Exploring strategic human resource development at a private hospital group

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DEDICATION

I dedicate this study to my beloved parents. I am truly blessed to still have you in my life. Your life situations and circumstances meant that you could not realise your ambitions and fullest potentials. I know that you experience immense joy in the successes and achievements of my sisters and I. My accomplishments are only because of your sacrifices, prayers and well wishes.

ABSTRACT

The optimal performance of human resources is critical in order for organisations to sustain competitive advantages and remain globally relevant. Strategic human resource development calls for a holistic implementation of its characteristics and a globally accepted exploratory model by human resource development practitioners. Garavan's strategic human resource development model validates the horizontal integration of the currently separate fields of human resource development and human resource management practised by human resource development practitioners and human resource generalists alike. Strategic human resource development advocates for greater collaboration between human resource development and human resource management. Instead of competing against each other, collaboration is important to enhance the reputation of human resource development practitioners and human resource generalists to become valued as strategic organisation partners in 'corporate boardrooms'.

The field of strategic human resource development has been largely unseen in South African literature, due to the limited empirical research conducted in the field. The aim of this qualitative study was to explore the extent to which human resource managers are implementing the characteristics and models of strategic human resource development at private hospitals to which the participants are employed as part of their human resource development practices.

A qualitative research design and phenomenological strategy reinforced by interpretivism were adopted to understand the experiences of human resource managers in implementing the characteristics and a model of strategic human resource development at private hospitals to which the participants are employed. Purposive sampling was used to select five participants (human resource managers) who were interviewed individually based on their understanding and experiences with human resource development at a private hospital. Creswell's six-step data analysis model was used to analyse the data recorded during the semi-structured interviews. Qualitative reliability and validity (trustworthiness) strategies were implemented to ensure the quality of the data analysed.

The findings confirmed that human resource managers implemented the characteristics of strategic human resource development at private hospitals to which the participants are employed; however, this was done in a fragmented and inconsistent manner, which contradicts the holistic approach advocated by McCracken and Wallace. Moreover, the participants stated that they had no working knowledge of strategic human resource development models. This study contributes to the field of strategic human resource development in general, and more specifically

within the South African private hospital sector. In order to address the findings ensuing from the study, human resource development practitioners must take the initiative by engaging and partnering with top management and human resource managers in delivering strategically aligned solutions linked to their organisations' values.

Keywords: Human resource development, strategic human resource development, human resource management, human resource manager, human resource development practitioner, private hospital and qualitative research

OPSOMMING

Die optimale prestasie van mensehulpbronne is van kritieke belang vir organisasies om mededingende voordele te behou en wêreldwyd relevant te bly. Strategiese ontwikkeling van mensehulpbronne vereis 'n holistiese implementering van sy eienskappe en 'n wêreldwyd aanvaarde verkennende model deur mensehulpbronontwikkelingspraktisyns. Garavan se strategiese mensehulpbronontwikkelingsmodel bekragtig die horisontale integrasie van die tans afsonderlike velde van mensehulpbronontwikkeling en mensehulpbronbestuur wat deur mensehulpbronontwikkelingspraktisyns en algemene mensehulpbronpraktisyns beoefen word. Strategiese mensehulpbronontwikkeling pleit vir groter samewerking tussen mensehulpbronontwikkeling en mensehulpbronbestuur. In plaas van om teen mekaar te kompeteer, samewerking is belangrig om die reputasie van mensehulpbronontwikkelingspraktisyns en algemene mensehulpbronpraktisyns te verbeter om as strategiese sakevennote in 'korporatiewe direksiekamers' gewaardeer te word.

Die veld van strategiese mensehulpbronontwikkeling is grotendeels ongesiens in die Suid-Afrikaanse letterkunde, weens die beperkte empiriese navorsing wat in die veld gedoen is. Die doel van hierdie kwalitatiewe studie was om die mate waartoe mensehulpbronbestuurders by 'n privaat hospitaalgroep die eienskappe en modelle van strategiese mensehulpbronontwikkeling implementeer as deel van hul mensehulpbronontwikkelingspraktyke, te ondersoek.

'n Kwalitatiewe navorsingsontwerp en fenomenologiese strategie wat deur interpretivisme ondersteun word, is aangeneem om die ervarings van mensehulpbronbestuurders te verstaan in die implementering van die eienskappe en 'n model van strategiese mensehulpbronontwikkeling by 'n privaat hospitaalgroep. Doelgerigte steekproefneming is gebruik om vyf deelnemers (mensehulpbronbestuurders) te kies wat individueel ondervra is gebaseer op hul begrip en ervaring van mensehulpbronontwikkeling by 'n privaat hospitaal. Creswell se ses-stap-data-analise-model is gebruik om die data wat tydens die semi-gestruktureerde onderhoude aangeteken is, te analiseer. Kwalitatiewe betroubaarheid en geldigheidstrategieë is geïmplementeer om die gehalte van die data te analiseer.

Die bevindings het bevestig dat mensehulpbronbestuurders die eienskappe van strategiese mensehulpbronontwikkeling by die privaat hospitaalgroep geïmplementeer het; dit is egter op 'n gefragmenteerde en teenstrydige wyse gedoen wat in stryd is met die holistiese benadering wat McCracken en Wallace voorgehou het. Daarbenewens het die deelnemers verklaar dat hulle geen werkende kennis van strategiese mensehulpbronontwikkelingsmodelle gehad het nie.

Hierdie studie dra by tot die veld van strategiese mensehulpbronontwikkeling in die algemeen, en meer spesifiek binne die Suid-Afrikaanse privaat hospitaal-sektor. Ten einde die bevindings wat uit die studie voortspruit, aan te spreek, moet mensehulpbronontwikkelingspraktisyns die inisiatief neem deur betrokke te raak en saam te werk met topbestuur en mensehulpbronbestuurders in die lewering van strategies-gebonde oplossings gekoppel aan hul organisasies se waardes.

Sleutelwoorde: Mensehulpbronontwikkeling, strategiese mensehulpbronontwikkeling, mensehulpbronbestuur, mensehulpbronbestuurder, mensehulpbronontwikkelingspraktisyn, privaat hospitaalgroep en kwalitatiewe navorsing

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CHAPTER 1: ORIENTATION, MOTIVATION AND STATEMENT OF PROBLEM

1.1 INTRODUCTION

The implications of globalisation, together with current geo-political uncertainties, provide challenges for organisations around the world (Meyer, 2017:2-5). Globalisation brought about particular technological and labour imperatives, which necessitated changes in employee skills sets in the workplace. The latter skills sets are known as 21st century skills, which form "a unique blend of all the skills subsumed in technological literacy, which involves informational science, digital media fluency and advanced computer and internet communication" (Ogunade, 2011:9). South Africa is characterised by an inadequate supply of knowledge workers; a challenge acknowledged in the 17th Commission for Employment Equity (CEE) report (South Africa, 2017). The aforementioned report (South Africa, 2017) attributes this challenge to a history of unequal representation of blacks, women and disabled people across all levels of the South African workforce. This situation requires us all, especially human resource development practitioners (HRDPs), to co-create learning and career pathways for marginalised South Africans.

Strategic human resource development (SHRD) is "the process of facilitating organisational learning, performance, and change through organised interventions and initiatives and management actions… [to enhance] an organisation's performance capacity, capability, competitive readiness, and renewal" (Gilley & Maycunich, 2000:6). SHRD practices require that the external macro-environmental (international and national), organisational (meso-) and individual (micro-) factors are taken into consideration when developing and implementing human resource development (HRD) strategies, polices and processes (Garavan, 2007:16-24). SHRD is necessary at micro-, meso- and macro-levels to enable the realisation of economic recovery and to adequately respond to pre-existing socio-economic challenges. The aforementioned challenges include inequality, high youth unemployment, migration of human capital, sluggish emancipation of the marginalised, i.e. blacks, women and people with disabilities in line with the South African Employment Equity agenda, and volatile food and energy prices (United Nations, 2011:8-9).

Each industry of the South African economy has a pivotal role to play in achieving the national HRD agenda. In this study, I intend to focus on a private hospitals operating within the healthcare industry. The aim of this introductory chapter is to provide the background to the research problem and the rationale for the study, the theoretical framework supporting this study (including previous

research), the research questions and objectives, and the methods that will be employed to reach the set objectives. Lastly, the contribution of this study is discussed and a preview is provided for the course of the study.

1.2 BACKGROUND, PROBLEM STATEMENT AND RATIONALE

Economic activity (direct and indirect) generated by 212 private hospitals registered with the Hospital Association of South Africa (HASA) contributed R110 billion to the economy in 2016 which equates to 2.2% of South Africa's gross domestic product (Health and Welfare Sector Education and Training Authority (HWSETA) (South Africa, 2017:3). The healthcare industry comprises 5 945 organisations, with 599 120 people formally employed in the R370 billion sector (South Africa, 2017:3). Approximately 266 466 (45%) of the aforementioned 599 120 people are employed in private healthcare organisations, servicing approximately 34 572 beds (South Africa, 2014:14-15; South Africa, 2017:5).

Private hospitals, which form part of private healthcare, are differentiated from public hospitals in that patients pay for treatment (fee for service) at these hospitals (Young, 2016:1-20) (cf 1.11.5). Private healthcare, which includes private hospitals, emergency services and primary healthcare clinics, is vital to caring for the health of the nation and to uphold the highest standards of excellence amidst on-going technological advancements and growing competition from other global players (South Africa, 2014:68-83). Private healthcare, however, is rigged by massive shortages of scarce and critical skills, as well as a low pace of transformation, particularly in the upper echelons (South Africa, 2014b:68-83). Market forces, working conditions and career advancement opportunities determine where and how long people work in the South African healthcare industry (South Africa, 2014:46).

The Skills Development Act (97 of 1998) (SDA) of South Africa requires all organisations to submit a workplace skills plan (WSP) and annual training report (ATR) to a prescribed Sector Education and Training Authority (SETA), in accordance with the Skills Development Levy Act (9 of 1999). Private hospitals are registered members with the HWSETA and submit mandatory WSPs and ATRs annually in compliance with the SDA. WSPs ensure the identification of national, organisational and individual skills priorities of organisations. ATRs record the implementation of value adding HRD solutions identified in the WSPs (South Africa, 2014:1-15).

Decision-makers, operational managers, HRDPs and analysts within the healthcare industry are concerned about the current mismatch between the demand and supply of critical and scarce skills required to address socio-economic issues, while ensuring the sustainability of the private

and public healthcare sector, including private hospitals (South Africa, 2014:46). SHRD solutions are required to address the aforementioned mismatch and to address the long-term national challenges of the industry in the process. After reviewing South African HRD literature (Bartlett, 2011; Du Toit-Goussard, 2008), it is not yet known what HRD approaches are adopted at private hospitals to respond to these multiple intersecting strategic priorities (cf 1.4). This study seeks to add to the existing body of scholarship in the field of SHRD.

