed from a global as well as from a South African perspective.

2.2 Leadership defined

Leadership is a topic that has always and will always fascinate people as evidenced by the vast amount of leadership literature available (Shriberg & Shriberg, 2011). Leadership is one of the most observed and least understood phenomena on earth (McGregor Burns, 1979 in Shriberg & Shriberg, 2011). Leadership is one of the most comprehensibly researched social influence processes in the behavioural sciences (Parris & Peachey, 2013) because the success of all economic, political and organizational systems depends on the effective and efficient guidance of the leaders of these systems (Barrow, 1977, in Parris and Peachey, 2013). Leadership has unlimited interpretations and applications and many definitions abound (Shriberg and Shriberg, 2011). An internet search on leadership will produce over 135 000 000 results. Leadership is an enormously complex subject and

cannot be reduced to a few glib words or clever phrases; it is difficult to understand and even more difficult to practice (Prosser, 2007).

Most contemporary definitions describe leadership as a process, involving influence, occurring within group contexts, guiding and directing followers towards goal attainment and is visionary, inspirational and transformational (Shriberg & Shriberg, 2011). Leadership is also defined as a skill used to influence followers in an organization to work enthusiastically towards goals specifically identified for the common good (Barrow, 1977; Cyert, 2006; Plesk and Wilson, 2001; in Parris & Peachey, 2013). Leadership is a dynamic relationship of mutual benefit and support between leaders and followers where they both need each other and need to work together. Followers are not subordinates that are in inferior positions in a hierarchy, who are expected to obey commands from the leader in the position of authority (Pritchard, 2013). The follower chooses to follow the leader as long as their needs are satisfied, or they will cease to follow, thereby becoming leaders, leading themselves and others away (Pritchard, 2013).

2.3 Traditional Western Leadership approaches

Modern Western leadership studies cover a vast area of knowledge and have evolved rapidly since the Industrial Revolution in the late nineteenth century when the formal study of leadership began (Shriberg & Shriberg, 2011). The world was changing rapidly and many new leadership and management theories were developed in order to make sense of the new world (Bass, 1983).
In order to understand the evolution of leadership theories from the traditional authoritarian approaches to the more contemporary approaches, the most significant of these theories are briefly discussed in the following section of this review.

2.3.1 The Trait Theory

Early leadership research focussed on the evaluation of the internal qualities that leaders possessed, which resulted in the "great man" or "trait" theory of leadership (Shriberg & Shriberg, 2011). The Trait theory stated that certain innate traits like intelligence, self-confidence, determination and integrity, were common in leaders (Shriberg & Shriberg, 2011). This theory was based on the assumption that if specific traits that differentiated leaders from followers could be identified, good leaders could be identified and placed into formal leadership positions (Kouzes & Posner, 2008). These internal leadership qualities (traits) that individuals were assumed to have possessed at birth, implied that leaders are born and not made (Bernard in Horner, 1997:270). However, many studies that were conducted were unable to identify a set of traits that were common to all leaders (Conger & Kanungo, 1998). The theory was thought to be too simplistic (Dorfman, 1994), so instead of viewing leaders with a set of personality traits in isolation from their context, writers began to view leadership as a set of behaviours within the context of the group (Conger & Kanungo, 1998), that led to the behavioural theories. Later Stodgill (1974) also refined this theory to state that it was not only the traits of the

leader, but also the social situations that the leader experienced that determined leadership, as is described in the situational theory below.

2.3.2 The Behavioural Theory

A second trend that emerged revealed that leaders displayed certain behaviours, rather than personal characteristics, that made them successful in their organisations (Halpin & Winer,1957, Hemphill & Coons,1957, in Horner, 1997:270) The Behavioural theory of leadership focussed on the actions of successful leaders and the manner that these actions could be developed in others (Lewin,1974 in Shriberg & Shriberg, 2011)). The Ohio and Michigan University models (Shriberg & Shriberg, 2011) identified two primary, independent factors that categorise leadership as either being considerate or being able to initiate structure. Blake, Shepard and Mouton (1964) developed a two-factor model of leadership behaviour that was similar to that found at Ohio State and Michigan. Blake and Mouton (1964) developed a Leadership grid which examined various leadership styles by comparing the leader's concern for production (achieving results) with the leader's concern for people. This was a useful concept but of limited practical use in the working environment. (Shriberg & Shriberg, 2011) The two factors were called the "concern for people" and the "concern for output"; later, another variable was added, called "flexibility" (Horner, 1997). Behavioural models are based on a leader-to-follower hierarchy and are dependent on what leaders do. It was assumed that these models would evolve as leaders became more aware of the people that worked for them, developing relationships within the work force.

Further research (Fiedler, 1967) revealed that leadership roles were reliant on conditions that existed in the work place. Conditions could arise which nullified the need for leadership, for instance when extremely experienced subordinates or an unambiguous task are involved.

2.3.3 The Contingency and Situational leadership theory

The third trend identified certain leadership styles that were more effective in certain situations than others. These theories were based on the perception that the situation that groups found themselves in dictated the best leadership style to be practised (Fiedler, 1967; in Shriberg & Shriberg, 2011). The acceptance that different situations required different kinds of leadership has resulted in the emergence of a more realistic view of leadership.
Fiedler's Contingency Model of Leadership (in Shriberg & Shriberg, 2011) focuses on two variables that define the leader's successfulness, leadership style and situation. He contends that leaders either changed their situation to suit their leadership or handed over the leadership to someone better suited to that particular situation. This concept was defined as a combination of leader-member relations, task orientation, and positional power.
Hersey and Blanchard (1988) developed a situational model which was based on the premise that it was the situation combined with the follower's readiness and not the leader's characteristics that

should dictate the leader's behaviour as well as the flexibility of the leader to adapt to various situations.   In developing their Path-Goal theory, House and Mitchell (1974, cited in Shriberg & Shriberg, 2011) identified the importance of followers in leadership which focussed successful leaders on the motivation of the followers and supported them by creating clear goals and establishing a clear path to achieving these goals. They contend that leadership is an interaction between the goals of the followers and the leader. Their model also suggests that the leader is responsible for encouraging his or her followers to develop behaviours that would enable them to reach their desired goals or outcomes.   Vroom and Yetton (1973, cited in Shriberg & Shriberg, 2011) developed a Leader-Participation model, in terms of which leaders' decisions are determined by the task composition. It describes the procedures that leaders should follow given certain situations with regard to the level of followers in the decision making process.

These models go a long way to further the development of leadership theory. They recognise the requirements of leadership in a particular situation and the needs of the followers, suggesting that leaders either adjust their styles or step back and allow a substitute who has more experience in that situation to take the lead.

2.4 Contemporary approaches

Traditional Western leadership approaches generally involved the accumulation and exercise of power by the leader with a top-down hierarchical style. The Traditional theories have given rise to a range of emerging Contemporary leadership theories, which differ from the traditional approaches that tended to view leaders as coercers and efficiency experts.

Many changes have occurred in world cultures in recent decades, with the dismantling of world-wide oppression, resulting in a greater racial and gender diversity; the focus of leadership has undergone some significant changes (Laub, 1999). The traditional "command and control" methods of Western leadership have been questioned, prompting a re-evaluation of their effectiveness in contemporary society. This change has occurred because of the widely held viewpoint that leaders have failed to recognize that their followers may be suffering as a result of their actions (Stephen & Pace, 2002:2).The challenge of leadership in any contemporary organisation is its ability to keep the learning curves of the people ahead of the change curves of society (Sergiovanni, 2001:1).

Amongst the emerging Contemporary leadership are the following:
Strategic leadership is defined as the ability to influence others to voluntary make day-to-day decisions that enhance the long-term viability of the organization, while maintaining its short-term stability (Rowe, 2001). Strategic leaders combine visionary and managerial leadership and have the ability to dream (have a vision) and the skills to make it happen. Strategic leadership enhances the wealth-creation process for employees, customers and stakeholders in entrepreneurial and established organizations (Rowe, 2001). The focus is on achieving results as opposed to meeting the needs of the followers.

Multicultural leadership is defined as the ability to lead teams made up of members from diverse national, racial, ethnic, cultural and religious backgrounds (Daft, 2003; in Shriberg & Shriberg, 2011).These multicultural teams increasingly reflect the reality of contemporary organizations and provide greater potential for enhancing creativity, innovation and value. They could however be more difficult to lead due to the increased potential for miscommunication and misunderstanding (Daft, 2003; in Shriberg & Shriberg, 2011).

Virtual leadership is defined as the ability to interact and manage others through methods other than traditional face-to-face contact and in-person communication. Technological advances have introduced electronic communication tools like smart cellular telephones, the Internet and emails into contemporary organizations, making it easier and faster to communicate. This enables people to works independently in diverse physical locations, in different countries and different time-zones. The leadership challenge however is the ability to develop relationships with team members based on trust when there is no physical contact. Aspects like motivation, training and empowering are negatively affected (Shriberg & Shriberg, 2011).

Values-based leadership is further discussed in section 2.5, and African leadership in section 2.6

2.5 Values-based leadership

Leadership theory has evolved from championing an authoritarian, "born-a-leader" and task-centred model to preferring one in which leaders are encouraged to look beyond their self-interest for the good of the group, the so-called values-based leadership approaches. Whereas previously, leadership was centred on hierarchy, command and control, it has now moved towards becoming more integrated with the work force, through team building, leadership development, shared decision making, and striving for effective relationships. Values-based leadership theories identify specific leadership values and morals.

Servant-leadership is one of the values-based leadership approaches that will be discussed extensively in the next sections of the review. Servant-leadership has overlapping characteristics with the following seven values-based leadership theories: transformational leadership, authentic leadership, ethical leadership, Level 5 leadership, empowering leadership, spiritual leadership and self-sacrificing leadership (Van Dierendonck, 2011). These leadership theories will be briefly described and compared with servant-leadership, later in the review.

2.6 Servant-leadership

Traditional Western leadership generally involves the accumulation and exercise of power by one at the "top of the pyramid." By comparison, the servant-leader shares power putting the needs of others first and helps people to develop and perform as highly as possible (Shriberg and Shriberg, 2011). There exist many nuances of leadership and the manner that the responsibilities of leadership are

approached (Blackie, 2014). The spectrum of leadership is vast – at one end servant-leadership and at the other the domain of ego leadership that grab headlines (Blackie, 2014). Servant-leadership proposes a move away from the traditional autocratic hierarchical mode of leadership to one that is based on teamwork and community; that seeks to involve others in decision making; that is strongly based on ethical and caring behaviour; and that attempts to enhance the personal growth of people while improving the caring and quality of institutions (Covey, 2006).

2.6.1 Servant-leadership: History

Servant-leadership is an ancient philosophy and practice of leadership, demonstrated in the Christian Bible by Jesus Christ (Gospel of John chapter 13:v1-17). Servant-leadership can be found in many other religious texts, though the philosophy itself transcends any particular religious tradition. Passages that relate to servant-leadership are found in the Tao Te Ching, attributed to Lao-Tzu, who is believed to have lived in China sometime between 570 BCE and 490 BCE (Wu, 2006).

2.6.2 Servant-leadership: Seminal work – Greenleaf

Whilst the concept of servant- leadership has been in existence for many centuries, the phrase "servant-leadership" was pioneered by Robert K. Greenleaf in an essay The Servant as Leader, which was first published in 1970. It was from Hermann Hesse's short novel *Journey to the East* – an account of a mythical journey by a group of people on a spiritual quest, that Greenleaf developed the idea that service to others precedes leadership. In other words, before a leader can lead, he or she must learn to serve others first.

 In this essay, Greenleaf (1970:7-48) said: "The servant-leader is servant first… It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power or drive to acquire material possessions."

At heart, the individual is a servant first, making the conscious decision to lead in order to better serve others, not to increase their own power (Greenleaf, 1970). The great leader is seen as a servant first, and that simple fact is the key to his greatness (Greenleaf, 1977:21). The difference manifests itself in the care taken by the servant; first to make sure that other people's highest priorities are being served. The best test, and difficult to administer, is: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And what is the effect on the least privileged in society; will they benefit or, at least, not be further deprived? (Greenleaf,1970). Greenleaf's opinion is that leadership should focus primarily on meeting the needs of others. The premise of this form of leadership is that the leader seeks to humbly serve, without expectation to be served by those who follow, and through one's service one is recognized as a leader. Servant-leadership is a practical philosophy which supports people who choose to serve first, and then lead, as a way of expanding service to individuals and

institutions. Servant-leaders may or may not hold formal leadership positions but the process encourages collaboration, trust, foresight, listening, and the ethical use of power and empowerment. Koshal (2005:2) adds that Greenleaf's model establishes service as the gift that attracts followers who in turn pass this along. According to Stone, Russell and Patterson (as cited in Patterson, 2004:2) servant-leadership's core focus is service and that this service is a choice over self-interest. Farling (1999, as cited in Koshal, 2005:2) believes that service is and should be a principal function of leadership not based on one's own interests, but rather on the interests and welfare of the followers. Leaders are encouraged to become more people-centred and the introduction of this philosophy has the potential to persuade these leaders to become more caring towards others.

Spears (1995), Laub (1999), Russell and Stone (2002), and Patterson (2003) have all made valuable contributions to the seminal works of Greenleaf (1970). Therefore, a broad base of valuable literature is available, mostly targeted at the executive level of organizations. Recently, Van Dierendonck and Nuijten's (2011) work has included a broader range of organizational leadership to include diverse occupations and organisational levels, thereby gaining valuable insights on the servant-leadership of leaders throughout organizations, and not only executives (Parris & Peachey, 2013).