One of the limitations in the field of SHRD as a means to integrate HRD strategy as a precursor to strategic management is that the field is not empirically tested widely enough to build on the existing SHRD theories, characteristics and models (Sthapit, 2010:4) (cf 1.8). Much of the literature (Garavan *et al*., 2006:171-206; Maxwell *et al*., 2004:159-182; Sthapit, 2010:4) reviewed on the topic of SHRD was limited to the international hospitality, public service and public hospital industries. This lacuna, together with the transformation requirements of South African HRD legislation (South Africa, 2009a; South Africa, 2009b; South Africa, 2010), motivates me to investigate the use of SHRD practices and models by human resource managers (HRMs) at private hospitals that form part of a particular organisation within the private healthcare industry. (When reference is made to "an HRM", it implies "a human resource manager".). HRMs are those leaders responsible for the people management function in organisations (cf 1.11.4). For the purpose of this study, HRMs will include those practitioners responsible for the management and coordination of the human resources function at a private hospital.

The motivation for this study is prompted by my engagement with HRMs employed in the private hospital industry. As an HRD manager, I have worked with HRMs employed in the private hospital industry over the past five years. Over this period, I have begun to understand the daily HRD practices of HRMs at their respective hospitals. I experience that HRD efforts by HRMs employed in the private hospital industry are often fragmented, although these efforts may contain *some* elements of SHRD in delivering key learning and development solutions to employees.

Likewise, I observed that the current HRD practices in the private hospital industry do not address the mismatch in the demand and supply of skills. This mismatch poses critical challenges to HRMs and HRDPs tasked with the role of ensuring that HRD efforts are value adding. Private hospitals are being run with the objective of meeting shareholder expectations; however, at the same time, they need to operate within the current (and future) South African economy: an economy, as has been pointed out before, which is, *inter alia*, characterised by a mismatch of skills. As suggested in the human resource development strategy South Africa 2010-2030 (HRD-SA) (South Africa, 2009b:8), if a strategic approach to HRD is followed, there will be much less of the aforementioned mismatch of skills taking place in healthcare (public and private). Garavan *et al*. (2006:195-199;

cf 1.4) have found that senior management still perceives HRD as an HRM function. A decentralised approach is required to ensure that HRD efforts are aligned with the objectives of organisations. The decentralisation of HRD practices ensures the delivery of value adding solutions to key stakeholders (Garavan *et al*., 2006:195-199; cf 1.4).

I deduce from the collective arguments by these leading SHRD scholars (Garavan, 1991 & 2007; Garavan & Carbery, 2012; Gilley & Maycunich, 2000; McCracken & Wallace, 2000 & Walton, 1999) that a more strategic approach to HRD would include a look at people and organisational development needs. The major intent of this study is to explore the experiences of HRMs implementing SHRD at the private hospitals where they are employed. An understanding of current HRD practices at private hospitals to which the HRMs are employed may reveal the extent to which these (HRD) practices are strategic and add value to individual, organisational and multinational contexts. When HRD efforts are supply-oriented, the result thereof is a mismatch between the *demand* for learning and development requirements of the nation, organisations and employees on the one hand, and the *supply* in the form of solutions currently being provided by HRDPs on the other hand. A review of the literature, including an introduction to HRD, the emergence of SHRD and implications of SHRD in practices will be discussed in the next section.

1.3 REVIEW OF RELEVANT LITERATURE

The literature review section will commence with a brief description of HRD to provide the context from which SHRD has emerged since its introduction by Garavan in the early 1990s. Furthermore, the conceptual and theoretical frameworks of SHRD will conclude this section. The implications for SHRD in practice will be discussed by referring to empirical studies in the field in the next section.

1.3.1 Human resource development

Harbison and Myers (1964) first defined HRD as a field that developed employee competencies with the aim of economic return for organisations (Carbery, 2015:2). An evergreen definition of HRD, supplied by Swanson (2001:304), is the following: The practice of developing or nurturing human potential through organisational development (OD) and training and development (T&D) for the purpose of improving individual and organisational performance. Swanson (2001:304) stated that OD is a practice of effecting organisational change to improve overall performance, while T&D is the process of building employee competencies required to improve their productivity and effectiveness. Hamlin and Stewart (cited in Carbery, 2015:3) stated that HRD is designed to

improve both individual and organisational performance and ultimately a nation-based host system.

From these definitions, it can be inferred that HRD has a fundamental role to play in enhancing South Africa's skills repository and preparing the pipeline of knowledge workers. The improvement of scarce and critical skills aligns with higher education institutional (supply side), organisational (demand side) and national (supply and demand) socio-economic growth objectives set out in the National Skills Development Strategy (NSDS) (South Africa, 2010:2) (cf 1.2). Critical skills are priority skills which require organisations to identify additional skills required by employees to fulfil their occupational roles whereas scarce sills refer to skills not available in the workplace resulting in vacancies hard to fill (South Africa, 2017:19). The accepted definition for this study will be discussed in Chapter 2.

1.3.2 Strategic human resource development

An initial definition of SHRD is described as the proactive learning and development of people as individuals and as groups to benefit the organisation, as well as themselves (Garavan *et al*., 1995:45-46). Walton (1999) elaborated further by stating that SHRD is concerned with HRD processes that facilitate learning, ensure that appropriate stewardship is exercised over the learning processes and provide direction to ensure that core competencies of organisations are enhanced through learning processes (McGoldrick *et al*., 2001:346).

More recently, Garavan's (2007:25) definition of SHRD integrates the global environment (local, national and multinational conditions) with the organisational context (strategy, structure, culture, leadership, job value and uniqueness) and the individuals/employees (individual expectations, employability and career development). Garavan's (2007) definition integrated HRD (thereby improving individual performance/learning and improving performance-based learning/organisational performance), international HRD (IHRD) and national HRD (NHRD) into learning and development activities. For the purpose of this study, I shall use Garavan's (2007) definition of SHRD, which incorporates the previous definitions of leading SHRD scholars. The emergence and definitions of SHRD will be discussed in Chapter 3.

1.3.3 The conceptual framework of strategic human resource development

In order for SHRD to emerge as a prominent field in HRD, a conceptual framework was needed (McCracken & Wallace, 2000:280-291). McCracken and Wallace's (2000) characteristics of SHRD are a direct response to the call for a conceptual framework of SHRD (Maxwell *et al*.,

2004:164-168). Three theories support the framework of SHRD, namely the resource-based theory, human capital theory and behavioural theory.

Resource-based theory assumes that human capital is the differentiator (knowledge and intellectual capital of employees) in deriving a competitive advantage for organisations (Garavan *et al*., 2001:48). Human capital theory states that investing in the development of employees will lead to improved levels of productivity and organisational performance (Olaniyan & Okemakinde, 2008:479). According to Garavan and Carbery (2012:27), the behavioural perspective on SHRD "argues for the use of HRD practices as tools to shape patterns of behaviour that help organisations achieve organisational goals and objectives". These theories will be discussed further in Chapter 3.

McCracken and Wallace (2000:280-291) state that the following characteristics form the basis of the conceptual framework of SHRD for practice:

- HRD strategies, policies and plans (support national HRD policies and strategies),
- Shape organisations' missions, visions and goals,
- Top management leadership and support for HRD,
- Environmental scanning by senior management,
- Form strategic partnerships with line managers (line manager commitment),
- Form strategic partnerships with HRM,
- Ability to influence organisational culture,
- Utilise facilitators as organisational change agents,
- Emphasise cost-effectiveness and return on investment (ROI).

The extent to which the characteristics of SHRD, *as envisaged by Garavan at an earlier stage* (as cited in Garavan & Carbery, 2012:27-28), are used as enabling or implementing factors for HRD interventions will determine whether the efforts are strategic or not.

1.4. THE EXISTING BODY OF SCHOLARSHIP

The body of scholarship section will commence with reviewing a *mixed-method study* on *SHRD* conducted by Garavan *et al*. (2006) at the Dublin Dental School and Hospital (DDS&H). I then review *international qualitative studies* conducted across industries to understand the extent to which organisations embrace the characteristics of SHRD in its full form. The exploration of qualitative studies is followed by the review and findings of various *international quantitative studies in the field of SHRD*. This is followed by exploring two *South African-based HRD studies*

to understand the extent to which the HRDSA strategy (2010-2030) has been implemented to achieve the strategic priorities set out in the document (cf 1.4).

I provide my inference after each study to identify the lacuna in the body of scholarship. The section is concluded with my overall deduction from the studies reviewed and the identified lacunae.

A *mixed-method study* was conducted by Garavan *et al*. (2006) at the Dublin Dental School and Hospital (DDS&H) to examine and understand the training system in force there. The authors' findings revealed that top management's commitment to support HRD did not extend beyond them (top management) acting as a point of contact for information on training, authorising attendance of training by employees and providing passive support for training efforts (Garavan *et al*., 2006:197-198). The authors found that if organisations are to achieve an effective strategic alignment of training and development, management must have positive attitudes towards HRD by playing an active role in the development of employees (Garavan *et al*., 2006:197-199). Moreover, the authors revealed that tensions and ambiguities regarding the role of managers' involvement in HRD were evident – resulting in them acting as passive agents (Garavan *et al*., 2006:197-198). The results of Garavan *et al.'s* (2006:197-199) study revealed that the DDS&H partially adopted the characteristics of SHRD as adapted by McCracken and Wallace (2000). To my knowledge, based on the literature reviewed, this is the only SHRD study that has been conducted in the hospital industry. The limited understanding assimilated on SHRD in the hospital sector (public and private) had prompted me to broaden the current body of knowledge through my study.

A review of an international *qualitative study* by Šiugždinienė (2008) within the *public civil sector* shows a lack of evidence of SHRD insofar as an absence of a systematic approach to HRD resulted in a reactive approach to HRD (Šiugždinienė, 2008:34). A lack of integration of the HRD strategy with organisational strategies resulted in HRD goals not addressing the objectives of the *public management* reform. Public service HRDPs were unable to assume a strategic role in addressing organisation problems. At the same time, senior management were struggling with taking accountability due to lack of available resources, thereby resulting in a gap in the HRD processes (Šiugždinienė, 2008:34). A call for a significant change in current HRD practices within the *public sector* to reflect the new demands and realities has led to a greater focus on SHRD in the public service (Šiugždinienė, 2008:34).

In the study conducted by Šiugždinienė (2008), there was no evidence that all the characteristics of SHRD (as mentioned previously) were fully implemented in the Lithuanian *public civil sector.*

HRDPs focused on traditional training and development practices rather than acting as organisational change agents to deliver value-adding HRD solutions to key stakeholders (Šiugždinienė, 2008:38). Based on the author's inferences stated above, it can be assumed that the particular public civil sector had not, at that time, fully embraced SHRD.

A different *qualitative case study* carried out by Maxwell *et al*. (2004:159-182) regarding the nature of and the relationships between a quality service initiative and the concepts of SHRD at Hilton International indicated that the quality initiative acted as a catalyst for a strategic approach to HRD. Furthermore, the case study revealed that the quality initiatives at Hilton International had attached a greater importance to HRD than before, and it had triggered a move towards a strategic level of HRD at its international hotels (Maxwell *et al*., 2004:159). HRD efforts at Hilton International were not seen as important in itself, but important because they support and define customer satisfaction (Maxwell *et al*., 2004:178-180). In the study conducted by Maxwell *et al*. (2004), it was inferred that a gap in HRD efforts existed, none more noticeable than the lack of HRD involvement in shaping key strategic programmes in delivering quality services to customers (Maxwell *et al*., 2004:178-180). The authors (Maxwell *et al*., 2004:178-180) purported that the HRDPs' role was relegated to delivering training rather than co-creating strategy with organisational leaders.

Comparative SHRD case studies conducted within the Chinese luxury hotel industry by Wang (2006:111-118) revealed that HRDPs were still focused on traditional practices, but recognised the need towards adopting more strategic approaches to HRD if they were to survive into the future. Similarly, a *qualitative SHRD* study conducted by Alagaraja and Egan (2013) to understand the use of SHRD at organisations in the United States of America in formulating 'LEAN' philosophy revealed similar gaps in so far as top management overlooked the necessity of involving HRDPs in change management processes. 'LEAN' philosophy, made popular by Womack and Jones (cited in Alagaraja & Egan, 2013:1), includes processes to improve customer value by improvements in cost, timeliness, value and delivery of products and services.

At the time of review, no evidence could be found of any qualitative SHRD studies conducted in South Africa, *per se*. This lacuna clearly outlines the need for such a study at South African private hospitals to build on the limited SHRD body of scholarship. It can therefore be concluded that more qualitative studies need to be conducted to understand the experiences of HRDPs with the characteristics and models of SHRD and specifically in South Africa. I intend to add to the limited body of knowledge accumulated thus far on qualitative SHRD studies through this study in South Africa. More specifically, this qualitative study will address the identified lacunae in the body of scholarship by exploring the extent to which HRMs implement the characteristics of SHRD at a

private hospitals where they are employed (in South Africa), as well as the HRD models implemented by HRMs to understand the extent to which they (the HRD models) align with Garavan's (2007) SHRD model.

With reference to *quantitative studies conducted on SHRD*, the following studies can be mentioned: Herd *et al.*'s (2014) quantitative study at a large healthcare organisation based in the United States of America, Wognum and Lam's (2000) survey conducted at forty Dutch corporates, Memon's (2014) study on Pakistan's manufacturing industry, Vencatachellum and Munusami's (2006) study on a Mauritian University, and Ensour *et al.*'s (2012) study at Jordanian Universities. The aforementioned studies revealed no evidence of the implementation SHRD in its entirety.

From the results reported in the five *quantitative* SHRD studies reviewed above, it is clear that a piecemeal approach to SHRD was evident through (a) a lack of alignment of HRD with the vision, mission and strategy of the particular organisations; (b) top management adopting a passive approach and merely paying lip service to HRD; (c) a lack of environmental scanning conducted by senior management before designing HRD policies, procedures and strategies; (d) no evidence of horizontal integration of HRD with HRM; (e) HRDPs still performing traditional facilitator roles; and (f) a weak recognition of organisational learning and no regard for the evaluation of HRD practices. Moreover, these outcomes, when compared to the amended McCracken and Wallace's (2000) characteristics of SHRD (as adapted from Garavan's (1991) SHRD model), showed that HRD was pitched at an operational 'training level' rather than a strategic 'organisational level'. To address the aforementioned lacuna, it is my intention to bring the experiences of HRMs (employed at a South African private hospitals) in implementing the characteristics of SHRD to the fore. More specifically, I seek through this study to build on scant quantitative SHRD studies conducted thus far by understanding the particular HRMs' experiences with SHRD models at private hospitals where they are employed.

A review was also conducted on *HRD studies*, *specifically in South Africa* (Bartlett, 2011; Du Toit-Goussard, 2008). These South African HRD studies revealed the challenges experienced by HRDPs in implementing the HRD-SA as part of organisational practices. While the HRD-SA focuses on the *multinational* context, a local *qualitative* case study conducted by Bartlett (2011:6-8) sought to determine the most effective manner in which the HRD-SA could be implemented by South African organisations to achieve its strategic priorities. Bartlett (2008:99-108) recommended a greater need for courageous leadership and management, the need for a common vision, coordination, integration and alignment, an implementation model, and the need for monitoring and evaluation in order to effectively implement the HRDSA 2010-2030 strategy (South Africa, 2009b).

Another South African *qualitative* HRD study located in grounded theory was conducted by Du Toit-Goussard (2008:192-201) for the Western Cape provincial government. Du Toit-Goussard's (2008) study highlighted the mismatch of skills requirements with the skills set of the employees by the Western Cape provincial government. The author added that addressing the mismatch in skills required remained a key challenge in the implementation of the South African national HRD strategy. It can be deduced that the findings of, and the recommendations emanating from the aforementioned South African-based studies align with some of the characteristics of SHRD, and focus solely on the multinational (external) environments.

A noticeable lacuna in both of the South African studies reviewed, is that the particular organisational context, the individual employees' development needs, the satisfaction of key stakeholders and the HRDPs' involvement have been excluded from these studies – rendering them narrow and incomplete. Moreover, the two local studies reviewed focused on the implementation of the HRD-SA, rather than the characteristics and models of SHRD. It can be deduced that, when compared to Garavan's (2007) SHRD model, the particular organisational context, the particular jobs and the individual context were not considered when implementing the HRD-SA as a strategic HRD framework in South African organisations.

The preliminary research reviewed (Alagaraja, 2013; Ensour *et al.,* 2012; Garavan *et al*., 2006; Herd *et al.,* 2014; Maxwell *et al*., 2004; Memon, 2014; Šiugždinienė, 2008; Vencatachellum & Munusami, 2006; Wang, 2006 & Wognum & Lam, 2000) revealed that the following lacunae exist in the body of scholarship, namely no evidence of SHRD studies conducted within a South African context could be found; recommendations were made for more empirical studies to be conducted by HRD scholars in the field of SHRD, SHRD models and characteristics of SHRD; and studies that include the HRDPs' involvement with employees and organisations to meet stakeholder needs are required (cf 1.4). These gaps identified in empirical studies conducted by HRD scholars (listed above) will be addressed in this qualitative study that focuses on the implementation of McCracken and Wallace's (2000) characteristics of SHRD and Garavan's (2007) SHRD model at private hospitals (cf 1.5). The research questions and objectives will be discussed in the next section.

1.5. RESEARCH QUESTIONS

Having reviewed the scholarly literature, I found that a limited number of empirical studies have been conducted in the field of SHRD. Additionally, the dearth of empirical studies conducted thus far amplifies the need for exploring the field of SHRD further at private hospitals. The research

questions are formulated as follows to guide the inquiry into HRMs' experiences of using SHRD at private hospitals where they are employed:

1.5.1 Primary question

The proposed study will be guided by the following primary question:
To what extent are HRMs implementing the characteristics *and models* of SHRD at private hospitals where they are employed?

1.5.2 Secondary questions

In order to fully explore the primary research question, the following secondary questions need to be addressed:

1.5.2.1 How are the field of human resources (HR) and subfields of human resource development (HRD) and human resource management (HRM) conceptualised in the literature?

1.5.2.2 How are the characteristics and models of SHRD conceptualised in the literature?

1.5.2.3 To what extent, if any, do human resource managers implement the characteristics of strategic human resource development at a private hospital organisation as part of their human resource development practices?

1.5.2.4 To what extent, if any, do the human resource development models implemented by human resource managers at a private hospital organisation align with Garavan's (2007) strategic human resource development model?

1.6. RESEARCH OBJECTIVES

The research objectives are divided into a general objective and specific objectives and will be discussed in this section of the research proposal.

1.6.1 General objective

The general objective of this study is to *explore the extent to which HRMs are implementing the characteristics and models of SHRD at private hospitals where they are employed.*

To achieve the main objective the following specific objectives are stated:

1.6.2 Specific objectives

Objective 1: To understand the concepts of HR, HRD and HRM through the review of literature.

Objective 2: To understand the concept of SHRD, the characteristics of SHRD and SHRD models through the review of literature.

Objective 3: To explore the extent, if any, to which HRMs implement the following characteristics of SHRD as part of the HRD process at private hospitals where they are employed:

- Integration of HRD practices with organisational mission, vision and goals
- Top management support of HRD
- Environmental scanning
- HRD strategies, plans and policies
- Strategic partnerships with line management
- Strategic partnerships with HRM
- Expanded roles of trainers
- Ability of HRD to influence organisation culture
- Emphasis on cost efficiencies and evaluation of HRD

Objective 4: To explore the extent to which, if any, HRD models implemented by HRMs at private hospitals where they are employed align with Garavan's (2007) SHRD model.

To explore the extent:

- To which, if any, HRD models implemented at private hospitals consider the multinational (international and national) context.
- To which, if any, HRD models implemented at private hospitals consider the organisational, function (job) and individual (employee) contexts.
- To which, if any, HRD models implemented at private hospitals consider SHRD focus, orientation, strategies, systems and practices.
- To which, if any, HRD models implemented at private hospitals consider the satisfaction of key stakeholders.

- To which, if any, HRD models implemented at private hospitals include HRDPs as a key component of the model.

1.7 METHOD OF STUDY

The research questions will be answered as follows:

- *How are the field of human resources (HR) and subfields of human resource development (HRD) and human resource management (HRM) conceptualised in the literature?*

A literature study will be undertaken in the field of HR and subfields of HRD and HRM to answer this question.

- *How are the characteristics and models of SHRD conceptualised in the literature?*

A literature study will be undertaken in the field of SHRD to answer this question.

- *To what extent, if any, do HRMs implement the characteristics of SHRD at private hospitals where they are employed as part of their HRD practices?*

The extent to which, if any, SHRD is practised at private hospitals will be understood through the views, opinions and experiences of HRMs using qualitative research methods. I shall make use of the qualitative research method, more specifically semi-structured individual interviews with HRMs employed at private hospitals, to answer this question.