2.6.3 Servant-leadership: Defined

Greenleaf did not provide an empirically validated definition of servant-leadership and four decades later there was still no consensus about a definition or a theoretical framework for servant-leadership theory. Consequently, writers and researchers started to formulate their own definitions and models, which resulted in many interpretations of servant-leadership and a wide range of behaviours described (Van Dierendonck, 2011).

Laub's (2004) definition of servant-leadership is the most comprehensive and commonly used one and will therefore serve as the definition for this study. Servant-leadership is placed conceptually as a sub-set of leadership and therefore it must be understood within the context of how leadership is defined. Servant-leadership is not a leadership style that can be used or set aside based on the needs of the situation. Servant-leadership is a mindset, a paradigm, a way of leading. To understand servant-leadership, a clear understanding is required of the empirical definitions of the terms leader, leadership, follower and management (Laub, 2004).

The definition of a **leader** is a person who sees a vision, takes action toward the vision, and mobilizes others to become partners in pursuing change.

The definition of **leadership** is an intentional change process through which leaders and followers, joined by a shared purpose, initiate action to pursue a common vision.

Followers are defined as people who voluntarily and actively engage in the leadership process by responding to the leader's initiative to identify shared purpose, vision, and action toward change.

Management is defined as the attainment of organizational goals in an effective and efficient manner through planning, organizing, staffing, directing, and controlling organizational resources" (Daft, 2005; in Laub 2004).

Servant-leadership is thus defined as an understanding and practice of leadership that places the good of those led over the self-interest of the leader (Laub, 1999).

This definition provides the first step toward an understanding of what servant-leadership is in distinction from other viewpoints on leadership. This definition is further broken down into the essential parts. Servant-leadership is:

• *An understanding and practice of leadership . . .* Servant-leadership requires a mind shift, or a paradigm change, that views the leader, leadership, and the led in a different way from other competing mindsets. This paradigm can be contrasted to an autocratic mindset, in which the leader leads for self over others or a paternalistic mindset, in which the leader leads as a parent over "children." Servant-leadership is not a style of leadership, though it is often portrayed that way in leadership theory texts. It is a paradigm that reshapes our understanding and practice of leadership. The autocratic leader will engage in the leadership process towards change, but will do it from a central focus on self. This will end up effecting how followers are treated and how the vision is pursued. The vision, of course, will be the leader's vision and the led are called on to meet the leader's demands. Obviously, the leadership process will look very different when based on an autocratic paradigm in contrast to a servant one (Laub, 2003).

• *. . . that places the good of those led . . .*Servant-leadership requires a different focus; a focus that is on the led. This places other key concerns—the leader's wishes, organizational interests, even customers—in a peripheral category. It does not ignore these critical issues, but it places the priority of focus on the led. "Servant-leadership stands alone in regard to this follower focus" (Patterson, 2003, p. 2). Stone (2003) draws an important distinction between servant-leaders and transformational leaders when he states, "Transformational leaders tend to focus more on organizational objectives while servant-leaders focus more on the people who are their followers" (pp. 1-2). These are important distinctions and help to build the scholarship structure around the concept of servant-leadership. Servant-leaders believe that by taking the risk of focusing on the led the other critical issues of productivity, teamwork, and customer service will increase by maximizing the full potential of each employee. This certainly is taking a huge step of faith but there is growing evidence that this is actually a practical and workable strategy (Collins, 2001).

• *. . . over the self-interest of the leader…*Servant-leadership is the only understanding of leadership that acknowledges the critical dimension of self-interest in leadership and deals with it head on. Power is the ability to do and to act. Leaders always possess it and wield it for various purposes. The autocratic leader uses their power to serve their own interests. Paternalistic leaders use power to meet organizational goals by parenting the organizational family. Servant-leaders, while fully aware of the pull of their own self-interest and the reality of organizational needs, intentionally place the good of the led as their main concern. The servant-leader acknowledges their power, but they chose to use it to serve the best interests of the led over their own self-interest (Laub, 2003).

Servant-leadership is a way of engaging in an intentional change process through which leaders and followers, joined by a shared purpose, initiate action to pursue a common vision. It stands in contrast to an autocratic or paternalistic way of leading (Laub, 2003).

The behaviour displayed by servant-leaders, is the antecedent to trust between leaders and followers in organisations (Senjaya, 2010). This trust relationship between the leader and follower, brought about by servant-leadership behaviour, shows positive associations with staff satisfaction (Barbuto and Wheeler, 2006) and job satisfaction.

2.6.4 Servant-Leader: Characteristics and Behaviours

Servant-leadership is both a leadership philosophy and set of leadership practices (Gillet et al. 2010). Most writers see servant-leadership as an underlying philosophy of leadership, which is demonstrated through specific characteristics and practices (Hall, 2007). Servant-leadership is ethical, practical, and meaningful, being identified by seven key practices of servant leaders: self-awareness, listening, changing the pyramid, developing your colleagues, coaching not controlling, unleashing the energy and intelligence of others, and foresight (Kent, 2008). Unlike other leadership approaches with a top-down hierarchical style, servant-leadership instead emphasizes collaboration, trust, empathy, and the ethical use of power (Gillet, et al., 2010). Those that practice servant-leadership go about it quietly and powerfully, building strong, committed teams and organisations (Blackie, 2014). Servant-leadership is not servitude where the servant-leader placates the desires of his team, sacrificing his power and influence, for ungrateful staff; but rather focusses on building collaborative strengths and unleashing the potential of teams (Blackie, 2014). Servant-leaders are not driven to meet psychological and material needs for power and influence, but a genuine desire to be of service to others, to collaborate, innovate, share, grow and develop colleagues, staff and organisations (Blackie, 2014). They honour and respect those they have the privilege of working with and are confident in their own skills and position to enable their teams to grow, prosper and succeed (Blackie, 2014). Servant-leaders are described as individuals of character, who put people first (Sipe & Frick, 2009). They are skilled communicators, compassionate collaborators and systems thinkers, using foresight and exercising moral authority (Sipe & Frick, 2009). The essential quality of servant-leaders that sets them apart from others is that they live by their conscience- the inner moral sense of what is right and what is wrong (Covey, 2006).

Moral authority comes from the principled use of our natural power and the freedom to choose. It is another way to define servant-leadership because it represents a reciprocal choice between leader and follower. Both leaders and followers are followers of the truth, the natural laws, the principles, common agreed-upon vision, shared values. They grow to trust one another. Moral authority is mutually developed and shared. Moral authority has four dimensions that form the core of servant-leadership:

- Sacrifice – as opposed to self-interest and ego (Bloch, 2012)

- Service- what is required of me versus what do I want
- Shared vision – moving from an independent state to an interdependent state
- The means and the ends are inseparable – a worthy end can never be accomplished by unworthy means.

Spears (Spears, 2010) identified ten characteristic of servant leaders in the writings of Greenleaf. These characteristics articulate the promise and potential of servant-leadership and are described as follows:

Listening: Leaders have traditionally been valued for their communication and decision-making skills. These are also important servant-leader skills that need to be reinforced by a deep commitment to intently listen to others. The servant-leader seeks to identify, understand and clarify the will of the group, listening receptively to what is being communicated, verbally and non-verbally. Listening, combined with regular periods of reflection is essential to the growth of the servant-leader (Spears, 2010).

Empathy: The servant-leader strives to understand and empathize with others. People have a basic need to be accepted and recognized for their unique and special spirits and contributions. The servant-leader assumes the good intentions of others and does not reject anyone as a person, even if it is necessary to refuse to accept bad behaviour and poor performance. It is generally assumed that empathy implies a degree of agreement with the others' views or experiences. Empathy however implies an understanding of others that allows for their acceptance as human beings irrespective of their views, culture or behaviour. This is achieved by getting to know others, through conversation and other forms of engagement, to a level that opens the mind and understanding to the extent that it facilitates an empathetic understanding of the "scope of differences" that inform them (Spears, 2010).

Healing: One of the great strengths of servant-leadership is the potential for healing one's self and others. Many people have broken spirits and have suffered from a variety of emotional hurts. This is part of being human. The servant-leader recognizes this and that they have the opportunity to assist those they come into contact with to become whole (Spears, 2010). Greenleaf stated that:" There is something subtle communicated and understood between the one who is being served and led and the servant-leader, that the search for wholeness is something they share" (Greenleaf, 1977). This is extremely pertinent to the context of our post-apartheid society in South Africa, where we are surrounded by brokenness and hurt, where healing can only happen through co-operation and common purpose. We share the responsibility for contributing to one another's wellbeing.

Awareness: General awareness, especially self-awareness, strengthens the servant-leader and assists in the understanding of issues involving ethics and values. This in turn lends itself to the ability to view situations from a more integrated, holistic position (Spears, 2010). Greenleaf observed that awareness is not a giver of solace, but is a disturber and awakener. Leaders are usually sharply awake and alert, not searchers after solace, because they have their own inner serenity (Greenleaf, 1977). Self- awareness is enhanced and informed by general awareness and requires honest and critical self- reflection.

Persuasion: This characteristic of a servant-leader is exhibited by the primary reliance on persuasion rather than positional authority in making decisions within an organization, where the servant-leader seeks to convince others and effectively build consensus within groups rather than to coerce compliance. This particular element offers one of the clearest distinctions between traditional authoritarian leadership models and servant-leadership. Unfortunately, the sheer pace and workload of most contemporary organizations lends itself to more authoritarian, hierarchical leadership practices. This creates a challenge for the servant-leader who needs to be constantly vigilant and committed to an inclusive, accommodating leadership style whilst still achieving high performance through conviction and consensus.

Conceptualisation: Servant-leaders seek to nurture their abilities to view problems from a conceptualizing perspective, by thinking beyond the everyday realities. This requires discipline and practice and the servant-leader is required to seek a delicate balance between conceptual thinking and the operational day-to-day focussed approach. Servant-leadership seeks to create a nurturing environment that is open and receptive to new ideas, that liberates potential and leads to imaginative and innovative thinking and actions. It challenges society to think creatively and open their minds to the possibilities and potential that resides within organizations and people.

Foresight: This characteristic enables the servant-leader to understand the lessons of the past, the realities of the present and the likely consequences of a decision for the future. It is deeply rooted in an intuitive mind and the process of becoming a thought leader. This requires the servant-leader to not become bogged down by the drudgery and demands of their everyday jobs, but to make the time and space to explore and implement new ways of thinking about and doing things. It implies the ability to identify and apply the views, advice and contributions of appropriate stakeholders and individuals in formulating views on the future.

Stewardship: This is defined as holding something in trust for another (Bloch, 2012)The servant-leader is also a steward because of their commitment to serving the needs of others, by playing a significant role in preserving and utilizing what is best from their legacy, making choices and decisions and taking actions in trust for the greater good of society, thereby ensuring a sustainable future. Servant-leaders have a serious and solemn responsibility to ensure a sustainable future for the environment and to oppose greed and the mismanagement of valuable resources (ecological, financial and human) that would impoverish future generations, thereby subscribing to the principles of balancing the triple bottom line (King, 2008). True servant-leadership means always thinking of the future, bearing in mind that we are temporary caretakers and custodians of precious assets and resources, always understanding that a legacy of honour is more enduring in all respects.

Commitment to the growth of people: Servant-leaders believe that people have an intrinsic value beyond their tangible contributions as workers. As a result, the servant-leader is deeply committed to the growth of each individual within the organization and recognizes the great responsibility required to nurture this growth. This is achieved by fostering a sense of belonging amongst all members of the community or organization in order that they feel accepted, understood, respected and valued. This addresses the basic human need, however noble or humble, to be acknowledged as having worth and dignity by others and to enjoy a measure of happiness and fulfilment in life.

This is diametrically opposed to the thinking that a leadership role allows the leader to lord it over others and feel superior.

Building community: The servant-leader senses that value has been lost in recent human history as a result of the shift from local communities to large organizations as the primary shaper of lives. This awareness causes the servant-leader to search for means to build communities among those working within these organizations. This aspect of servant-leadership resonates and echoes the spirit of Ubuntu that reflects in the values of African cultures as openness, warmth, compassion, inclusiveness and community. This is especially relevant in post-apartheid South Africa in forging a future that focusses on shared vision, aspirations and interests, whilst embracing the diversity of all our cultures, religions and histories. The challenge for the servant-leader in this context is a complex task to work towards establishing truly engaged communities that allow everyone to feel that they belong, with a shared vision and aspirations and ultimately progress.

2.6.5 Critique of Servant-Leadership – Colonialism, Patriarchal, Irrelevant?

For some, the word servant prompts an immediate negative connotation, due to the oppression which many workers- particularly women and people of colour - have historically endured (Bordas, 1995). This is especially relevant in South Africa with its history of colonialism and separate development (apartheid). However in order to understand the startling paradox of the term servant-leadership, insight about the inherent spiritual nature of the term is required. The spiritual nature of servant-leadership refers to the fact that many religions encourage humility and service towards humanity as a requisite for spiritual health and growth.

Many women, minorities and people of colour have long traditions of servant-leadership in their cultures. Servant-leadership has very old roots in many indigenous cultures; cultures that were holistic, cooperative, communal, intuitive and spiritual. These cultures centred on being guardians of the future and respecting the ancestors who walked before (Bordas, 1995).

A feminist interpretation of servant-leadership, questions the claims that servant-leadership is gender neutral because true service is supposed to be genderless and that true leadership is supposedly gender-blind (Eicher-Catt, 2005). Although servant-leadership appears to promote innocent values and has great potential ethical and spiritual influence on organizations, it perpetuates a gendered language and theology that upholds androcentric patriarchal norms in most societies. This insidiously continues the long-standing masculine-feminine, master-slave political economy that negates the revolutionary potential of servant-leadership to advance genderless leadership. The ambiguous rhetorical language used with the apposition of "servant" with "leader" does not neutralize gender bias but accentuate it. Leader is typically a male-identified term and servant automatically a female-identified term, with inferior connotations. By combining the terms servant and leader would appear to be successful in "de-gendering" the concept. However the characteristics of caring, nurturing and empathy are perceived as feminine, while qualities of persuasion, conceptualisation and foresight are

perceived to be masculine. This is evidenced by the fact that higher leadership positions in traditional organizations continue to be held by males, who encourage the lower levels of management (usually women) to exhibit more servant-like characteristics (Eicher-Catt, 2005).

Servant leadership from a feminist perspective is ultimately perceived as a myth of artificiality that is politically motivated to promote a theological leadership that is insidiously based on the Judeo-Christian beliefs that are religious, patriarchal and oppressive, whilst appearing to be gender neutral, servant-leadership is perceived to remain exploitative due to its spiritual connotations (Eicher-Catt, 2005).

Many of the above sentiments are shared by McCrimmon (2010) who adds that the idea of servant-leadership is plausible in politics, clubs or associations where the leader is elected and must serve the electorate to avoid being voted out of office at the next election. In business, however, managers at all levels must serve the owners if they want to keep their jobs. They also need to serve customers. The harsh reality in business is that employees are a means to an end. Effective managers will, of course, do all they can to engage, motivate, consider and include employees but that does not amount to being their servant (McCrimmon, 2010). He believes that it is fully possible to develop a collaborative, supportive, empathetic, engaging, empowering and developmental relationship with employees without taking on the extreme servant label. The emphasis is still on the person in charge, dependency on whom is potentially debilitating. Employee engagement requires an adult-adult relationship between managers and employees, not a paternalistic one (McCrimmon, 2010).

Another major criticism of servant-leadership is that it is perceived as a soft, long term approach that is unsuitable in the tough competitive contemporary environment. (Nayab, 2011) Certain situations cause the responsibility and accountability of the servant-leader to become diluted because the leader is focussed on inspiring and serving. During crisis situations, specific timeous actions and decisions need to be taken without the consultative and consensus building elements of servant-leadership. Likewise, in order to maintain confidentiality and the integrity of core beliefs and values, for legal reasons and to protect others, the servant-leader would have to discard their characteristic openness. In disciplinary and retrenchment processes, the servant-leader would contradict and sacrifice the servant-leader characteristics of persuasion and human resource development (Nayab, 2011). Managers who position themselves to their teams as their servants one day then discipline or fire them the next invite cynicism and distrust (McCrimmon, 2011). This is especially relevant in diverse cultures, as present in countries like South Africa, which could lead to unresolved conflicts and unfulfilled aspirations. Many individuals prefer to keep their work and personal lives separate and would not naturally commit to team and community building efforts (Nayab, 2011). The servant-leadership style will only be practical and effective if everyone in the organization embraces the concepts and exhibit the behaviours associated with servant-leadership (Nayab, 2011).

A final critique points out that very few scholars have systematically studied the concept of servant leadership and very few academic dissertations exist on the topic (Eicher-Catt, 2005). The concepts remain largely undefined and unsupported by empiric research. (Russell & Stone, 2002)

2.6.6 Servant-Leadership in the 21st century

Just as leadership theories and practices have evolved and changed over time to meet the constantly changing contemporary environments, so too has servant-leadership evolved in the past four decades since the seminal work of Greenleaf in the 1970s.
The critique of servant-leadership theory as expressed previously has stimulated increasingly voluminous and credible academic empiric research on various aspects of servant-leadership, resulting in the concept being better described with practical models for implementation. The models developed by Spears (1995), Laub (1999), Russell and Stone (2002) Patterson (2003) and Van Dierendonck (2011) have been the most influential and thus are mainly referred to in this review.

Servant-leadership has been researched across a variety of contexts, themes and across different cultures including developing countries in Asia, South America and Africa (Parris & Peachey, 2013).Mittal and Dorfman (2012) conducted a study across different GLOBE (Global Leadership and Organizational Behaviour Effectiveness Research Program) culture clusters in order to analyze whether the importance of 5 aspects of servant-leadership were vital for effective leadership (Mittal & Dorfman, 2012). Han, Kakabadse and Kakabadse (2010) conducted a case study on servant-leadership in the public sector of the People's Republic of China (Han, et al., 2010). Irving and McIntosh (2010) investigated the value of and the hindrances to servant-leadership in the Latin American context (Irving & McIntosh, 2010). Servant-leadership has also been researched within the business and governmental environments (Han, et al., 2010) and a range of service industries like education, healthcare, airlines, and hospitality. Schwartz and Tumblin (2002) focussed their efforts on health care organizations in the USA and produced an academic article entitled "The power of servant-leadership to transform health care organizations for the 21st century economy (Schwartz & Tumblin, 2002). Researchers are also using multiple measures to explore servant-leadership (Parris & Peachey, 2013), the most influential of these will be discussed later in this review.

2.6.7 Servant-Leadership: Models

The initial and most influential model of servant-leadership characteristics was produced by **Spears** (1995) (as discussed earlier). Unfortunately, despite his extensive knowledge of servant-leadership, he failed to develop a model that differentiates between the interpersonal and intrapersonal aspects and the outcomes of servant-leadership (Van Dierendonck, 2011).The 10 servant-leader

characteristics were never accurately operationalized, making a valid and reliable study on these characteristics difficult and thereby hindering empirical research (Van Dierendonck, 2011).

Laub (2003) contributed a conceptual definition of servant-leadership and further expanded the theory by adding the following descriptive framework (model) that consisted of six clusters. Servant-leadership promotes the valuing and development of people, the building of community, the practice of authenticity, the providing of leadership for the good of those led and the sharing of power and status for the common good of each individual, the total organization and those served by the organization (Laub, 2003). These six key areas stand as the main constructs that describe servant-leadership in action. Servant-leaders value people, develop people, build community, display authenticity, provide leadership, and share leadership (Laub, 2003).

Although there was a lack of empirical support for servant-leadership, **Russell and Stone** (2002) (as cited in Stone, Russell & Patterson, 2003) established an extensive practical model for servant-leadership and identified 9 functional and 11 accompanying attributes (characteristics) of servant-leadership.

The functional servant-leader attributes are: Vision, Honesty and Integrity, Trust, Service, Modelling, Pioneering, Appreciation of others and Empowerment.

The accompanying servant-leader attributes are: Communication, Credibility, Competence, Stewardship, Visibility, Influence, Listening, Persuasion Encouragement, Teaching and Delegation. Stewardship is central to servant-leadership; servant-leaders also place importance on appreciating and valuing people, listening, mentoring or teaching, and empowering their followers. These leaders are influential, gaining their influence in a non-traditional manner which is derived from servanthood (Stone, Russell & Patterson: 354). The problem with this model is the differentiation between functional and accompanying attributes and the lack of clarity regarding their allocation to their specific categories (Van Dierendonck, 2011).

In the process of developing a practical model for servant-leadership, **Patterson** (2003) viewed servant-leadership as a virtuous theory. She explained that a virtue is a qualitative characteristic exemplifying human excellence, which is part of one's character, something within the person that is internal, almost spiritual. Virtue (moral goodness) comes from the word arête which means excellence. Virtue seeks to do the right thing in a particular situation, not righting wrong. Arjon (2000) (cited in Patterson, 2004:3) says that this theory is of value because it focuses on the common good, rather than maximizing profit.

The virtue theory contends that leadership is concerned with the dynamic inter-connective relationships of the members of a community and Patterson (2004:3) points out that servant-leadership covers these seven virtuous attributes. They are: agape love; humility; altruism; vision; trust empowerment; and service. This recent focus on Greenleaf's philosophy (1970) of servant-leadership has steered leadership closer to community. The leader focuses on serving others and is committed to the values of the community. It is a people-centred orientation and followers are

encouraged to collaborate as a team, developing trust, foresight and insight. As leaders serve their followers, a dynamic inter-connective relationship develops between them. Serving others is important but so too is serving the values and ideas that help to shape the community.

Patterson's (2004) model explains the leader-to-follower interaction through the use of seven variables, beginning with the leaders' *agapao.* "Agapao" is an ancient Greek term that implies a 'moral' or respectful consideration and treatment of others. It is this approach of considering others with a sense of value and humaneness that is in the forefront of the servant-leader. Patterson summarizes *agapao* as a collection of seven values: being teachable; concern for others; controlled discipline; seeking what is right and good for the organization; showing mercy in beliefs and actions with all people; focusing on the purpose of the organization and on the well-being of the followers; and creating and sustaining peace in the organization – not a lack of conflict, but a place where peace grows.

It is the leader's agapao love for others that affects the leader's behaviors of humility and altruism toward the followers. The leader's humility and altruism affect the leader's seeking of the follower's vision or purpose and the leader's trust in the follower. The leader empowers the follower based on the alignment of the follower's vision and the organization's vision, as well as the level of trust that the leader has in the follower, which then leads to the leader's service to the follower.

Patterson's model is useful in that it explains the 'how' of servant-leadership and is an improvement over the work of Greenleaf (1977) and Spears (1996) .The work of prior authors seemed to focus on the 'what' of servant-leadership rather than the 'how' of servant leadership (Winston,2003). Patterson established a key difference between servant-leadership and transformational leadership by pointing out that transformational leaders do what they do 'for' employees in order to gain greater personal efforts by the employees toward the completion of the organizational goals (Bass, 2000) whereas servant-leadership seems to focus on the well-being of the employees. The strength of this model lies in the conceptualization of the need to serve; however, it neglects the leader aspects (Van Dierendonck, 2011)

Ebener and O'Connell (Ebener & O'Connell, 2010) conducted a case study that examined the mechanics of servant leadership, particularly how it enhances organizational citizenship and how that drives organizational effectiveness. In this case study (Ebener & O'Connell, 2010), three direct leadership mechanisms were identified—invitation, inspiration, and affection—that evoke and nurture the service of others. This case study analysis also identified two organizational leadership mechanisms—culture building and structural initiatives—through which servant-leaders fostered organizational citizenship.

Dirk van Dierendonck (Van Dierendonck, 2011) reviewed the scholarly literature and identified 44 overlapping characteristics in the models formulated by Spears, Laub, Russell and Stone and Patterson. These models each have their strengths and weaknesses; the conceptual plurality and different vocabularies for similar concepts, have tended to confuse the understanding of the concepts.

By differentiating between antecedents, behaviour, mediating processes and outcomes, Van Dierendonck (2011) combined the conceptual models with the empiric evidence in order to distinguish six key characteristics of servant-leader behaviour. These characteristics bring order to the conceptual understanding of servant-leader behaviour and are a good overview of the behaviour as experienced by followers. The key characteristics are:

Empowering and developing people- This motivational concept is focussed on enabling people to develop a self-confident pro-active attitude, thereby giving them a sense of personal power. The servant-leader values people and encourages their personal development. This is achieved by encouraging self-directed decision-making, information sharing and coaching for innovative performance. The servant-leader's fundamental belief in the intrinsic value of each individual is manifested in the recognition, acknowledgement and the realization of each person's abilities and learning needs.

 Humility- This characteristic of a servant-leader is the ability to subdue their own needs, achievements and talents in order to put the interests of others first. Humility is also about modesty, where the servant-leader retreats from the limelight. The servant-leader humbly accepts responsibility for the people in their charge, actively seeking their contributions, putting their interests first, facilitating their performance and providing them with essential support.

 Authenticity- This characteristic is the ability of the servant-leader to express themselves in a manner that is consistent with their true inner feelings and thoughts. This is manifested as integrity, honesty, vulnerability and the adherence to a moral code, by doing what is promised, being transparent and visible within the organization and behaving in a manner that is secondary to their professional roles.

Interpersonal acceptance- This characteristic is the ability of the servant-leader to understand and experience the feelings of others and where they are coming from. This includes the elements of empathy that allow the servant-leader to feel warmth, compassion, forgiveness and concern for people, especially when confronted with mistakes, arguments and offences. This is also manifested by the ability to let go of wrongdoings and not bearing grudges and thereby creating an atmosphere of trust, where people feel accepted and free to make mistakes, without the fear of being rejected.

Providing direction- This characteristic is based on the assumption that a servant-leader has the abilities of foresight, conceptualization and the awareness required to understand the environment and what is required, in order to provide direction for the people and the persuasion for them to achieve this. This then ensures that people know what is expected from them, based on their abilities, needs and input. Providing direction requires a degree of accountability and effective interpersonal relationships that are based on the high quality of the values and convictions that govern positive behaviours.

Stewardship- This characteristic of the servant-leader is the willingness to take responsibility for their organization or team and to act as care-takers and role-models instead of out of self-interest. By

setting the right example, they stimulate others to act in the common interest for all. This is also manifested as loyalty, teamwork and social and environmental responsibility.

2.6.8 Servant-leadership compared to other Values-based Leadership Theories

Van Dierendonck (2011) has critically evaluated the similarities and differences that exist between servant-leadership and many of the other values-based contemporary leadership theories like transformational leadership, authentic leadership, ethical leadership, level 5 leadership, empowering leadership, spiritual leadership and self-sacrificing leadership. These are discussed in the following section and represented in a table at the end of this section.