- *To what extent, if any, do the HRD models implemented by HRMs employed at private hospitals align with Garavan's (2007) SHRD model?*

This secondary question will be answered using the qualitative research method by means of semi-structured individual interviews with HRMs employed *at* private hospitals.

- *To what extent, if any, do the HRD models implemented by HRMs employed at private hospitals align with Garavan's (2007) SHRD model?*

This secondary question will be answered using the qualitative research method by means of semi-structured individual interviews with HRMs employed at private hospitals.

1.8 CONTRIBUTIONS TO THE FIELD

Sthapit (2010:4) posits that, based on the dearth of empirical studies conducted in the field of SHRD, it is evident that organisations have not aligned their HRD strategy with the overarching vision, mission and strategy (cf 1.2). Additionally, the lacuna is visible in the form of the phenomenon of SHRD not having been explored within a South African context (cf 1.2). This study seeks to add to the existing body of knowledge on SHRD by gaining insight into HRMs' experiences in implementing the characteristics and models of SHRD at private hospitals within a South African context.

1.8.1 Contributions to individuals

SHRD places emphasis on both individuals and organisations by establishing a link between SHRD and performance at organisational level (Garavan & Carbery, 2012:25). The contribution of this study to the individual will be to allow employees and HRMs to understand the degree to which the current investment in people development is aligned with that of the organisation's goals and objectives. In doing so, steps can be taken by HRMs employed at private hospitals to develop strategies, policies and procedures to benefit individuals by ensuring that employees have opportunities for growth and development to remain competitive.

1.8.2 Contributions to organisations

In order for organisations to remain competitive, employees must possess skills mixes that are durable, difficult to imitate and allow for differentiation among competitors (Garavan & Carbery, 2012:26). To ensure the relevance of their human capital, organisations must continue to invest in employee development to produce values aligned with organisational objectives (Garavan & Carbery, 2012:26-27). The contribution of this study to private hospitals will be to gain a deep understanding about the extent to which current HRD strategies, practices and models are aligned with key organisational strategies. This, in turn, may serve as a dip-stick measure of the degree to which the characteristics and models of SHRD are being implemented – showing the way towards any further investments in employees to protect human capital advantages.

For the basis of the outcomes of this study, a literature study will be conducted to understand the extent to which SHRD is implemented by HRMs at private hospitals where they are employed. The literature will comprise definitions, characteristics, theories, models and empirical studies of SHRD. The literature study will be discussed below.

1.9 THE LITERATURE STUDY

Firstly, a description of the sources used and demarcation of the literature for this study follows. Thereafter, the approach that was used to review the literature in the field of human resource development (HRD) and strategic human resource development (SHRD), in particular, will be explained. I made reference to original sources as not much has been written on the subject.

I have made use of various sources to conduct the literature review for this study, yet only literature that falls within the scope of HRD and SHRD in direct response to the research questions (cf 1.5) was used. Various databases, including EBSCOhost, Sabinet Online and Emerald, were used to search for relevant journal articles and books. Google Scholar was used to identify published articles by prominent authors in the field of HRD and SHRD. More specifically, the prominent authors in the field of SHRD are Garavan, McCracken and Wallace, Gilley, Maycunich, Peterson, Sthapit, Meyer and Swanson, to name but a few. Publications by the Health and Welfare Sector Education and Training Authority (HWSETA), DHET, South African Qualifications Authority (SAQA), Quality Council for Trades and Occupations (QCTO), Human Resource Development South Africa (HRD-SA), Skills Universe and Skills Portal were reviewed as part of the literature review in order to gain further insight into South African skills development and HRD legislation. The following keywords were used as part of the literature search: Human resource development, strategic human resource development, human resource management, human resource manager, human resource development practitioner, private hospital and qualitative research.

Dictionaries were used to clarify concepts and terms. Theses and dissertations in the field of HRD, as well as papers presented at conferences were referenced as part of the literature review of this study. Websites such as Skills Universe, Skills Portal, American Society for Training and Development (ASTD), Association for Talent Development (ATD), Academy of HRD, NHRD Network, South African Board for People Practices (SABPP), HRD Council of South Africa (HRDCSA), HWSETA, and the SAQA, among others, as well as blogs of prominent HRD authors such as Garavan and Sambrook were used to gain a better understanding of the research topic. I also reviewed empirical studies in the emerging field of SHRD.

The initial purpose was to identify and map out the theories and concepts to get a feel for the current HRD landscape and discussions taking place. This alerted me to all theories and models cited in previous studies conducted, which allowed me to locate this study within the current body of scholarship. A focused review of the body of scholarship gave me good insight into HRMs' experiences with SHRD, its associated characteristics and HRD models. A comprehensive

literature review section (consisting of Chapters 2 and 3) will form part of this research, as well as that of the empirical study (Chapter 5). The literature review (specifically as far as Chapter 2 and Chapter 3 are concerned) will include concepts of human resources (HR), which include human resource development (HRD) and human resource management (HRM), HRD within a South African context, the need for HRD to become more strategic, the roles of HRDPs', theories, characteristics, models and definitions of SHRD; all of which are deemed necessary as a foundation for this study.

A typology model, adapted by Sambrook (2002:377) for her doctoral research, was adapted and used to identify the relevant body of scholarship for this study. The typology model (Sambrook, 2002:377) was used to identify potential gaps in the existing literature in order to locate my own position in the field of SHRD. The review of literature enabled me to identify the findings and gaps within the field of SHRD. I commenced the initial review to gain a comprehensive understanding of the research that has been conducted in the field of HRD and SHRD. As suggested by Sambrook (2002:381-382), I considered the research question/s, methodology, design, type of sample, and reporting of findings during the study of SHRD literature. At a later stage, the initial review will serve to locate the research findings in an existing body of scholarship and to contribute to the development of the study.

The adaptation of Sambrook's (2002) model is illustrated in Figure 1.1 below. Block 1 of the figure traced back the origins of SHRD described by Watson to around 1985. The initial work on SHRD conducted by Watson (1985) had been expanded on by Garavan (1991) and Peterson (2008) to include multinational and organisational levels to ensure that HRD efforts were value-adding. McCracken and Wallace (2000) included the characteristics for SHRD in order to guide HRM and/or HRDPs in the implementation thereof (SHRD). This ultimately led to the amendments to the model on SHRD by Garavan (2007) to include alignment with multinational, organisational and individual learning and development needs on a vertical level, and alignment on a horizontal level with HRM practices and systems. The model adapted by Garavan (2007) has since been widely used by HRDPs to understand the extent to which HRD efforts were strategically aligned or not (Figure 1.1, block 3a).

Block 2 reflects the ambitions to understand the existing theories, characteristics and models of SHRD within organisations. Much of the literature reviewed confirmed that studies have been conducted in SHRD within the international context across industries. Having conducted an initial review of literature in the field of SHRD and subsequently filling in blocks 1, 2 and 3a, I had identified a potential gap in that very little had been written about SHRD in a private hospitals setting; a gap that I sought to address as alluded to in block 3a below (cf 1.4). The research

questions of this study (cf 1.5) assisted me in refining the literature search and analysis to focus on the elements stated in 3b below. The typology approach to the literature review offered a tool that aided in sense-making and deconstructing the complexities associated with the field of HRD (Sambrook, 2002:390-391).

Empirical situation	Theoretical explanation: New	Theoretical explanation: Existing
Existing	**Block 2** Understand the extent of the implementation of McCracken and Wallace's (2000) characteristics of SHRD and models in organisations	**Block 3b** Vertical integration only Garavan (1991) Peterson (2008) Vertical and horizontal integration McCracken and Wallace (2000) on the nine characteristics of SHRD Garavan (2007) included the characteristics into the amended SHRD model which vertically aligned with multinational, organisational and individual needs and horizontally aligned to HRM systems and processes
New	**Block 3a** SHRD at private hospitals in South Africa SHRD talked into practice (lack of empirical studies) hospitals Use of SHRD by HRMs Use of characteristics of SHRD at private hospitals Use of SHRD models by HRMs at private hospitals	**Block 1** United Kingdom – The emergence of SHRD from traditional training and development (Watson, 1985)

Figure 1.1: Typology to review theoretical explanations of SHRD at private hospitals (adapted from Sambrook, 2002:390-391)

Now that I have considered the literature study above, the paradigmatic perspective underlying this study will be discussed in the next section.

1.10 PARADIGMATIC PERSPECTIVE

A paradigm is a framework, viewpoint or worldview based on people's beliefs, philosophies and assumptions about the social world and the nature of knowledge, and how the researcher views and interprets material about reality and guides the consequent actions to be taken (Babbie, 2007:43; Creswell, 2007:19; Welman *et al*., 2005:13). Creswell (2014:3-21) highlights the importance of locating the research approach within a certain paradigm. According to Creswell (2014:3-21), the purpose of the paradigmatic perspective is to reflect on the stance of the researcher towards the inquiry. A worldview is a basic set of beliefs that guide action (Guba, 1990:6). These worldviews are shaped by the discipline of the student, the beliefs of the advisers, the faculty of the student's area of study, and the past experiences of the researcher (Creswell, 2014:6). Often, a researcher may be influenced by areas of interest, particular topics and people of interest such as professors, political leaders, humanitarians or even an idiosyncratic opportunity when deciding on a research topic and, in doing so, adopts or adopting a worldview (Fouché & Schurink, 2011:308). My involvement in HRD at private hospitals and engagement with HRMs over the past four years, together with the completion of my honours degree in Training and Development, have awakened interest in the field of SHRD. I declared my bias as an HRD manager in Chapter 4 (cf 4.7.2.2).

I adopted a social constructivist worldview for this study. Social constructivists believe that individuals seek to understand the world they work and live in, shaped by subjective meanings based on their experiences of this world (Creswell, 2014:8). Researchers with a constructivist worldview tend to look for complex views, and rely on the participants' voices on the phenomenon being studied. Therefore, questions are open-ended and allow the researcher to listen to what people have to say about their lived experiences and social interactions with others (Creswell, 2014:8-9). Social constructionist researchers understand that their own experiences and background may shape their interpretations and acknowledge how these interpretations flow from their personal, cultural and historical experiences. An example of social constructivism would be 'economic theory', which captures the essence of HRD and SHRD. 'Economic theory' refers to the abilities of resources to achieve improved levels of productivity through efficiencies and effectiveness to realise competitive advantages in organisations (Swanson, 2001:304-305).

Crotty identified three assumptions of constructivism: (a) Meanings are constructed by human beings as they engage through open-ended questions with the world they are interpreting; (b) People engage with their worlds and make sense of it based on their own experiences and social perspectives, therefore qualitative researchers seek to understand the setting of the participants; and (c) The basic generation of meaning is always social, arising in and from social interactions

(Creswell, 2014:8). The assumptions about the nature of the researcher's reality (ontology) and the scope of this reality (epistemology) will be discussed next.

The study of the nature and form of reality is called ontology. Qualitative research is a means for the researcher to explore and understand the meaning that individuals ascribe to a social problem (Creswell, 2014:4). The qualitative research approach to be used for this study focuses on HRMs, how and why they interact with HRD models in practice, and their motives regarding, and relationships with SHRD. Truth is, therefore, not an objective phenomenon that exists independently of the researcher (Nieuwenhuis, 2016a:47-68). Authors like Lincoln and Guba postulate that, in a qualitative research design, the researcher should try and minimise the distance between the self and those who are being investigated (Creswell, 2014:173-202). I shall adopt an interpretivist approach to the study. Interpretive studies attempt to understand phenomena through the meanings that people assign to them (Nieuwenhuis, 2016a:47-68).

My epistemological position is that the data is contained within the perspectives and lived experiences of HRMs employed at private hospitals. HRMs, by virtue of working in this industry and having access to senior managers at private hospitals, interact with a plethora of organisational and environmental dynamics. HRMs use their own psychological frame of mind through lived experiences to influence their decisions on how to make sense of their interactions. Now that I have discussed the paradigmatic perspective for this study, the explanation of key concepts will be covered next.

1.11 EXPLANATION OF CONCEPTS

Keywords relative to this study include HR, HRM, HRD, and SHRD, characteristics of SHRD, Garavan's (2007) SHRD model, HRMs and private hospitals. It is essential to provide the definitions and explanations of concepts at the outset of this study. HRD, which acts as an overarching field to SHRD, will be defined first.

1.11.1 Human resource development

HRD can be traced as far back as the 18th century, where skilled artisans used apprenticeship programmes to produce virtually all household goods required at the time (Migwe *et al*., 2017:377-378). The emergence of HRD in the 1960s sought to extend the practices outside the classroom towards co-creating value-adding solutions for individuals and organisations (Migwe *et al*., 2017:377-378).

Several attempts by academics, researchers and practitioners to define HRD have led to confusion in the literature, illustrating the elusive nature of this concept (Haslinda, 2009:486). Furthermore, a distinctive conceptual or theoretical definition of HRD has not yet been established, and this issue has consequently become a subject of constant debate and discourse (Haslinda, 2009:486). The process of defining HRD is made still more difficult by the evolving nature of HRD; for example, the term HRD started out as simply 'training', and then evolved into 'training and development' (T&D), and then into HRD. However, McGoldrick *et al*. (2001: 343-357) suggest that the process of defining HRD is thwarted by the lack of boundaries and parameters and the lack of depth of empirical evidence of some conceptual aspects of HRD, such as strategic HRD, learning organisation and knowledge management.

Holton's individual level of analysis suggested that HRD is centred on learning and performance, both benefiting the individual and the interests of shareholders (Haslinda, 2009:486). From a wider perspective, Hatcher argued that the purposes of HRD centre on economic benefits, social benefits and the ethics thereof (Haslinda, 2009:486). This suggests that a reconciliation of the purposes of HRD centrally focus on training, development and learning within organisations for individual development to achieve key strategies and for the development of organisational competence (Gourlay, 2001:27-46). In general, the purpose of HRD, derived from the definitions above, is to enhance individual performance and improve organisational effectiveness and productivity (Haslinda, 2009:486). Haslinda (2009:484-495) suggests that, in analysing the various definitions of HRD, the primary focus of HRD is individual development (see, for example, Nadler, 1970; McLagan, 1983) or organisational development (Nadler & Wiggs, 1986; Swanson, 1987).

In a more recent multi-focused definition which builds on the definitions stated above, HRD is described as planned activities, processes and interventions that maximise the performance of individuals and organisations through learning (Carbery, 2015:3). The aforementioned multi-focused approach identified four core purposes of HRD, namely (a) improving individual and group performance; (b) improving organisational performance; (c) developing knowledge, skills and competencies; and (d) enhancing human potential for personal growth (Carbery, 2015:2). It is clear, from the various positions already discussed, that there is no consensus regarding the conceptual and theoretical purpose and functions of HRD. HRD could be said to be shifting and evolving in accordance with organisational strategies.

Within the context of this study, HRD focuses on the multi-focus context of analysis with the intention towards creating value-adding HRD solutions for employees at private hospitals.

This will be discussed further under the SHRD section, which focuses on the development from individual, organisational and multinational contexts.

1.11.2 Strategic human resource development

The term SHRD is taken to mean proactive and planned learning and development of people as individuals and as groups to benefit the organisation as well as themselves (Garavan *et al*., 1995:45-46). Walton (1999) described SHRD as a field concerned with ensuring that there are processes in the organisation that facilitate learning, ensuring the appropriate stewardship is exercised over the learning process and providing direction to ensure that core competencies of organisations are enhanced through learning and development. For the purpose of this study, I shall use Garavan's (2007) definition of SHRD, which incorporates the previous definitions of leading SHRD scholars. Garavan (2007:25) defined SHRD as a coherent, vertically aligned and horizontally integrated set of learning and development activities that contribute to the achievement of strategic goals of the organisation. Garavan's (2007) SHRD model strategically aligns HRD with the external environmental conditions (global environment), the organisational context, HRD systems, policies and procedures to meet stakeholder expectations (Garavan & Carbery, 2012:29).

Within the context of this study, SHRD is described as strategically aligning all HRD interventions to the global environment, the strategic objectives of the private hospitals sampled, internal HR processes, the job function and the individuals' career needs. The concepts human resource management and HR managers will be described next.

1.11.3 Human resource management

HRM has been described as a strategic and coherent approach to the management of an organisation's most valued assets – the people working there, who individually and collectively contribute to the achievement of its objectives (Armstrong, 2006:3). More recently, Carbery and Cross (2015:3) suggest that modern management sciences use words such as personnel, industrial relations, human relations and human resource management to describe HRM. In a broad sense, these authors refer to HRM as empowering employees to advance the organisational objectives, whereby the emphasis is on people (humans) as a resource similar to equipment and capital (Carbery & Cross, 2015:3).

It can be deduced from the more recent definitions of HRM that the overall purpose of HRM is to ensure that organisations are able to achieve success through its people. Within the context of this study, HRM also refers to a sub-field of human resources, like HRD. The currently separate fields of HRD and HRM need to become more aligned with each other in order to advance the field of HR (cf 2.1.1; 3.6.1; 6.6). HR managers will be discussed next.

1.11.4 Human resource managers

Human resource authors (e.g. Ferris *et al*., 1984; Miles & Snow, 1984; Smith, 1982; Walker, 1984), who had assumed a reactive position, believed that the role of an HRM was to focus on people-related programmes and activities that achieved the objectives of the organisation (Tsui, 1987:36). Conversely, other authors (e.g. Dyer, 1984a, Tichy *et al*., 1982) emphasised a proactive approach, whereby HRMs participated in the strategic planning process where organisational strategies could be influenced by constraints and opportunities of the existing human resource conditions (Tsui, 1987:36). In more recent times, the role of the HRM is to support and guide line managers in HR activities such as employee selection, discipline and performance (Cross & Carbery, 2013:7). The rationale for this approach is that the line manager works closely with the employee and allows the HRM to align the people management agenda with the strategic goals of the organisation (Cross & Carbery, 2013:7). Within the context of this study, an HRM's role involves planning, directing and coordinating the recruitment and hiring of new staff, consulting with top management and executives on strategic people development planning, and serving as a link between an organisation's management and employees at the private hospitals sampled.

1.11.5 Private hospital

The South African health system is described as a two-tier system divided along socio-economic lines (South Africa, 2014:28-35). The services rendered by the public health system in South Africa, which includes public hospitals and clinics, are offered to all citizens and are funded by government (South Africa, 2014:28-35). Government does not fund private healthcare, and therefore citizens must purchase their own private health insurance or medical aids in order to be treated at private hospitals (Young, 2016:1-20). SHRD, within the context of the private hospitals, will be explored as part of this study.

1.12 THE COURSE OF THE STUDY

In Chapter 2, the field of HR and the sub-fields of HRD and HRM, which set the scene for SHRD, will be discussed. The definitions will be followed by the foundational theories of HRD, HRD in

practice (legislation and strategies) and the need for the field to become more strategic to ensure its survival into the 21st century. The chapter concludes with a discussion on the role of HRDPs in the field of HRD.

In Chapter 3, the conceptual and theoretical frameworks of SHRD, including the theories, perspectives of SHRD and location in practice, will be discussed. The nature of SHRD will be investigated by means of a literature study, including the concept of SHRD, associated definitions, characteristics, and models of SHRD. The link between HRD and SHRD will be explained and the emergence, benefits and limitations of SHRD will be discussed, as well as the role of HRDs as change agents and strategic partners at organisations.

In Chapter 4, the qualitative research design and qualitative research methods that will be used to explore the use of SHRD practices and models by HRMs at private hospitals will be discussed. Chapter 4 will also include the procedures, design, population, sample and the instrumentation that will be used to explore SHRD practices and models used by HRMs in private hospitals. An interpretivist qualitative research strategy will be adopted for this study.

In Chapter 5, the analysed data ensuing from the semi-structured interviews will be presented. Main- and subcategories will be indicated and specific verbatim quotes cited as evidence of identified categories.

In Chapter 6, a summary of the study will be provided and conclusions drawn on the use of SHRD practices and models at private hospitals. Limitations will be presented and findings in response to all research questions will be presented. Recommendations ensuing from the findings will be made, as well as recommendations for future research.

1.13 SUMMARY

This study seeks to add to the existing body of scholarship in the field of SHRD by exploring the use of SHRD practices and models by HRMs employed at the private hospitals sampled. The chapter commenced with the introduction, background, problem statement and rationale for this study. The review of HRD and SHRD was followed by SHRD empirical studies, research questions, objectives and method of the study. The contributions of the study to organisations and individuals were stated before the literature study and my perspectives and the location of the study were discussed. The chapter was concluded by providing some definitions of key concepts and the course of the study. Chapter 2 covers the field of HR and the sub-fields of HRD and HRM.