2.6.8.1 Transactional and Transformational (Charismatic) Leadership Theories

Since the 1970s new theories emerged that reflected in the development of transactional and transformational leadership. Burns (1978) (in Shriberg & Shriberg, 2011), the founder of transformational leadership, created the term transactional leadership to illustrate how it differed from his theory, transformational leadership. This was an attempt to show how his theory was a deliberate break with everything that had come before. Burns stated that transactional leadership stems from a more established view of workers and organisations. It is based on bureaucratic authority, focusing on the completion of a task relying on rewards and punishments (Stone, Russell & Patterson, 2003:350). Transformational leadership, on the other hand, originated with the works of James McGregor Burns (1978) and was extended by the work of Bernard Bass (1985) and further defined by Bass and Avolio (1994).Transformational leadership is defined as a leadership style with explicit attention to the development of followers through individualized consideration, intellectual stimulation and supportive behaviour (Van Dierendonck, 2011). Transformational leadership differs from transactional leadership in that it focuses more on the attempt to motivate followers by satisfying their high-order needs and engaging the followers in the practice of work, encouraging progress and development. Strong relationships are built while supporting and encouraging the individual's development.
As Bass and Stodgill (1990:21) contend: Transformational leadership occurs when leaders broaden and elevate the interests of their employers, when they generate awareness and acceptance of the purposes and mission of the group, and when they stir their employees to look beyond their own self-interest for the good of the group. According to Bass (1985) (as cited in Stone, Russell, & Patterson, 2003:350) transformational leaders alter the personal values of their followers so that they support the vision and goals of the organisation, encouraging an environment where relationships can be developed and establishing a climate of trust in which visions can be shared. It is an attempt to encourage the follower to develop a commitment to the organisation's objectives and then to empower him or her to achieve these objectives.

Bass and Avolio (1993:3) believe that "transformational leaders do more with their colleagues and followers than set up single exchanges or agreements. They behave in superior ways to achieve superior results". They also contend that the most efficient form of leadership is the combination of both transformational and transactional leadership.

Relationships have developed into a more important dimension of the group as there is a greater sense of belonging, being cared for and collegiality. Leaders are motivating their followers by satisfying their high-order needs, thereby elevating their interest in the team (Avolio & Hannah, 2008). The significant differences between transformational leadership and servant- leadership is that the focus of transformational leadership is on followers growth in order to attain organizational objectives, as opposed to the servant-leadership focus on humility, authenticity and interpersonal acceptance (Van Dierendonck, 2011). The charismatic nature of transformational leadership poses the risk of manipulation in order to achieve short-term organizational goals and leader narcissism, with potential ultimate negative consequences. (Van Dierendonck, 2011)

2.6.8.2 Authentic leadership

The basic concept of authentic leadership is the assertion that authentic leaders work through an increased awareness, relational transparency, internalized transparency, internalized moral perspective and a balanced processing to encourage authenticity in their followers (Avolio & Gardner,2005; in Van Dierendonck, 2011). Authenticity is the ability of a person to express the "true self", in ways that are consistent with inner thoughts and feelings (Harter, 2002; in Van Dierendonck, 2011). It focusses on owning one's personal experiences (thoughts, emotions, needs, wants, preferences and beliefs) and distinguishes outer behaviour from the inner realm of intentions, interests, beliefs and desires, which determine behaviour. Authenticity is a way of life that is cumulative and has a holistic purpose (Heidegger, 1962; in Van Dierendonck, 2011). The authentic leader has a strong sense of accountability to themselves and to others and takes responsibility for their life and the choices made. (Van Dierendonck, 2011). In a comparison of authentic leadership with servant-leadership, an overlap can be observed in two of the six servant-leader characteristics- these are authenticity and humility. (Van Dierendonck, 2011). Certain aspects of humility like the willingness to stand back and allow followers space is absent in authentic leadership. A limiting factor of this theory is also the potential for a leader to work authentically to increase shareholder value, believing it to be the manager's moral obligation, which could be contradictory. (Van Dierendonck, 2011)

2.6.8.3 Ethical leadership

Ethical leadership is defined as "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct by followers through two-way communication, reinforcement and decision-making (Brown, Trevino and Harrison, 2005; in Van Dierendonck 2011). Ethical leadership focuses on appropriate behaviour in

organizations and is similar to servant-leadership in terms of caring for people, integrity, trustworthiness and serving the good of the whole. The two-way communication aspect is similar to Greenleaf's emphasis on persuasion and an open culture (Van Dierendonck, 2011). This leadership approach stresses the importance of direct involvement with employees, building trust and ethical behaviour, which translates operationally into the focus on making fair decisions, showing ethical behaviour, listening and having the best interests of employees in mind. The strongest overlap occurs with the servant-leadership characteristics of empowering and developing people, humility and stewardship. (Van Dierendonck, 2011)

2.6.8.4 Level 5 leadership

Level 5 leadership was identified by Collins (2001) in his work on long-lasting successful corporations. The key aspect of level 5 leadership is the combination of personal humility and professional will (Collins, 2001). The overlap with servant-leadership occurs with the need for humility that is exhibited by the ability to stand back and the will to learn. Humility is defined as being modest, shunning public adulation and focussing on the success of the organization. In addition to humility, the other area of overlap with servant-leadership is in providing direction. The other aspects of servant-leadership like authenticity, interpersonal acceptance and stewardship are missing from level 5 leadership, which is more focussed on organizational success than on developing followers (Van Dierendonck, 2011).

2.6.8.5 Empowering leadership

Empowering leadership involves the employee's perspective and the leader's actions to involve others in decision-making. The emphasis is on employee self-influence processes and actively encourages followers to lead themselves to self-direction and self-motivation (Pearce & Simms, 2002; in Van Dierendonck, 2011). The only overlap with servant-leadership occurs with the empowering and developing people aspect, where the emphasis is on the delegation of authority, thereby increasing intrinsic motivation, accentuating accountability by giving people clear goals to strive for and holding them responsible for achieving these goals. This approach requires the sharing of information and knowledge by the manager, thereby ensuring that the employee develops the necessary skills (Van Dierendonck, 2011).

2.6.8.6 Spiritual leadership

Definitions of spiritual leadership focus on values and organizational practice at the workplace. The spiritual leader facilitates the setting of goals, makes work meaningful and builds the strength of followers (Sendjara, Sarros & Santora, 2008; in Van Dierendonck, 2011) that allow for feelings of transcendence and connectedness to others (Pawar, 2008; in Van Dierendonck, 2011). Spiritual leadership starts with creating a vision through which a sense of calling can be experienced and establishing a culture that helps to intrinsically motivate oneself as a leader and the people within

one's team or organization. This helps followers to find a sense of meaning. Through establishing a culture based on altruistic love, followers feel understood and appreciated. The resulting organizational culture gives employees a sense of calling and they feel part of a community.

The challenge with current empirical research on spiritual leadership is that it is unclear what behaviour is associated with this type of leadership and that the theory is more focussed on organizational culture. Despite some overlap with the outcomes, servant-leadership appears to be a more sophisticated theory. The interpretation of spirituality at work lacks clarity and is confusing as it could be interpreted differently by different people (Giacolone & Jurkiewicz, 2003; in Van Dierendonck, 2011).

2.6.8.7 Self-sacrificing leadership

Self-sacrifice is defined as "the total or partial abandonment and / or permanent or temporary postponement of personal interests, privileges or welfare in the division of labour or the distribution of rewards and the exercise of power" (Choi & Mai-Dalton, 1999; in Van Dierendonck, 2011). The self-sacrificing behaviour of the leader apparently leads to more charisma, legitimacy and reciprocity, causing the followers to exhibit higher positive emotions, a stronger willingness to work together and are more motivated towards prosocial behaviour (De Cremer, 2006; in Van Dierendonck, 2011). Self-sacrificing leadership focusses primarily on the organization as opposed to the focus on followers with servant-leadership. However, self-sacrifice is closely related to altruism, manifested as putting others first and behaving in a prosocial manner in organizations. The most relevant aspect in relation to the servant–leadership context is that it was found in self-sacrificing leadership studies, that people who relate to others with compassionate and not self-oriented goals create a supportive environment , the first evidence of the possible evidence of Greenleaf's reciprocal test that followers become servant-leaders themselves (Crocker & Canevello,2008; in Van Dierendonck, 2011).

Table 3: Comparisons between Servant-leadership and other closely related values-based leadership theories

Comparisons between Servant leadership and other closely related values based leadership theories					
Servant leadership	Key Characteristics		Similarities	Differences	Authors
Transformational leadership	-Empowering and developing people	Yes	Explicit attention to development of followers:	Primary allegiance is to organization	Burns (1978) Bass (1978)

	-Humility -Authenticity -Interpersonal acceptance -Providing direction -Stewardship	No No No Yes Yes	-individualised considerations - intellectual stimulation - supportive behaviour	Growth of followers for organizational performance Risks: -Manipulation of followers -Leader narcissism No Focus on: -Concern for follower well-being -Facilitation of shared vision	
Authentic leadership	-Empowering and developing people -Humility -Authenticity -Interpersonal acceptance -Providing direction -Stewardship	No Yes Yes No No No	authenticity and humility	limiting factor of this theory is also the potential for a leader to work authentically to increase shareholder value	Avolio & Gardner (2005) Walumba, Avolio, Gardner, Wernsing & Peterson (2008)
Ethical leadership	-Empowering and developing people -Humility -Authenticity -Interpersonal acceptance -Providing direction -Stewardship	Yes Yes No No No Yes	Strongest overlap occurs with characteristics of empowering and developing people, humility and stewardship	Focussed on serving the good of the whole.	Brown, Trevino & Harrison (2005)
Level 5 leadership	-Empowering and developing people -Humility -Authenticity -Interpersonal	Yes Yes No No	The need for humility that is exhibited by the ability to stand back and the will to learn.	more focussed on organizational success than on developing followers	Collins (2001)

	acceptance				
	-Providing direction	Yes	55		
	-Stewardship	No			
Empowering leadership	-Empowering and developing people	Yes	emphasis is on the delegation of authority	accentuating accountability by giving people clear goals to strive for and holding them responsible for achieving these goals	Bandura (1986) Erez & Arad (1986) Pearce & Sims (2002)
	-Humility	No			
	-Authenticity	No			
	-Interpersonal acceptance	No			
	-Providing direction	No			
	-Stewardship	No			
Spiritual leadership	-Empowering and developing people	Yes	Undefined behaviours make comparisons difficult	work lacks clarity and is confusing	Sendjara, Sarros & Santora (2008) Pawar (2008) Fry (2003)
	-Humility	Yes			
	-Authenticity	Yes			
	-Interpersonal acceptance	Yes			
	-Providing direction	No			
	-Stewardship	No			
Self-sacrificing leadership	-Empowering and developing people	Yes	Altruistic (putting others first) Reciprocal test of servant leadership (followers potentially become servant leaders themselves)	Focus on organization	Choi & Mai-Dalton (1999)
	-Humility	Yes			
	-Authenticity	Yes			
	-Interpersonal acceptance	Yes			
	-Providing direction	No			
	-Stewardship	No			

2.6.9 The Measurement of Servant-Leadership

The measurement of servant-leader behaviour has been explored by Laub (1999), Barbuto and Wheeler (2006), Senjaya et al. (2008), and Van Dierendonck (2010). Whilst their work has been valuable and validated, it has examined servant-leader behaviour in organizations and from the perspective of the followers.

The servant-leadership behaviour scale (SLBS) was developed by Sendaja, Sarros & Santora in 2008 (Sendjaya, et al., 2008) and is based on the behaviours identified for servant-leaders. SLBS measures six servant-leadership dimensions that comprise of thirty-five items. The dimensions are:

- Voluntary subordination, measured as: Being a servant.
- Authentic self, measured as: Acts of service, Humility, Integrity, Accountability, Security, Vulnerability
- Covenantal relationships, measured by: Acceptance, Availability, Equality, Collaboration
- Responsible morality measured by: Moral reasoning and Moral action
- Transcendental Spirituality, measured as: Religiousness, Interconnectedness, Sense of mission, Wholeness.
- Transforming influence, measured as: Vision, Modelling, Mentoring, Trust and Empowerment.

2.7 The leadership challenge in South Africa

2.7.1 African leadership

The African continent represents fifty-three nations and five islands that are considered predominantly low income, developing nations. South Africa is considered a developing nation and is characterized by diversity in ethnicity, religion, and culture. Such diversity has the potential for either disharmony or unity (Cerff, 2004). The events of history illustrate that the traditional African way of life has been misunderstood and compromised in humankind's quest for development. Historically, the heritage, culture, and rights of indigenous people were commonly overlooked and placed at risk by the influence of Western civilization. This led to considerable conflict between the ethnic groups in South Africa in the past.South Africa was initially a colony of the Netherlands and later of Britain from the mid-17th century until its independence in 1910. The historical impact of colonialism on the nation's indigenous people groups, as well as on other descendants of colonists and slaves, is vital for the understanding of African culture and the potential for unity in diversity. Makgoba (1999), Battle (1997), and van der Walt (2003) as cited in Cerff (2004) recognized the role of legislated apartheid in the growing disenchantment of the majority black population being ruled by the white minority in South Africa from 1948 to 1994. The achievement of democracy in a post-apartheid South Africa was achieved in 1994. The nation's history of "command and control leadership styles" (Winston & Bekker, 2004, in Cerff, 2004) and influence of a single ethnic group over others, are key issues in exploring

the applicability of ideas that might impose on or threaten to replace the values that previously disadvantaged people groups in the nation have held dear for centuries.

While some values that traditional African culture embrace might be foreign to contemporary Western culture, there are significant moral and ethical values that could serve as common ground, as well as admirable values that could be gleaned from traditional African culture. An application of servant-leadership in an African context should serve to concentrate on common values that might be explored and developed. One such concept is Ubuntu.

2.7.2 Ubuntu

The foundation of the concept of Ubuntu *"Umuntu ngumuntu ngabantu"* is translated from Xhosa as "a person is a person through other persons" (Louw, in Cerff, 2004). Ubuntu is a word common to two indigenous South African languages, namely Zulu and Xhosa. This concept of individual significance being achieved through the community is the basic understanding of this concept. Mbigi (2005) defines Ubuntu as "a metaphor that describes the significance of group solidarity, on survival issues, that is so central to the survival of African communities, who as a result of the poverty and deprivation have to survive through brotherly group care and not individual self-reliance" (Mbigi, 2005). Tutu (as cited in Rensburg, 2002) highlighted the "sharing and caring for each other in adversity—as well as in the good times" (preface) as a central characteristic of Ubuntu (Rensburg, 2002). In practice, Ubuntu is commonly expressed through humaneness that results in entire communities sharing an individual's joy and pain, as seen in marriages and funerals that whole communities attend as a matter of course.

Sindane (1995) listed a variety of definitions of Ubuntu that include the common characteristics of treating all people with respect, and dignity that encompasses brotherhood (Sindane, 1995). Sindane (1995) pointed out, "Ubuntu is humanism. It is a belief in the centrality, sacredness, and foremost priority of the human being in all our conduct, throughout our lives".

Ubuntu encompasses sound moral values while simultaneously indicating that humankind is the source and measure of all that matters, pointing to the influence of African Humanism within the concept. The traditional African worldview advances the understanding that the spirit world defines the worldview of the people and their lives (Van Der Walt, 2003).

The principles of servant-leadership provide a useful platform connecting Ubuntu and servant-leadership (Winston & Bekker, 2004). Winston and Bekker (2004) highlighted the similarity of values and characteristics identified by Patterson's (2003) model and Ubuntu. Winston and Bekker (2004), elaborated the common values and characteristics, namely a collectivist rather than individual focus, a focus on the follower rather than the organization, humility, altruism, trust, empowerment, commitment to the leader, and service. The extent and importance attributed to values shared by Ubuntu and servant-leadership are significant. Nelson's (2003) findings overlap with the constructs noted by Winston and Bekker (2004,) and in conclusion Nelson (2003) noted that the black South African leaders who participated in the qualitative research he undertook, "stated that practicing and/or

adopting all of the servant-leadership constructs is challenging among black leaders in the current organizational environment in South Africa" (Nelson, 2003).

The components (social values) of Ubuntu include (Mbigi, 2005):

Survival that is manifested by the sharing of resources based on mutual concern for existence. This is achieved through brotherly care and concern in light of and in spite of difficulties.

Solidarity, which entails valuing collectivity according to a community-based understanding of self. This implies more that interdependence, where the identity of a person is defined by finding oneself in others in the community.

Compassion involves understanding other's dilemmas and seeking to help on account of a deep conviction of interconnectedness. This is manifested as individuals expressing generosity out of concern and a willingness to sacrifice one's own self-interest to help others.

Respect and Dignity is explained as valuing the worth of others and showing deference to other's potential to make a contribution. In African cultures this stems from the interconnectedness of individuals and relates to morality and rationality.

2.7.3 Servant-Leadership and Ubuntu in South Africa

Servant-leadership, as it was first developed and researched was from a Western perspective (Cerff, 2004). An understanding of the uniquely African concepts of Ubuntu and traditional African leadership perspectives are important if servant-leadership is to be effectively assimilated into contemporary South African leadership culture (Cerff, 2004). The principles of Ubuntu provide values that connect to those of servant-leadership, thereby creating a platform that could be effectively applied in an African context (Winston & Bekker, 2004).

Servant-leadership studies have begun to explore to explore the model's conceptualization in various global cultures, including Africa (Nelson, 2003; Danhausser & Boshoff, 2007 as cited in Brubaker, 2013), Asia and Latin America. Brubaker (2013) studied servant-leadership and Ubuntu-related leadership in Rwanda and was able to conclude that both concepts are related and significant in improving leader effectiveness, holding beneficial potential for influencing underdeveloped leadership across the African continent.

The measurement of servant-leader behaviour within the South African context has been explored by Danhausser and Boshoff (2007) and Mahembe and Engelbrecht (2013); these works have been valuable despite the failure of the measurement tools used by Danhausser and Boshoff (2007) (Mahembe & Engelbrecht, 2013). These research efforts have examined servant-leader behaviour within organizations and also from the perspective of the followers.

Chatbury e*t al.* (2011) conducted an empiric investigation on the relationship and implications of servant-leadership and interpersonal trust on the communities and stakeholders in the informal economy, the so-called "Base of the pyramid" (BOP) segment in South Africa (Chatbury, et al., 2011). The idea of contemporary servant-leadership in Southern Africa is believed to be alien to most African leaders as quoted recently in the Sowetan (Stevenson, 2011, in Lekota, 2011). "Now that we have

ceased to be servants, it is our turn to lord it over others". Lekota (2011) talks about the "bling livelihood" that characterises the lifestyles of many of the political leaders in public office today. He believes this is a reflection of the society we now live in, one that is characterised by crass materialism and where conspicuous consumption is regarded as a sign of success. These leaders believe they need to earn their followers' respect by showing off their wealth in public and also that they deserve to live like they do. Unfortunately, this does not reflect the expectations of the majority of South Africans, who cannot have confidence in these democratically elected officials and cannot justify their profligate lifestyles when the country continues to be ravaged by economic inequalities and the effects of the global recession (Lekota, 2011).

2.8 Unintentional leaders

Unintentional leaders are described as those with no real training or natural inclination towards leadership sometimes find themselves thrust into leadership positions; despite not actively seeking such positions (Peters, 2004). A common misconception is that leaders are somehow born with qualities that make them effective. Leaders are not born; they are made just like anything else, through hard work (Lombardi, in Peters, 2004). Often, people just want to help out, without the real desire to become leaders. Many professional organisations like healthcare and education are filled with people who are at the heart and soul of what the profession is doing and becoming.
Often a leadership role is attributed to the person who is in the right place at the right time or by default, because no one else was willing, capable or available to take charge and perform the leadership functions, thereby filling the leadership vacuum (Peters, 2004).Qualities of good unintentional leaders include a passion and interest in a cause, organisational and/or professional skills and abilities, effective communication skills and a willingness to share of themselves by giving their time, energy and talents in order to make a difference in many ways to those that they truly serve (Peters, 2004). Often those who are best at serving wait until asked to assist, out of humility and a reticence to be in the limelight. These leadership opportunities of chance can become environments of personal and professional knowledge and growth to those who are willing to step forward, work hard and learn to lead.

2.9 Leadership Development

Leadership and individual leader development are areas of study that examine formal and informal processes that are intended to develop leadership skills in individuals (Day, 2000). The emerging theoretical background owes much to organisational development theory (Day, 2000). Several different concepts are used to describe the leadership development process: leadership development, leadership training, leadership experience, professional development, management development and management training.

There are generally a range of approaches from scientific management, with its emphasis on product-related job development (Thompson, et al., 2001), to the humanist approaches which are more concerned with enabling and empowering people to undertake their role more effectively (Kluge, 1999). However, most formal programmes show elements of both dimensions when leaders are being prepared to deal with outcomes as well as with the people involved in the process (Southworth, 2002).

Hall and Rowland (1999) recommend a greater emphasis on the facilitation of learning through approaches such as student-centred learning, action learning sets and open learning (Hall & Rowland, 1999). The skills required of tutors are those of facilitation, coaching and mentoring. There is extensive material on the use of techniques in leadership development. What is required is a sense of how best to combine these approaches to provide a holistic learning experience to meet the needs of leaders at different career stages. The formal leadership development methods involve classroom based approaches, opportunities and exposure to leadership experiences, as well as feedback and reflection (Bush & Glover, 2004). Informal methods are less structured and not extensively described. A contemporary approach to leadership development benefits from an individual (leader) and an organisational approach (leadership) (Leonard, 2003). Furthermore, Avolio and Gardner (2005) found that most of the leadership theories that originated over the previous 100 years did not focus on the essential core competencies that would lead to the development of leadership characteristics (Avolio & Gardner, 2005).

Much of the research shows that leadership development is broader than programmes of activity or intervention. It is concerned with the way in which attitudes are fostered, action empowered, and the learning organisation stimulated (Frost & Durrant, 2002). The emerging epistemology of leadership development is one that ranges from the specific, mechanistic, narrowly instructional and interventionist to the contextual, empowering, organisationally coherent and transformational (Bush & Glover, 2004).

The literature suggests three models of leadership development:

- The **scientific** (managerial / technicist): results-focused with an emphasis on training to secure adherence to targets set within formal review frameworks and profession wide standards.
- The **humanist** (empowerment / persuasive): people-focused with an emphasis on strategically planned transformational interaction, non-threatening development activity and continuing reflective (individual and group) review.
- The **pragmatic** (rational / reactive): project-focused with an emphasis on the immediate needs for individual or group activity and with a tendency to draw on both scientific and humanist techniques according to the contemporary needs of the organisation.

Process-rich approaches are likely to be particularly effective in promoting leadership learning. Action learning, mentoring and coaching, for example, are strongly associated with successful leadership learning. These modes act to produce qualitative change in the leadership behaviour of participants (Bush & Glover, 2004).

2.9.1 Servant-Leadership development through service

The development of servant-leadership is closely linked to the experience of service, which is important when developing the motive to lead **(Pless, et al., 2011)**. Three key themes of servant-leadership, and its influence on volunteer motivation, emerged from a study conducted on servant-led volunteers involved with cause-related sporting events (Parris and Peachey, 2012). These themes were: generating a shared vision dedicated to helping others, building a caring and loving community, and creating the freedom and resources for followers to become servants themselves. Their findings also indicated that the spiritual and moral tenets of servant-leadership are applicable to secular non-profit organizations. The importance of context, beliefs and values has also been found to be significant in the development of servant-leaders in social and cultural contexts **(Hamilton & Bean, 2005)**.

2.9.2 Servant-Leader development in South Africa

There has been sparse empiric research done to date on the development of servant-leadership within South Africa and other developing cultures. Whilst the need for the development of servant leaders, serving organizations and serving communities is widely recognized as an antidote to the leadership vacuum that exists in South Africa and the rest of Africa (Manala, 2014). The concepts of servant-leadership are increasingly being incorporated into the culture and practice of large organizations, such as UNISA (Makhanya, 4 July 2011). Servant-leadership has also been successfully implemented in educational environments like Kingswood and Hilton Colleges (Knott-Craig, 2007)and has thus being instrumental in the development of future servant-leaders.

2.10 Summary

The primary objective of this research was to understand and identify the leadership characteristics of Doctor Trudy Thomas. The secondary objective was to trace the development of her leadership and to identify the events that shaped this development, within the context of healthcare during and after the apartheid era in South Africa.
Initial observation of Doctor Thomas's leadership approach appeared to have many characteristics similar to those described as being integral to servant-leadership (Greenleaf, 1977) and therefore the literature was reviewed through the lens of servant-leadership and similar values-based leadership approaches.

The first section of the literature review was conducted to trace the evolution of leadership theories from the traditional Western approaches to the contemporary leadership theories, focussing on values-based leadership and specifically on servant-leadership. The second section was focussed on

leadership and leader development, as well as servant-leadership development through service and unintentional leadership. The literature for both sections was reviewed from a global as well as from a South African perspective.

The crisis of leadership in the past two decades is a not just limited to South Africa, but is a global phenomenon (Brubaker, 2013). This has stimulated interest in alternative forms of leadership and has been experienced as a move away from traditional Western authoritarian leadership approaches towards more participative contemporary approaches. Servant-leadership is a sub-set of the values-based contemporary leadership approaches.

Whilst the concept of servant-leadership has been in existence for many centuries, the phrase "servant-leadership" was pioneered by Robert K. Greenleaf in an essay "The Servant as Leader", which was first published in 1970 (Anderson, 2008). The seminal works of Greenleaf were based on his many years in the traditional corporate world and were never intended to be a new leadership theory (Anderson, 2008). Greenleaf's intention was to encourage people to change and thereby transforming their communities and organizations and ultimately society as a whole, to become more serving and ultimately healthier, more caring and more sustainable (Anderson, 2008).

His work was interpreted by many subsequent authors who attempted to define servant-leadership as a leadership theory and translate servant-leadership into servant-leader characteristics, behaviours and practices.

Greenleaf did not provide an empirically validated definition of servant-leadership and four decades later there was still no consensus about a definition or a theoretical framework for servant-leadership theory (Parris & Peachey, 2013). Consequently, writers and researchers started to formulate their own definitions and models, which resulted in many interpretations of servant-leadership and a wide range of behaviours described (Van Dierendonck, 2011). Initial academic criticism was based on the lack of rigorous empiric research, which initiated numerous and various research attempts over the decades. This research has contributed to the consolidation of the definition of servant-leadership as a theory.Spears (1995), Laub (1999), Russell and Stone (2002), Patterson (2003) and Anderson (2008) have all made valuable contributions to the seminal works of Greenleaf (1970). A broad base of valuable literature is available, mostly anecdotal and targeted at the executive level of organizations (Van Dierendonck, 2011).

Empirically validated research on the conceptualization and operationalization of servant-leadership has only begun in the past two decades (Parris & Peachey, 2013). Recently, Van Dierendonck and Nuijten's (2011) work has included a broader range of organizational leadership to include diverse occupations and organizational levels, thereby gaining valuable insights on the servant-leadership of leaders throughout organizations, and not only executives (Parris & Peachey, 2013). Servant-leadership has been researched across various cultures, countries and industries (Parris & Peachey, 2013). These research efforts have contributed and continue to contribute greatly to the body of knowledge on servant-leadership. However, each author and school of thought has their own interpretations on servant-leadership. What initially was a simple, yet paradoxical concept of serving

leadership, has become complex with many nuances (Anderson, 2008). It is therefore difficult for the lay-person to understand and practice servant-leadership.