CHAPTER 2: HUMAN RESOURCE DEVELOPMENT

2.1 INTRODUCTION

In Chapter 2, the following research question is answered: *How are the field of human resources (HR) and subfields of human resource development (HRD) and human resource management (HRM) conceptualised in the literature?*

This chapter is divided into several sections, commencing with the background to the field of human resources (HR), which includes the subfields of human resource management (HRM) and human resource development (HRD). The explanation of these key fields will be followed by an analysis of the emergence of HRD from traditional training and development practices and the differences between the fields of HRD and HRM (Alagaraja, 2013:118). The foundational theories of HRD will be discussed in this chapter, followed by international HRD, HRD within a South African context (HRD legislation and the National Skills Development Strategy (NSDS)) and the contextualisation of HRD for practice. Chapter 2 will conclude with discussions regarding the ways in which HRD will be able to become more strategic to ensure its survival into the 21st century and the role of human resource development practitioners (HRDPs) therein. Only once these separate fields of HRM and HRD have been explored in this chapter, I shall, in Chapter 3, in more detail, discuss the emergent field of SHRD, including the characteristics and models thereof. The literature review will commence with a discussion of the field of human resources.

2.1.1 Human resources

Human resources (HR) are defined as an organisational function responsible for all of the programmes, policies and practices that corporations implement to manage employees (Alagaraja, 2013:118). The field of HR positions itself at the centre of organisations; however, scholars disagree on the definition and role of HR in organisations, and how to study the aforementioned role (Alagaraja, 2013:118). The fields of HRD and HRM are related and hold HR as the central field that connects both bodies of scholarship (Alagaraja, 2013:118), and will be discussed in the sections below. Now that I have discussed HR as an umbrella term that hosts HRD and HRM as disciplines for practice, the differences between these fields will be covered next.

2.2 BACKGROUND TO, AND CONTEXT OF HUMAN RESOURCE DEVELOPMENT

This section will commence with a discussion of the fields of HRM and HRD. HRM will be discussed next.

2.2.1 Human resource management

Boxall (1996:59) posits that, traditionally, the field of HRM was seen from two perspectives, namely a 'soft' developmental humanist approach, or a 'hard' situational contingent approach. Legge (1995a:35 & 1995b:66-67) suggested that the 'soft' approach to HRM involved nurturing employee motivation, commitment and development. Conversely, 'hard' HRM, as Legge (1995a:34 & 1995b:137) suggested, is closely aligned with organisational strategy, where employees are utilised *dispassionately* and in a *formally rational* manner.

Later on, definitions of HRM signalled a combination of the traditional (hard) approach of administrative work (personnel management) conducted by practitioners and the welfare of workers (soft) (Cross & Carbery, 2013:6). Storey (cited in Cross & Carbery, 2013:6) posited that modern HRM embraces the following features:

- HRM is explicitly linked to corporate strategy (hard).
- HRM focuses on commitment rather than compliance of employees (soft).
- Employee commitment is achieved through the implementation of a set of HR policies, which include areas of rewards, selection, training and appraisals (soft).
- HRM must be owned by line managers as a means towards fostering integration between HR and the organisation (hard).

Nowadays, HRM is viewed as a system where the features are integrated and mutually reinforcing in order to achieve the desired outcomes of organisations (Kepes & Delery, cited in Cross & Carbery, 2013:7). Kepes and Delery's definition (cited in Cross & Carbery, 2013:7) stated above includes both the 'soft' and 'hard' approaches to HRM, and, as a result, is a preferred definition of HRM for this study. Before explaining the differences between HRM and HRD, the field of HRD will be discussed next.

2.2.2 The emergence of human resource development from traditional training and development practices

The field of HRD has undergone a transition from its roots in the discipline of traditional training, development and education of operating from a tactical, reactionary level to having an impact at a strategic level by emphasising the importance of improving performance through learning (McGuire *et al*., 2001:3). Traditional training and development evolved into HRD to meet the learning and performance needs of employees and organisations (Sambrook, 2000:159). Sambrook (2004:612) recalls an age-old debate between scholars regarding the notion that HRD is a term created by academics to differentiate between strategic and organisational-oriented learning and development activities on the one hand, versus old-school training and development (T&D) on the other – a debate that, until today, continues.

Sambrook (2000, 2001) argues that HRD builds on traditional T&D practices through its purpose of supporting and facilitating the learning of individuals, groups and organisations (Sambrook, 2004:613). It can be deduced from the preceding discussions (cf 2.2.2) that the HRD field is broader than T&D, whereby HRD seeks to proactively respond to individual and organisational development needs. HRD will be discussed in the next section.

2.2.3 Human resource development

The initial definition of HRD was provided by Harbison and Myers (1964) as the HR processes deployed to improve individual skills, knowledge and capacity (Haslinda, 2009:487). Haslinda (2009:488), posited that author's like Chalofsky (1992) added that HRD is the study and practice of improving the capacity to learn that enhances employee performances and organisational effectiveness and productivity. Ruona (2000:1-2) expanded on the earlier definitions of Harbison and Myers (1984) and Chalofsky (1992) discussed above by stating that HRD should serve multiple stakeholders in multiple ways towards eliminating the question of who should be serviced by the field of HRD. Additionally, Ruona (2000:1-2) suggests that the debate around the type of paradigm best suited to serve HRD should shift towards conversations on including both performance and learning paradigms to service various stakeholders.

Mankin (2009:6) views HRD as encompassing a range of organisational practices that focus on learning, training, learning and development, workplace learning, career development and lifelong learning, organisational development, and organisational knowledge and learning. HRD is a process of developing and unleashing expertise for the purpose of improving individual and teamwork processes and organisational systems (Swanson & Holton, 2009:4). HRD represents

a concept that focuses on how individuals develop their personal and organisational skills, knowledge and abilities with the objective of ensuring a better integration between work and learning (Swanson & Holton, 2009:4).

Benjamin and David (2012:92), further stated that the capacity to learn includes individuals, groups, collectives and organisations. Additionally, Benjamin and David (2012:92) stated that the capacity to learn may be realised through the development and application of learning-based interventions for the purpose of enhancing human and organisational growth. The HRD definitions discussed above are similar in that they focus on learning and development from the individuals/employees' perspectives and on production-centred perspectives with organisational performance as the focal point.

For the purpose of this study, Garavan *et al*.'s (2000:82) three paradigms of HRD concerned with individual capabilities, psychological contracts and organisational learning will be adopted (cf 2.2.6; 3.5.2). Additionally, Garavan *et al*.'s (2000:82) perspectives are seen as a response to the 'win-win-win' approach proposed by Ruona (2000:1-2) (which refers to including both performance and learning paradigms to service various stakeholders) by including individual and organisational skills development needs.

2.2.4 Differences between human resource development and human resource management

Most scholars today view HRD and HRM as competing disciplines; however, the growing complexities in organisations demand a more collaborative approach in drawing on contributions from the two fields. Ruona and Gibson (cited in Stephens & Dailey, 2014:2) state that the distinction between HRD and HRM is becoming more obscure and intertwined due to complexities associated with 21st century organisations. The field of HRD is associated with career development, organisation development and training and development (Swanson & Holton, 2009:140; cf 3.6.1), whereas HRM is the strategic and integrated approach (including human resource policy, processes and systems) taken by the organisation to manage its people (Cross & Carbery, 2013:3; cf 3.6.1). The focus of this chapter is on HRD, which serves as a point of departure for the field of SHRD (Garavan, 2000:65). The purpose of HRD will be discussed in the next section.

2.2.5 The purpose of human resource development

People development is required to endow HRD into permanency and convince stakeholders of the value and contributions it can make to attain organisational goals (McGuire *et al*., 2001:3). There is an on-going debate among HRD scholars regarding the purpose of HRD. Stewart (1998:9) posited that HRD constitutes deliberate, purposive and active interventions in the natural learning process. Stewart and Rigg (2011:5) added that the purpose of HRD should either focus on performance or on learning. Lee (2001:329-334) focused on individual development, stating that HRD empowered individuals to help themselves and that its purpose is legitimised as an academic discipline and as an important aspect of practice. Conversely, Fredericks and Stewart (1996:101-119) contended that HRD must provide an ideal notion of a strategy-led and organisational-oriented approach to training and development if it is to be accepted into practice as a value-adding function.

It can be deduced from the aforementioned that the purpose of HRD is to service the learning and development objectives of both employees and strategic organisational priorities if it is to be accepted by academics and practitioners. Now that the purpose of HRD has been explained, the foundational theories of HRD will be discussed next.

2.2.6 The foundational theories of human resource development

A sound theoretical framework for HRD is critical to advance the field into maturity and add credibility for practice (Lynham, 2000:162-163). This section seeks to understand the core theories of HRD that, on their part, support the major theories of SHRD. Garavan *et al*. (2000:82-85) suggest that HRD is yet to establish a distinctive conceptual or theoretical identity. This absence of a clear identity has resulted in a lack of empirical evidence for the field of HRD (McGoldrick *et al.,* 2001:343-344).

The field of HRD is largely premised on three dominant theories, namely economic theory, psychological theory, and systems theory (Swanson, 2001:299-312). The three foundational theories of SHRD (cf 1.3.3) expand on the foundational theories of HRD. HRD theories have resulted in powerful and practical explanations, principles and models for practitioners to use in the workplace (Swanson, 2001:303). Without a sound theoretical base, it becomes difficult for practitioners to build HRD strategies to mitigate organisational challenges (Swanson, 2001:303).

The icon of HRD theory, namely the so-called three-legged stool (Swanson, 1995:207-213), of which each leg represents one of the above-mentioned (economic, psychological and systems) theories, serves as the most recognised description of theory underlying the discipline of HRD. All three theories are premised on the short-term economic view of the performance of organisations as judged by the stock market in the modern era (Swanson, 2001:305-306), driven in the United States of America post the Second World War. Economic theory, psychological theory and systems theory will be discussed next.

- **Economic theory** refers to the ability to capture core issues of efficiencies and effectiveness of resources by human resource managers (HRMs) in order to meet the productive goals of the organisation by remaining competitive (Swanson, 2001:304-305). The theory revolves around the field of economics by managing scarce resources with the objective of generating wealth and advancing the economic agenda of organisations. The principles for practice include that HRD must justify the use of scarce resources, add value to creating long-term economic performance and add short-term value from investments in the development of knowledge and expertise in individuals (Swanson, 2001:308).

- **Psychological theory** encapsulates the core human aspects of developing human resources, as well as the socio-technical interplay between humans and systems (Swanson, 2001:304). In essence, the theory revolves around the mental processes and behaviours of people. The principles of the theory for practice require HRD to clarify the goals of individuals, work process owners and organisations before developing and harmonising them with each other (Swanson, 2001:308-309).

- **Systems theory** captures the complex and dynamic interactions of the external environment, organisations, work processes and individuals (Swanson, 2001:304). The implications for practice require serious thinking, sound theory-building research and the utilisation of new tools for sound practice (Swanson, 2001:309). HRMs must understand how the complex and dynamic interactions of the external environment, organisations, work processes and individuals and other sub-systems connect and disconnect from the organisation and by doing so assist the organisation in retaining its purpose and effectiveness, given the changes and complexities it faces (Swanson, 2001:309). Only once this is in place, may HRMs help the organisation shape an improved and sustainable future (Swanson, 2001:309).