The measurement of servant-leader behaviour has been explored by Laub (1999), Barbuto and Wheeler (2006), Senjaya et al. (2008), and Van Dierendonck (2010); whilst their work has been valuable and validated; it has examined servant-leader behaviour in organizations and from the perspective of the followers

Servant-leadership, as it was first developed and researched was from a Western perspective (Cerff, 2004). An understanding of the uniquely African concepts of Ubuntu and traditional African leadership perspectives are important if servant-leadership is to be effectively assimilated into contemporary South African leadership culture (Cerff, 2004). The principles of Ubuntu provide values that connect to those of servant-leadership, thereby creating a platform that could be effectively applied in an African context (Winston & Bekker, 2004).

Servant-leadership studies have begun to explore the model's conceptualization in various global cultures, including Africa (Nelson, 2003; Danhausser & Boshoff, 2007 as cited in Brubaker, 2013), Asia and Latin America. Brubaker (2013) studied servant-leadership and Ubuntu-related leadership in Rwanda and was able to conclude that both concepts are related and significant in improving leader effectiveness, holding beneficial potential for influencing underdeveloped leadership across the African continent.

The measurement of servant-leader behaviour within the South African context has been explored by Danhausser and Boshoff (2007) and Mahembe and Engelbrecht (2013); these works have been valuable despite the failure of the measurement tools used by Danhausser and Boshoff (2007) (Mahembe & Engelbrecht, 2013). These research efforts have examined servant-leader behaviour within organizations and also from the perspective of the followers.

In reviewing the servant-leadership literature it was found that no consensus exists regarding the definition of servant-leadership (Parris & Peachey, 2013). Consequently, writers and researchers have formulated their own definitions and models, which have resulted in many interpretations of servant-leadership and a wide range of behaviours described (Van Dierendonck, 2011).

The majority of the servant-leadership literature is anecdotal and therefore there exists a scarcity of rigorous empirical studies (Russell & Stone, 2002). The studies that have been conducted and the models used were focussed on the subjective evaluation of leaders and organizations by colleagues and followers (Parris & Peachey, 2013) (Reed, et al., 2011).

The literature on Ubuntu is also mainly anecdotal, remaining under researched, poorly conceptualized and operationalized. Unintentional leadership literature is rare, with apparently no evidence of empirical studies having been conducted. The final area of leadership that was reviewed was that of leadership development and especially on servant-leader development through service. There has been sparse empiric research done to date on the development of servant-leadership within South Africa and other developing cultures. Whilst the need for the development of servant-leaders, serving organizations and serving communities is widely recognized as an antidote to the leadership vacuum that exists in South Africa and the rest of Africa (Manala, 2014).

In reviewing the leadership literature, no parallels were found where a biographical case study was conducted on an individual servant-leader or where the leader evaluated was interviewed face-to-face. The servant-leadership measures that were previously used were designed to gather subjective information from colleagues and followers (Reed, et al., 2011).

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Section Three: Research Methodology

3.1 Introduction

The purpose of this section is to describe the research methodology that has been adopted in this qualitative study in order to achieve the research aim, namely which was to identify and to understand the leadership and leadership development of Doctor Thomas. The chapter starts with a brief description of the research aims and objectives and is followed by a discussion of the research paradigm, including the ontology and epistemology related to this study. It then continues to explain the research method used including the rationale for applying qualitative research methods is offered. Data collection techniques and data analysis methods are then presented, followed by a discussion on issues of quality, ethics and rigour. The chapter concludes the research procedure with the potential limitations and implications of the research conducted.

3.2 Research aim and objectives

There has been little research to date on the development of servant-leadership, particularly within South Africa. On initial observation the leadership of Doctor Trudy Thomas appeared to be characterised by servant-leadership and therefore this case would serve as a valuable research study. The research question that this study attempted to discover was: What leadership characteristics are evident in Doctor Thomas as a leader and how did they develop, given her role within health care in South Africa? Therefore the primary aim of this research was to understand and identify the leadership characteristics of Doctor Thomas and to discover any specific underlying servant-leader qualities. The secondary objective was to trace her leadership development and to analyze the events that shaped this development over a period of five decades

3.3 Research Paradigm

A paradigm is defined as a basic belief system or worldview that guides the investigator in ontologically and epistemologically fundamental ways (Guba and Lincoln, 1994: 105). The research paradigm is based on the researcher's frame of reference and perspective, which guides the research and the research method followed (Guba and Lincoln, 1994: 105).

Four research paradigms are described by Riege (2003:77) and Guba and Lincoln (1994:109). Each paradigm involves assumptions about the ontology, defined as the "nature of the reality that is being researched" (Guba and Lincoln, 1994: 108) and the epistemology, defined as the "relationship between the subject being researched and the researcher", which then inform the appropriate research methodologies to be followed. The four paradigms are: Positivism, Post-positivism (or Realism (Riege, 2003:77)), Critical theory and Constructivism.

The research paradigm adopted for the research on the leadership of Doctor Thomas was Constructivist (Guba and Lincoln, 1994:110; Riege, 2003:77), which is described as "multiple apprehendable realities, which are socially and empirically based and are intangible mental constructions of individual persons", being "local and specific in nature". The assumptions are subjective and the created knowledge depends on the interaction between and among researcher and research participant. By adopting the constructivist paradigm, the aim was to gain deep and an individual's understanding of the phenomena of leadership, servant leadership and leader development through service, within the specific context of Public Healthcare in South Africa over five decades; and which was rooted within the research participant's understanding of herself (Ritchie and Lewis, 2003: 32).

A Relativist ontology was employed, where the realities were located within specific situations, contexts and individuals or groups (Guba and Lincoln, 1994:110; Riege, 2003: 77), which required that the researcher interacted actively with the research participant in order to ascertain her perspectives on leadership and leader development. A Transactional / Subjectivist epistemology (Guba and Lincoln, 1994:110) was adopted, where the nature of the relationship between the researcher and the research participant entailed close interactions in order to explore a subjective reality (Guba and Lincoln, 1994: 109).

In this research study, a qualitative research framework was explored in order to "describe" and to "understand" human behaviour from an insider's perspective of the social phenomena of leadership, servant-leadership and leadership development (Babbie, 2011). The constructivist paradigm's methodology was concentrated on the interpretation, understanding and reconstruction of the beliefs that were untainted, legitimate and truthful insider descriptions that were generated by establishing a genuine rapport with the research participant, and thereby gaining her trust (Guba and Lincoln, 1994: 111). Objectivity within the constructivist paradigm was maintained by the adoption of an inter-subjective position (Babbie, 2011).

3.4 Research methodology: Case Study

Research methodology involves the techniques that are used in a research study or the manner in which a researcher goes about finding reality (Guba and Lincoln, 1994:108). A case study is defined as "an empirical enquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and the context are not clearly evident (Yin, 2003:113). An exploratory case study methodology was appropriate for this case as it allowed for a detailed understanding, and interpretation of phenomena, within a single bounded system. Yin (2003) goes on to state that a case study is an intensive investigation of a single unit. The unit of analysis could include institutions, organizations or an individual, as in this case where the research was focused on the biographical study of an individual leader (Babbie, 2011). The exploratory case study methodology was used to explore reality, as it allowed the researcher to use multiple sources of data and where the researcher had little ability to affect the phenomenon being studied (Ritchie and Lewis, 2003: 39). In order to realize the research aim, a holistic single case study research methodology was used, and thus the questions of "how" and "why", have been answered (Gray, 2004). The research was mainly qualitative in nature, whilst being both descriptive and heuristic (Grey, 2004). Whilst a case study methodology was employed to perform the research, the manner that the research report is presented is as an academic paper, which is more appropriate to the content, purpose and language of the research conducted, namely in the scientific journal case study format (Robson, 2011:416).

3.5 Inductive approach

The research approach was inductive and phenomenological, where the researcher attempted to understand social phenomena and relate these findings to the existing literature (Babbie, 2011). Emphasis was placed on inductive analytical approaches during the analysis of the qualitative data (Babbie, 2011) and where patterns and associations were derived from observations of the world (Ritchie and Lewis, 2003:23). Emphasis was also placed on developing and building inductively based new interpretations of first-order descriptions of events (Babbie, 2011**)** and following a process of moving from observations or data towards generalizations or hypotheses (Pope and Mays, 1995:43). This implies that there was immersion in the natural setting of the researched individual before actions and events could be described. In this case the researcher was also a healthcare professional with experience in the similar healthcare environment within the same province, who had initiated a relationship prior to the research being performed.

3.6 Data collection techniques

There are six primary sources of information (or data) that one can explore for the purposes of engaging in case study research (Yin, 1994, in Gray, 2004). These include documentation, archival records, interviews, direct observation, participant observation and physical artefacts (Yin, 1994, in

Gray, 2004). In this research, data was collected via the use of documentation, archival records, and in-depth interviews.

Prior to the interviews, the researcher visited the research participant to gain an understanding of the context and logistical requirements for the research, to establish initial rapport and to gain insight. A series of semi-structured face to face qualitative interviews were conducted with the primary research participant, namely, Doctor Trudy Thomas, former MEC of Health for the Eastern Cape as advised by Babbie (2011). The interview questions and discussion topics were asked orally and then recorded (written down) exactly as given in order to maintain objectivity in the process (Babbie, 2011:213). The critical incident technique, initially described by Flanagan (Flanagan, 1954) and later widely used in service (Gremler, 2004) and literacy research (Hughes, et al., 2007) was used where data was collected from the respondent's perspective and in her own words, without forcing her into any given framework. This technique was used in order to identify rare events that could be missed by other methods which only focus on common and everyday events (Hughes, et al., 2007), during the data collection and analysis. It was also an inexpensive method that provided rich, detailed information.

The interviewer had a series of open-end questions and discussion topics, which were used as a framework for the two interviews that were conducted (see Appendix 3).The interviews that were conducted were intended to be flexible, sensitive and probing in order to adjust to unexpected events and information. Further questions were added by the researcher during and after the interviews to better explore certain themes. The researcher conducted all the interviews in the home of Doctor Thomas as this was conducive to establishing a relaxed, comfortable environment. The interviews were conducted in English, being the mother tongue of both the research participant and the researcher. Care was taken by the researcher to accurately and meticulously write down the responses and the content of the interviews. Additional information was obtained subsequently from the research participant telephonically and by email.

An extensive data search of relevant data bases was conducted in order to obtain documentation regarding the public life of Doctor Thomas. These included newspaper and journal articles, as well as archival transcripts and presentations. The additional data was required to add credibility and validity to the research as well as to provide comparative and historical perspectives (Babbie, 2011). Gaining access to current and archived historical data posed a challenge during the research experience. Interpretations in this research would have been difficult to conclude if the aforementioned qualitative information was inaccessible. Much of the desired information was extracted from both the personal interviews and from documentation that was retrieved. The interview process was rather challenging and due to time constraints not all the information was able to be gathered directly in the time allocated. However this was mitigated by leaving the question framework for Doctor Thomas to complete and augment (see Appendix 3), in her own time and thereby provided a written transcript in her own words and from her perspective.

3.7 Data analysis

Data analysis consists of examining; categorizing, or otherwise recombining the evidence to address the initial propositions of the study (Yin,2003:109).Yin (2003) further emphasises the relevance and importance of using any of four dominant analytic techniques, namely: time-series analysis; pattern matching; explanation-building and logic models.

Once all the interview data had been obtained, it was transcribed and sent to the research participant for verification and approval. The critical events were recorded as defining moments along a timeline and were based on the various critical leadership roles that were performed by Doctor Thomas.

The aspects of the various defining critical leadership roles were further clarified:

- The identification of the different leadership positions
- The context of each leadership challenge
- How the leadership role was interpreted
- How she equipped herself for this role
- How she equipped others
- How she exercised leadership
- How she ensured continuity and sustainability
- The insights and learnings that were gained both personally and professionally

The aspects of her roles as an activist and altruist were also explored:

- How and when these roles started
- The nature of her involvement and understanding the related challenges
- The identification of her mentors and role models
- What the significant positive and/ or negative outcomes were
- What sacrifices were involved, either personally or/ professionally

This timeline was then plotted against the relevant corresponding political and social history of South Africa and globally. The servant-leader characteristics were also identified and described within these contexts.

The data was then subjected to a systematic analysis, where the critical incidents were identified and described. Key themes emerging from the interview discussions were induced and patterns of 'key themes' or aspects reflecting the leadership roles and natures and their contexts were developed. The period being studied covered over five to six decades and it was expected to see patterns, explanations and logic over that time period. In this research, explanation-building and time-series analysis were utilized for the purposes of realizing the research aim.

The time-series analysis technique, as proposed by Yin (2003), was used to analyse the quantitative data collected. Yin (2003:125) mentions that the compiling of chronological events may be considered a special form of time series analysis. In this research the leadership development was compiled in a chronological order and events that lead to this growth, over time, were identified and were recorded as a time-line.

The explanation-building technique was used to understand the leadership of Doctor Thomas and describe how this developed (Babbie, 2011). The research paradigm detailed earlier in this chapter,

required that an interpretational method was adopted to analyze the collected data (Babbie, 2011). A hermeneutics approach permeated throughout the analysis to ensure that all of the information's deeper meanings were illuminated and interpreted (Babbie, 2011).