Now that the foundational theories of HRD have been described, the variants of HRD within the international and national contexts will be discussed next.

2.2.7 International and national human resource development

HRD has featured prominently in the international discourse on development. The focus on international HRD has come about due to the variety of macro-level trends such as the fall of communism, globalisation, rapid technological change, foreign direct investment and changes in organisational form (Garavan & Carbery, 2012:129). The results and findings of these studies have led to an emerging field of national HRD (NHRD), which focuses on the relationships of learning and performance requirements between nations (Garavan & Carbery, 2012:129-130).

Countries that have embarked on comprehensive NHRD strategies have begun a path towards sustained economic growth, employment generation, widespread social development and reduction of poverty (United Nations, 2009:1-4). NHRD strategies must continue to become an integral part of national economic and social policies that are continuously amended to reflect national development goals (United Nations, 2009:4-5).

In many countries, government agencies identify HRD needs in the medium- to long term for industries. These HRD strategies seek to transform the critical and scarce skills needs into NHRD policy targets required by the labour markets. A localised approach ensures the match between the demand for skills from both the public and private sectors and the supply of skilled people by higher education institutions, learning and development (United Nations, 2009:5). The private and public sectors must form strategic alliances with the labour unions in formulating a NHRD strategy that facilitates the integration of economic, labour market and HRD policies (United Nations, 2009:5). NHRD policy and strategies within a South African (local) context are discussed in the next section.

2.2.8 Human resource development in South Africa

In any country, HRD refers to formal activities that will enhance the ability of individuals to reach their full potential. Enhancing competencies through HRD serves to improve the productivity of people. Increased productivity and improvements to the skills base support social and economic development (Human Resource Development Strategy for South Africa (HRD-SA) 2010-2030) (South Africa, 2009b:7-8). Developing nations, such as South Africa, have over time adopted a myriad of strategies to train and develop their workforces to meet economic challenges and rise out of the cycle of low skills and poverty. The rise in unemployment and increase in the Geni-coefficient, despite the implementation of various HRD strategies, have prompted an inquest into the efficacy of these HRD strategies in matching national workforce necessities (Ndzwayiba, 2012:2-9). The transition from primary sector employment (mining and agriculture) during the

apartheid era to the technologically-driven tertiary (service) sector over the last 20 years has led to structural unemployment upwards of 25% (South Africa, 2015:68-112). Therefore, in South Africa, there is a large demand for highly skilled technologically savvy workers, coupled with an oversupply of unskilled and low skilled workers (South Africa, 2015:68-112). This has led to a mismatch between labour demand and supply – characteristic of state-driven HRD strategies (Ogunade, 2011:17-18).

One of the major limitations to accelerating economic growth and expansion in South Africa is the shortage of demand-driven skilled people (Mayer *et al*., 2011:9). South Africa has evolved to address acute shortages in professional and organisational skills, ignoring the importance of foundational and core skills of work to the development of human capital across ethnic and racial lines (South Africa, 2014:7-130). Similarly, the private hospitals sampled for this study assimilated 'accelerating transformation' and 'growing with passionate people' as two key HRD strategic pillars within the organisation. The strategic pillars were established to guide the formulation of all HRD-related strategies, policies and plans. South African HRD legislation will be discussed next.

2.2.8.1 South African human resource development legislation

South Africa has legislation governing skilled development, namely the Skills Development Act (97 of 1998) (SDA) (cf 1.2). The South African policy response to the skills crisis (an unequal access and distribution to formal learning, education and training) led to the promulgation of the SDA (97 of 1998). The SDA established a national regulatory framework that consists of the National Skills Authority (NSA) and 21 Sector Education and Training Authorities (SETAs) (cf 1.2). Furthermore, the SDA acts as a connection between skills development and workforce needs. It is evident from the above that a collaborative HRD strategy linked to the economic demands of its workforce is required to ensure that appropriate skills development solutions are engaged to implement the South African HRD legislation.

The SDA requires organisations to conduct a training needs analysis in consultation with organisational management, employee representation and representative trade unions to identify the critical and scarce skills requirements. The annual training needs analysis provides input into the workplace skills plans (WSP) submitted to the SETAs by employer organisations in accordance with the SDA (cf 1.2). Moreover, the SDA provides some guidance regarding the expenditure on skills development to be included into the WSP (1% of annual payroll of employees). This legislation (SDA) essentially involves the state directly funding and financing education, vocational training and professional development programmes through the National Skills Fund (NSF) and SETA discretionary grants and tax deductions in order to enhance the skills

and technological expertise of its workforce. Within the context of this study, the private hospitals sampled has duly constituted workplace transformation committees in place in accordance with the requirements of SETAs that approve and sign off the WSP. The objective of the committees is to consult on and assist in all matters as indicated in the regulations of the SDA.

Additionally, the Broad Based Black Economic Empowerment (B-BBEE) Act 53 of 2003 is a form of economic empowerment initiated by the government of South Africa. The B-BBEE codes of good practice (as amended in 2015) constitute a skills development component that is considered a priority element used to measure the impact of transformation through skills development. The skills development code (code 300) of the B-BBEE codes of good practice seeks to measure the investment in education, training and development of designated groups (marginalised groups of people), as well as the use of skills development to create employment opportunities for the youth aligned to the economically active population (South Africa, 2013:49-59). Non-designated groups refer to those individuals who benefited from the previous regime (apartheid regime) prior to the democratic dispensation in 1994. The South African Human Resource Development (HRD) Strategy will be discussed next.

2.2.8.2 South African Human Resource Development Strategy

South Africa has adopted a predominantly state-driven HRD strategy, according to Ogunade (2011:14-15). South African HRD efforts closely follow the framework outlined in the United Nations HRD report (2009:3-10). The primary goal of the Human Resource Development Strategy for South Africa (HRD-SA) 2010-2030 is to contribute towards human development on a national scale (South Africa, 2009b:11) (cf 1.4). The priorities that make up the HRD-SA seek to respond to socio-economic development imperatives. Local HRD practices must address the challenges of skills shortages that occur as a result of the mismatch between the demand and supply of skills required to improve productivity in the SA economy (South Africa, 2010:3). The HRD-SA (cf 1.4) is meant to align supply-side provisions of education training and development to demand-side critical and scarce skills determined by the public and private sector.

The HRD strategy was introduced to improve productivity necessary to sustain and grow the South African economy (Ogunade, 2011:18-19). The major pitfall of HRD-SA is that it failed to take into consideration changes in demand and technology for skills needed per sector. The South African ministry of higher education and training (DHET) have co-opted the SETAs to develop the National Skills Development Strategy (NSDS) to guide private and public organisations with a framework to implement HRD practices that align with national objectives set out in the SDA (South Africa, 2010:2). The NSDS will be explained next.

2.2.8.3 National Skills Development Strategy

The NSDS has identified the pitfall of failing to take into consideration changes in demand and technology for skills needed in each of the 21 industries and seeks to adopt a collaborative process that includes major stakeholders in driving HRD in the country (cf 1.3.1). The requirement for continuous innovation and change within the workplace brought about through the impact of globalisation on national economies, production and trade has placed HRD at the centre of South African public policy and development strategies (South Africa, 2009a:7-8). The most recent edition of the NSDS (2011-2016) was published in 2010 by the Department of Higher Education and Training (DHET) (South Africa, 2010). The purpose of the NSDS is to improve the effectiveness and efficiency of the skills development system in South Africa (cf 1.3.1). Additionally, the third edition of the National Skills Development Strategy (NSDS III) for the periods 2010-2015 seeks to integrate workplace experiential learning with theoretical learning and to facilitate the learning and career pathways of individuals from the basic education schooling system, college or university to sustained employment and career growth (South Africa, 2010). The implication for practitioners is to ensure that the organisations they represent comply with the necessary legislation – which is the SDA (97 of 1998) and the NSDS III (Meyer, 2017:51-55). As such, the role of HRD practitioner is discussed next.

2.2.8.4 The role of human resource development practitioners in South Africa

Human resource development practitioners (HRDPs) in South Africa are responsible for the implementation of macro- or national level policies and strategies, meso- or organisational level organisational needs, and micro-level employee career development requirements (Devadas *et al*., 2011:130-132). Nevertheless, most HRD commentators believe that HRDPs have experienced challenges in implementing skills development strategies from global, national, organisational and professional HRD perspectives (Devadas *et al*., 2011:130-132). HRDPs need to become more involved in operational issues, understanding workplace dynamics and better supporting line managers in executing organisational objectives (Mankin, 2009:148).

It seems as if some HRDPs are reluctant to relinquish some of their tasks to partner with line management (Maxwell *et al*., 2004:178-180; cf 1.4). Furthermore, line management views this approach with suspicion and believes that the devolvement of functions to them is a ploy of work-shifting (Alagaraja, 2013:134-137; cf 1.4). Mankin (2009:148-149) suggests that the resistance by line management to take on the responsibility of developing their people is due to the feeling of being ill-equipped to deliver HRD interventions as a result of a lack of skills and experience in doing so. The converse is also true, namely that HRDPs have been slow to partner with line

managers and are being anxious of letting go of their hold on HRD towards co-creating a more strategic role within organisations (Mankin, 2009:148).

Maxwell *et al*. (2004:178-180; cf 1.4) and Wang (2006:111; cf 1.4) have found that HRDPs in the international hotel industry are reluctant to partner with organisational leaders and to drive change. McCracken and Wallace (2000:284) suggested that HRDPs should establish strategic relationships with top management in order to deliver value adding HRD solutions (cf 3.6.1). Within the context of this study, HRMs have been tasked with the responsibility to execute the role of HRDPs and forge partnerships with top management in implementing SHRD solutions at the private hospitals. In the next section, the challenges facing HRDPs will be discussed.

2.2.8.5 Challenges facing human resource development practitioners

HRDPs across the world have experienced challenges in implementing skills development strategies from a global, national, organisational and HRDP perspective, as depicted in Figure 2.1 below (Devadas *et al*., 2011:130-132). The contemporary world demands a more geocentric approach, more flexible, more situational rather than absolute; more meso- and macro-, rather than micro-, and more general rather than specific approaches to HRD (Devadas *et al*., 2011: 130-132).