According to Babbie (2011), "interventions are studied to establish whether they have been properly implemented, successful in terms of the intended outcomes, and beneficial to the target group". This responds directly to one of the research objectives identified earlier in this chapter, that of analyzing the leadership exercised by Doctor Thomas in dealing with the various leadership challenges she was involved with.

The aim of the analysis was to eventually produce a timeline representing the leadership development of Doctor Thomas, as well as a comparative table representing the servant-leader characteristics evident in her leadership approach.

3.8 Quality issues

The appropriateness of internal and external validity for qualitative research is widely debated by authors such as Gray (2004), Guba and Lincoln (1994), Babbie (2011) Yin (2003) and Riege (2003). According to Riege (2003), meaningful interpretations of the accumulated data can only be constructed and presented if the research conforms to the following quality indicators, namely: reliability and validity. Babbie (2011:129) defines reliability as "a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time". However, reliability does not ensure accuracy. Babbie (2011) also cautions that reliability is always a concern whenever single observers are the sources of data. This is as a result of the impact of the degree of the subjectivity of the observer. According to further literature by Babbie (2011), validity implies "the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration". Consequently, the research process in this study ensured that there was a corroboration of the evidence by no fewer than three sources of information, namely: interviews; documentation and archival records (Yin, 1994, in Gray, 2004).

Riege (2003) proposed the additional use of four design tests to mitigate against the risks of invalidity and unreliability. According to Riege (2003), these tests are more suited to qualitative research approaches namely: confirmability; credibility; transferability; and dependability. The credibility and dependability indicators were addressed by ensuring that transcripts of the interviews were sent to the research participant for her approval. All other quantitative and qualitative data that was intended for analysis was sourced from the available documentation and archival records.

Transferability in qualitative research is the equivalent to generalisation. It is often thought that the conclusions reached from one case study cannot be generalised. However valid extrapolation depends on the clarity of theoretical reasoning and not on typicality or representativeness of the case (Yin, 1994; in Gray, 2004). Therefore any transfer from this research should be based on the theoretical framework applied. Thick descriptions of the research participant and of all the phenomena associated with the application of servant-leadership within the healthcare environment in South Africa addresses the indicator of transferability. The presence of rich thick descriptive text allows the

reader to determine the external applicability of the research findings, interpretations and of the concluding recommendations. Finally, the indicator of dependability is addressed by ensuring that an archive of source documents (that were used in this research) is readily available for any auditing request.

3.9 Ethical considerations

Babbie (2011: 500) details four primary guidelines for ensuring ethical conduct during the research process, namely: informed consent, deception, privacy and confidentiality, and accuracy.
Written informed consent was obtained through email correspondence from Doctor Thomas prior to conducting this research (See Appendix 4). In order to ensure transparency the following ethical guidelines were followed by the researcher:
The aims, objectives and methods of the proposed research were explained to the research participant, thereby ensuring that any concerns and queries were addressed prior to the actual start of the research and thereby avoiding any misunderstandings.
Doctor Thomas's participation was voluntary and she was given the opportunity to exclude any sensitive or confidential areas from the research at any stage during the process. While permission was granted by Doctor Thomas for the research to be conducted, due care and discretion were exercised with the information and insights gained.
The researcher was committed to a professional code of conduct to ensure objectivity and honesty at all stages of the research process. All communication and interaction was conducted with honesty and integrity, thereby negating any concerns of deception from either party.
Attention was given to the accuracy of the information that was collected, referenced, analyzed and interpreted. This was ensured through the meticulous transferring and capturing of data, and through the approval of the interview transcript by the research participant.
In conducting the research study, the researcher was cognizant of the fact that certain confidential information was made available to her. This was done by seeking approval from the research participant to include in the research any information that was not already in the public domain.

3.10 Rigour and Limitations of the study

In order to produce an analysis of the highest quality, irrespective of the analytical strategies and techniques used, Yin (2003) proposes four techniques to ensure suitable rigour has been applied to the research:

- All the evidence collected needs to be exhaustively analyzed.
- All major rival interpretations need to be addressed.
- The most significant aspect of the research study needs to be addressed.
- The researcher needs to use prior, expert knowledge in order to demonstrate awareness of the current thinking on the research topic.

This research study was predominantly based on interview data collected from a single individual, as well as documentation and archival records. Whilst the information received from the interviews was targeted, insightful and original, it was potentially at risk of bias and inaccuracies due to poor recall and time constraints. The documentation and archival records were able to provide information that was stable, unobtrusive, and exact and had a broad coverage, containing precise details of events and people over a long span of time and settings (Gray, 2004:135).

 In assessing the rigour of this research study with respect to the above criteria, the following limitations were highlighted. The diversity of the information collected was of such a nature that exhaustive analysis could not be adequately performed within the scope, resources and time-frames of this research. This was due to the many paradoxes and applications present in the interpretation of leadership, servant-leadership, leadership development, servant-leadership through service in healthcare in South Africa, peri- and post- apartheid. It was a particular challenge for the researcher to remain focussed and to balance objectivity whilst developing a deepening relationship with the research participant.

3.11 Conclusion

This section outlined the research aim, supported by the research objectives. A case study methodology was adopted, within the qualitative framework, where a constructivist paradigm was selected. An inductive approach was explored to understand and describe the events. An inter-subjective position was adopted to obtain insider descriptions.

Quality concerns about reliability and validity were mitigated by the use of triangulation, defined as the use of three or more research methods in combination to source the information (Pope and Mays, 1995:43). The three primary techniques that were used to the collect data were in-depth interviews, documentation and archival records. Quantitative data was interpreted by using the time-series analysis technique, whilst the qualitative data was compiled by using the thick descriptive explanation building technique. Four additional design tests were included to maintain the quality standards required of this research. These included confirmability, credibility, transferability, and dependability. The aim of this research study was met with the production of a timeline, representing the leadership development of Doctor Thomas, as well as a comparative table representing the servant-leader characteristics evident in her leadership approach, based on the evidence gathered during this research study.

The usefulness of this holistic individual case study was that it allowed the researcher access to a unique biography that contained previously private information. The insights gained from this research could be of value as a precursor for further studies, particularly for the development of servant-leaders in service industries, like healthcare and public service, in developing countries, especially where service delivery has failed.

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Appendix 1: Expanded Glossary of Terms

1.1 Understanding the concept of Apartheid in South Africa

Apartheid is an Afrikaans word meaning "the state of being apart", literally "apart-hood" (Shore, 2009:36) (Clarkson & Worger, 2013) that was a system of racial segregation and separate development in South Africa enforced through legislation by the National Party (NP) government, the ruling party from 1948 to 1994; under which the rights of the majority black and other non-white inhabitants were curtailed and Afrikaner (white) minority rule was maintained. Racial segregation in South Africa began in colonial times under Dutch rule and continued under British rule (Du Toit & Giliomee, 2013). Apartheid was developed after World War II by the Afrikaner-dominated National Party and Broederbond organizations. By extension, the term is nowadays currently used for every kind of segregation, established by the state authority in a country, against the social and civil rights of a minority of citizens, due to ethnic prejudices (Centre de Recherches pour le developpement international, 2014).

Legislation classified inhabitants into four racial groups, "black", "white", "coloured", and "Indian", and residential areas were segregated (Baldwin-Ragaven, et al., 1999:18). From 1960 to 1983, 3.5 million non-white South Africans were removed from their homes, and forced into segregated neighbourhoods, in one of the largest mass removals in modern history (African Studies Centre, Michigan State University, 2013). Non-white political representation was abolished in 1970, and starting in that year black people were deprived of their citizenship, legally becoming citizens of one of ten tribally based self-governing homelands called Bantustans, four of which became nominally independent states (Transkei and Ciskei in the Eastern Cape). The government segregated education, medical care, beaches, and other public services, and provided black people with services inferior to those of white people (African Studies Centre, Michigan State University, 2013).

The first pillar of apartheid law was the **Population Registration Act of 1950** (Boddy-Evans, 2013) which formalized racial classification and introduced an identity card for all persons over the age of 18, specifying their racial group. This caused difficulty, especially for coloured people, separating their families when members were allocated to different races (Goldin, 1987:27). The second pillar of apartheid was the **Group Areas Act of 1950** (Boddy-Evans, 2013). Until then, most settlements had people of different races living side by side. This Act put an end to diverse areas and determined where one lived according to race. Each race was allotted its own area, which was used in later years as a basis of forced removal (Besteman, 2008:6). The **Prevention of Illegal Squatting Act of 1951** allowed the government to demolish black shanty town slums and forced white employers (especially the mines) to pay for the construction of housing for those black workers who were permitted to reside in cities otherwise reserved for whites (Boddy-Evans, 2013). The **Prohibition of Mixed Marriages**

Act of 1949 prohibited marriage between persons of different races, and the **Immorality Act of 1950** made sexual relations with a person of a different race a criminal offence (Beck, 2000:28). Under the **Reservation of Separate Amenities Act of 1953**, municipal grounds could be reserved for a particular race, creating, among other things, separate beaches, buses, hospitals, schools and universities. Signboards such as "whites only" applied to public areas, even including park benches. (Centre de recherches pour le développement international, 2013) Further laws had the aim of suppressing resistance, especially armed resistance, to apartheid. The **Suppression of Communism Act of 1950** banned any party subscribing to Communism. The act defined Communism and its aims so sweepingly that anyone who opposed government policy risked being labelled as a Communist.

Apartheid had a major impact on women, since they suffered both racial and gender discrimination (Cotula, 2006, pp. 46-52) (The African National Congress, 1954). Jobs were often hard to find. Many black and coloured women worked as agricultural or domestic workers, for extremely low wages (Lapchick & Urdang, 1982, pp. 48-52). Children suffered from diseases caused by malnutrition and sanitation problems, and mortality rates were therefore high. The controlled movement of black and coloured workers within the country through the **Natives Urban Areas Act of 1923** (Bernstein, 1985, p. 48) and the pass laws separated family members from one another, because men usually worked as migrant labourers in urban centers, usually on the mines and large manufacturing industries, while women were forced to stay in rural areas, further eroding traditional family structures.

Apartheid sparked significant internal resistance and violence leading to the establishment of various activist groups like the **ANC (African National Congress)**, and a long international arms and trade embargo against South Africa (Lodge, 1983). Since the 1950s, a series of popular uprisings and protests were met with the banning of opposition and imprisoning of anti-apartheid leaders like Nelson Mandela and Steve Biko. As unrest spread and became more effective and militarized, state organizations responded with repression and violence. Along with the sanctions placed on South Africa by the international community, this made it increasingly difficult for the government to maintain the regime (Lodge, 1983).

Apartheid reforms in the 1980s failed to quell the mounting opposition, and in 1990 President F.W. de Klerk began negotiations to end apartheid, (De Klerk Dismantles Apartheid in South Africa, 2 February 1990) culminating in multi-racial democratic elections in 1994, won by the African National Congress under Nelson Mandela, who subsequently became the first black President of South Africa.

1.2 Understanding the Role of Activism in South Africa

Activism consists of efforts to promote, impede, or direct social, political, economic, or environmental change, or stasis (Dictionary.com). The term connotes a peaceful form of conflict. Various forms of activism range from writing letters to newspapers or politicians, political campaigning, economic activism such as boycotts or preferentially patronizing businesses, rallies, street marches, strikes, sit-ins, and hunger strikes. Internal resistance to the apartheid system in South Africa came from several

sectors of society and saw the creation of organizations dedicated variously to peaceful protests, passive resistance and armed insurrection. It came from both black activists like Steve Biko and Desmond Tutu as well as white activists including many Jewish activists like Joe Slovo, Ruth First and Helen Suzman. By the 1980s there was continuous interplay between violent and non-violent action, and this interplay was a notable feature of the rebellion against apartheid from 1983 until South Africa's transition to democracy in 1994 (Lodge, 2009, pp. 213-230). A medical student, Biko was the main force behind the growth of South Africa's Black Consciousness Movement, which stressed the need for psychological liberation, black pride, and non-violent opposition to apartheid (Lodge, 2009:213-30). While the majority of white South African voters supported the apartheid system, a minority (mainly of non-Afrikaners) fervently opposed it. South African women greatly participated in the anti-apartheid and liberation movements that took hold of South Africa. These female activists were rarely at the head of the main organizations, at least at the beginning of the movement, but were nonetheless prime actors.

The Black Sash was a non-violent white women's resistance organization founded in 1955 in South Africa by Jean Sinclair. The Black Sash campaigned against the apartheid system as it began to reach into every aspect of South African life. Black Sash members demonstrated against the Pass Laws and the introduction of other apartheid legislation. Its members "used the relative safety of their privileged racial classification to speak out against the erosion of human rights in the country. Their striking black sashes were worn as a mark of mourning and to protest against the succession of unjust laws. But they were not only on the streets. Volunteers spent many hours in the national network of advice offices and in the monitoring of courts and pass offices." (Naidoo, 2005)

Between 1955 and 1994, the Black Sash provided widespread and visible proof of white resistance towards the apartheid system. Its members worked as volunteer advocates to families affected by apartheid laws; held regular street demonstrations; spoke at political meetings; brought cases of injustice to the attention of their Members of Parliament, and kept vigils outside Parliament and government offices. Many members were vilified within their local white communities, and it was not unusual for women wearing the black sash to be physically attacked by supporters of apartheid(Bernstein, 1985).

The Black Sash's resistance movement came to an end in the early 1990s with the end of apartheid, the unbanning of the ANC and the release of Nelson Mandela from imprisonment. Its role was recognized by Nelson Mandela on his release and by subsequent political leaders. The organization was reformed in 1995 as a non-racial humanitarian organization, working to 'make human rights real for all living in South Africa'(Bernstein, 1985).

1.3 The Truth and Reconciliation Commission (TRC) was a court-like restorative justice body (Suffolk University College of Arts & Sciences, Centre for Restorative Justice, 2014) assembled in South Africa after the abolition of apartheid. Witnesses who were identified as victims of gross human rights violations were invited to give statements about their experiences, and some were selected for public hearings(Gade, 2013, pp. 10-35). Perpetrators of violence could also give testimony and

request amnesty from both civil and criminal prosecution. The TRC, the first of the nineteen held internationally to stage public hearings, was seen by many as a crucial component of the transition to full and free democracy in South Africa. Despite some flaws, it is generally thought to have been successful and part of the miracle of a peaceful transition (Fullard & Rousseau, 2009).

1.4 Understanding Humanitarianism in South Africa

Altruism or selflessness is the principle or practice of concern for the welfare of others (Dictionary.com). It is a traditional virtue in many cultures and a core aspect of various religious traditions and secular worldviews, though the concept of "others" toward whom concern should be directed can vary among cultures and religions (Darity, 2008, pp. 87-88). Altruism or selflessness is the opposite of selfishness. Altruism can be distinguished from feelings of loyalty. Pure altruism consists of sacrificing something for someone other than the self (e.g. sacrificing time, energy or possessions) with no expectation of any compensation or benefits, either direct, or indirect (e.g., receiving recognition for the act of giving) (Batson, 2011). The term altruism may also refer to an ethical doctrine that claims that individuals are morally obliged to benefit others. Used in this sense, it is usually contrasted with egoism, which is defined as acting to the benefit of one's self (Batson, 2012). Humanitarianism is the concern for human welfare, especially as manifested through philanthropy (Dictionary.com). It is also the belief that the sole moral and ethical obligation of humankind is the improvement of the welfare of the human race.

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Appendix 2: Expanded personal and professional biography of Doctor Thomas

Achievements

St. Matthews Mission Hospital

- Organised a community-based nutrition programme for 3000 children

- Established a "Sunshine Ward" to combat the ill effects of a long stay in hospital for infants

- Established a Home Industry employing 60 destitute women with malnourished children and no partner- support

- Established the St Matthews Children's home for orphaned, abused and abandoned children.

Frere Hospital Paediatric Outpatients- a unit which mainly served communities in informal settlements

- Introduced Primary Health Training for Nurse Practitioners

- Initiated a pre-school network for deprived pre-schoolers

- Established a community based "care groups" offering relief, skills and employment to mothers of malnourished children.

Community Health Department of Cecilia Makiwane Hospital, Mdantsane

- Initiated the Village Health Worker Programme with 120 workers in 6 rural villages

- Established key services such as home-care for abused, frail elderly people

- Established hospital liaison services to monitor progress, compliance and safety of tuberculotic and abused children

- Established a bursary scheme for the children of indigent and chronically ill guardians

- Her nine years at Makiwane saw the eradication of measles as a community health problem through community and clinically-based immunization programmes

- A dramatic reduction of malnutrition and gastro-enteritis through clinic- and community-based programmes

Registrar of the Community Health Department, at UCT

- Conducted a survey on the health of farm labourers (part-paid in alcohol) and their children, and found - high levels of neglect, abuse and Foetal Alcohol Syndrome. This ground-breaking survey provided the motivation for the establishment in 1992 of the Trudy Thomas Children's centre (now the Phillipi Children's Centre) which, together with a crèche at Liefdespoort has made a real difference to the well-being of pre-school children in the area.

Duncan Village Day Hospital in East London

- Initiated the Institute of Primary Health Care for the training of all categories of health-care workers in comprehensive community and primary health skills. This involved the working co-operation of teaching institutions, service providers and, most important of all the beneficiaries- the communities themselves

Cecilia Makiwane in 1993

- Initiated a comprehensive service for the victims of domestic violence and child abuse

Provincial MEC for Health, in the Eastern Cape

She embarked on a well-informed, practical programme which included:

- The decentralisation of Health Services into 21 districts

- The establishment of "Academic Health Complexes" in which teaching and service provision complemented each other at service sites
- Financial support for community and home-care programmes for hospice work, providing terminal care of sufferers of cancers and AIDS and support for their families
- Policy formulation for a comprehensive Mental Health Service integrated from the primary health level into all other referral levels

Appendix 3:   Interview Questions

Interview Framework & Discussion Topics (Face to Face)

Section 1

Personal history

- Educational – school , university, other

- Family – parents, siblings, spouse, children

- Health outlook

- Hobbies and interests

- Political and religious influences

- Mentors and role models

- Professional history

- Training

- Roles and positions

-Professional bodies

- Mentors and role models

Activism

- How and when did this get started

- What did it involve and what were the challenges

- Who were your mentors / role models

- What were the significant positive and/ or negative outcomes

- What sacrifices were involved- personal / professional / other

Altruism

- How and when did this get started

- What did it involve and what were the challenges

- Who were your mentors / role models

- What were the significant positive and/ or negative outcomes

- What sacrifices were involved – personal / professional / other

Section 2

Interview process: Clarification of defining moments

Frame questions around the various defining (critical) events based on the leadership roles that were taken.

Clarify the aspects to these roles (no more than 6) as follows:

Identify the different leadership positions held & for each clarify:

- What was the leadership position

- What was the context of the Leadership Challenge

- How did you interpret your leadership role (pay attention to SL characteristics)

- How did you equip yourself for this role
- How did you equip others
- How did you exercise leadership
- How did you ensure continuity (sustainability)
- On reflection what insights and learnings were gained
    -personal
    -professional
    - citizen
    -other

Section 3

Other questions:

What is wrong with healthcare in South Africa and globally?

What would you suggest are the solutions?

What should be the role of: Medical Aids, Pharmaceutical manufacturers, statutory bodies?

What is the problem with corporate South Africa?

What would you suggest are the solutions?

What is the problem with the government departments in South Africa? (esp. DOH)

What would you suggest are the solutions?

What do you think of NHI – the proposed national health insurance?

What specific health issues need urgent attention? What form should this take?

What type of leadership is required in healthcare in South Africa?

How do we develop that type of leadership within our healthcare?

Do you see yourself as a leader?

Did you set out to be a leader?

How do you think this happened? (Leadership by accident / default?)

What type of leadership style would you ascribe to yourself? Why?

Has your leadership changed over the years? If so, how and why do you think this happened?

Do you believe you were born with leadership potential as part of your genetic make-up (nature or nurture?)

What are your thoughts on Ubuntu and other aspects of African Leadership?

One defining characteristic of SL (Servant Leadership) is that of empowering the people you have led to become servant leaders themselves. Has this happened in your case? If not, what do you think are the reasons?

What are your thoughts on:

Euthanasia / Assisted suicide for terminally ill patients

The use of alternate (complementary) medicines and treatments – traditional African sangomas, the use of cannabis for terminal pain

Suitable punishment for rape, abuse and murder

Family planning and abortion

Ownership of personal health

Emergence of "western diseases" amongst native population

Subsistence farming and vegetable gardens

Environmental issues:

Sustainability – balancing the triple bottom line

Corporate Governance (integrated reporting – Mervyn King)

What would you change in the past if you could – (personally- do differently)

What do you believe is your greatest achievement?

What motivates you?

Which of these qualities do you think you have?

Listening, Empathy, Healing, Awareness (self, others), Persuasion, Conceptualisation, Foresight, Stewardship, Commitment to the growth of people, Building community.

Appendix 4: Copy of correspondence

Queenstown

19 April 2012
Dear Dr Trudy Thomas,
Re: Research for MBA
I am at present doing a MBA through Rhodes University and an important aspect in getting this degree involves doing a research project and the successful completion of a thesis based on this.

After much reflection, I have decided on the topic of leadership- specifically ethical, responsible and servant leadership. I believe that these qualities are sorely lacking in healthcare and the country as a whole.

I have always admired your integrity and courage. On the one occasion that I met you, I was struck by your compassion, humility and intelligence.
You have been an inspiration to me, professionally and personally, especially when I have become despondent with the situation in healthcare and our country. We need leaders and role-models like you.

I would therefore like to do my research as a case study on your leadership and the lessons you have learnt. This would include the critical defining moments in your life that have shaped your history and leadership.
The first step of this process would obviously be to obtain your permission to do this.
All information gathered would be treated in the strictest confidence and you would have access to all aspects of the process.

I would assume that you would be uncomfortable to embark on this, because of the person you are.

I however believe that your story needs to be told- to be an inspiration and valuable learning for others.

Please allow me the opportunity to tell your story- it may be the only valuable contribution I could make.

It is more than just a thesis to me- I would not normally have had the courage to do this!

Kind regards,

Jenny Fietze

Sent: 23 April 2012 07:59 PM
To: Fietze,Jenny
Subject: RE: MBA research

Dear Jenny –What a surprising letter! I have never thought of myself as a leader – if anything as a pusher and a worrier and a desperado – I love health care and the wonderful possibilities of decent healthcare and the horrible consequences of the horrible health care we are seeing now. I think you feel the same – I think I remember meeting you.

I am not sure that I can be of leadership use to you but I would be honoured to explore these issues with you. And, from a selfish point of view, I think this could help me clarify some of my frustration and questions and address my disillusionment constructively. Can't let them win!

So, thankyou for this kind request. I would be happy to give it a try,

Best regards

Trudy Thomas

2. Follow-up communication

Jan 2013

Hi Dr Trudy,

I trust that you are still well and enjoying your piece of paradise at Cintsa.

It has been nearly a year since we last communicated. You have probably wondered if I had fallen off the planet and if I am still continuing with my proposed research on your leadership. I apologise if you feel that I have neglected you in any way- it was of course not my intention. There were two reasons for my long silence - the first being, that in order to produce a pure, credible research thesis, the relationship between us must be objective and restricted to a more formal researcher-research subject one. (I would however, really like to get know you on a more personal level once this process is over). The second and more frustrating reason has been that due to staff shortages at

work, I have battled to complete the MBA course work and the initial research proposal processes.

I am happy to report that I have completed the course work of the MBA and am finally ready to focus on the research and the thesis. I will be submitting my research proposal in the coming week. I have attached my initial research presentation and a draft of the research proposal.

Are you still happy to proceed?

Please feel free to give me your critique and feedback.

Looking forward to hearing from you,

Take care,

Jenny

Jennifer Fietze

3. Interview planning

30 Jan 2014
Hi Dr Trudy,

Thanks for looking at this as discussed earlier.
I have attached my initial research presentation and a draft of the research proposal.
I have also included a framework of interview questions- if you have time you are welcome to go through them and possibly think of suitable replies.
I look forward to your feedback and critique.

As mentioned, there are a few logistic issues that I would like to clarify before the actual research process starts.
The data gathering process will be conducted by face to face semi-structured interview using a voice recorder- if this is acceptable to you?
The information captured will be transcribed and sent to you later for verification.

The interview will be conducted on Sunday 2 February - I trust that this suits your time-frames and requirements and does not intrude too much on your personal space. Please indicate what time and venue is convenient for you.

Which form of further/ongoing communication would be most suitable for you- email, telephonic or face to face?

Please could also you indicate which areas/topics are private, inappropriate and/or sensitive, before we start and at any time during the process.

These considerations will be strictly honoured and not included at any stage. You can of course revise this and include any additional areas, at any time during the process.

I have found it rather difficult to access public information about you. I was excited to find and read Barbara Hutmacher's impressions in her book "Strike a woman, strike a rock", if somewhat outdated. Would you recommend any further suitable readings to fill in the gaps in my knowledge?

 I recently read an article in the Daily Dispatch, which mentioned that you were busy writing your biography. I do not wish to fail in my responsibility in gathering the appropriate information, but also not wanting to irritate you by asking many basic, tedious questions. I would ask that you consider sending me the basics in a format similar to that of a CV.

I am interested in what encouraged you to become an anti-apartheid activist and later an altruist as well as what those roles entailed.

I have also not been able to establish factually, what your relationship (if any) was with Steve Biko and what influence this would have had on your personal journey.

 Obviously, this is a sensitive area and we will only pursue it in the appropriate depth and if it is relevant and acceptable to you.

This thesis is about telling your story- not to be clouded or overshadowed by some-one else, neither to use their names to bring fame/ credibility to this work. I believe that your story will stand alone in its integrity and inspiration.

Thanks again,
 Jenny Fietze

4. Citation by the Rhodes University Public Orator, Professor Paul Walters (accessed for the Cory Library, Rhodes University, October 2013)

to p.walters, bcc: jenny.fietze   28 Feb 2014

Hi Prof Walters,

I am currently a Rhodes University MBA student and am completing my thesis on the leadership of Dr Trudy Thomas. I have found it difficult to source relevant and reliable historical information on her.

I recently found a copy of the citation that you delivered on the occasion of her honorary doctorate of law awarded by Rhodes University in 2003/2004, available at the Cory Library Archives.

I would request your permission to use this document in my thesis to serve as independent credible verification for the information sourced directly from Dr Thomas.

I would appreciate any guidelines you could offer regarding the correct and acceptable manner in which to use and reference this information.

Any other comments or suggestions would be greatly valued.

Thanks.

Yours sincerely,

Jenny Fietze

Paul Walters <p.walters@ru.ac.za> 28 Feb

to me

Dear jenny

 Fame in one's own lifetime!. You may reference this with pleasure. I don't what style you will be using, but the citation might look something like this: Walters, PS (date): Unpublished Citation for the Award of the Degree of Doctor of….. (Laws?) (honoris causa). Graduation Ceremony, Rhodes University Grahamstown (date of ceremony)

Would that help

PW