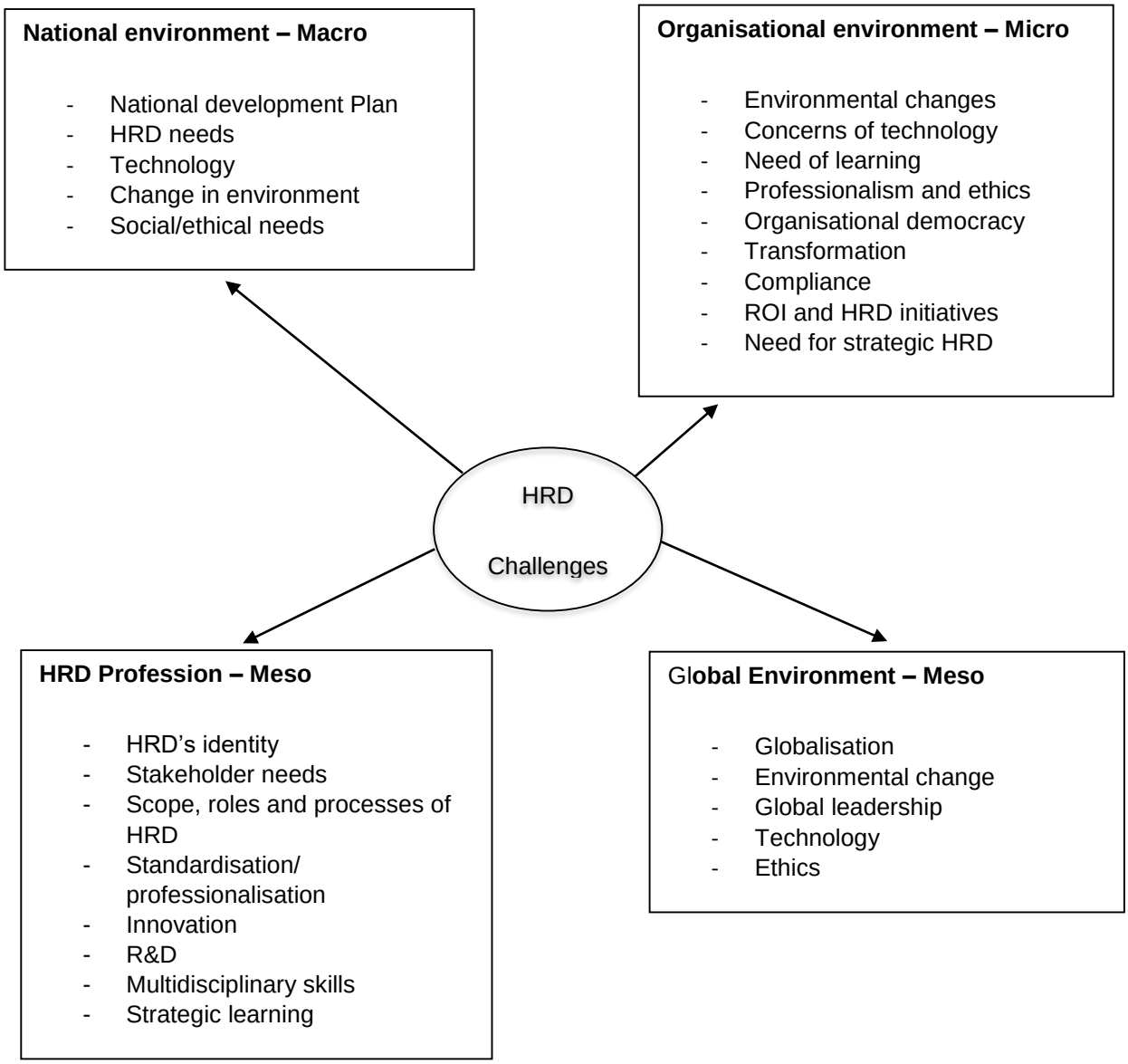

Figure 2.1: Challenges facing human resource development practitioners (Garavan, 2007:27)

In the next section, HRD in practice is discussed.

2.3 HUMAN RESOURCE DEVELOPMENT IN PRACTICE

The location of HRD in today's organisations is determined by its ability to enhance financial performance first and foremost beyond other objectives (Alagaraja, 2013:117). Senior executives and leadership assess performance primarily based on financial and economic indicators (Haggerty & Wright, 2009:101-103). Tjepkema *et al*. (2002:1-4) added that not much has changed in the way HRD has been carried out in organisations. Despite the acknowledged potential of

HRD to leverage and facilitate the implementation of reforms, evidence suggests that HRD has been underutilised, and the implementation of HRD policies has been piecemeal at best (World Bank, 2006:30-37). Based on the World Bank Report (2006:30-37), the absence of a well-functioning HRD system is generally seen as one of the most serious impediments to the creation of state-of-the-art management systems in the European member states.

Based on the discussions above, there is a need for the significant transformation of HRD responsibility to reflect the new demands and realities faced by organisations and individuals operating in the 21st century (Koch, 1999:97-100). The field of SHRD seeks to respond to the transformation of HRD to meet the needs of employees' and organisations' (McCracken & Garavan, 2015:30). The critique of current HRD practices in global organisations is discussed next.

2.3.1 Critique of current human resource development practices

Garavan (1991:17) argued that, if the HRD function is to respond to critique, it needs to become more strategic in nature. HRD must align itself to the organisation strategy and structure. Garavan (1991:17) outlined a representation based on empirical evidence of the possible relations between organisation strategy, structure and HRD strategies. Garavan's (1991) representation stated that all organisations should start with the strategy and align the training plan in accordance with it (O'Donnell & Garavan, 1997:301-309). O'Donnell and Garavan (1997:301-309) came to this conclusion based on empirical research into management education and training in some of the largest organisations in the United Kingdom.

O'Donnell and Garavan (1997:301-309) built on Garavan's (1991) and Hussey's (1985:301-309) views by investigating the link between corporate success and HRD provision. The key point that emerged from the particular study was the existence of a crucial link between employee development and corporate organisation strategy; the determining factor being the quality of HRM (O'Donnell & Garavan, 1997:301-309). It was concluded that there is a direct link between the quality of HRM, employee development (HRD) and corporate success.

The authors had emphasised the existence of a system that is demand driven, leading to job-centred HRD that, on its part, is linked to organisational goals (O'Donnell & Garavan, 1997:301-309).

Garavan *et al*. (1995:541) stressed the importance of skills audits in linking individual skills to organisation strategy in a changed environment. One of the key problems associated with

traditional training efforts is that training needs analysis (TNA) processes and HRD strategy implemented are not linked with the organisation's goals and needs. The importance of skills audits was reinforced by the authors (Garavan *et al*., 1995:541), stating that the critical test of competencies may lie in the capacity of organisations to develop and apply them in ways appropriate to their environmental context. A response, which forces the field of HRD to transform from current practice towards becoming more strategic, is needed in this regard. The need for HRD to become more strategic is briefly discussed in the next section; and SHRD in much more detail in the next chapter.

2.3.2 The need for human resource development to become more strategic

Garavan (2007:22) highlighted three key HRD 'strategies' critical for practice: (a) organisational performance, (b) organisational learning, and (c) organisational change. A more strategic outlook to leveraging employee-related skills, abilities and knowledge as a source of maintaining competitive advantages is now required as the field of HRD migrates towards the fourth industrial revolution (Alagaraja, 2013:118). A study conducted by Odumeru and Ilesanmi (2013:19-23) supports this position. Odumeru and Ilesanmi's study revealed that the bottom line of every HRD effort, as expressed by several scholars, is towards improving organisational performance (OP). Moreover, the study revealed that employee participation in HRD and the benefits of HRD positively influence employee competence and commitment, which, in turn, positively determine financial performance as depicted in Figure 2.2.

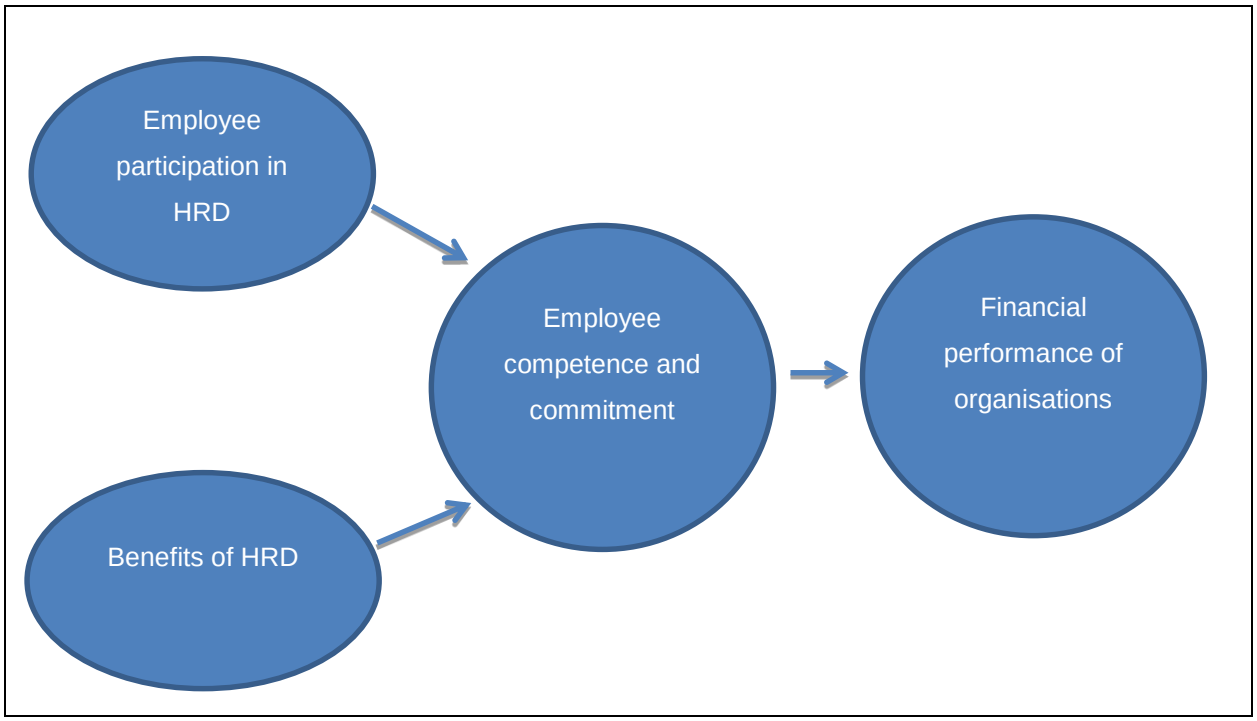

Figure 2.2: Linking human resource development with the financial performance of organisations (Odumeru & Ilesanmi, 2012:19)

Figure 2.2 above illustrates that organisations should focus on delivering HRD solutions relevant to the needs of employees, while attending to addressing the skills, knowledge and abilities required to drive continuous financial performance improvement within organisations (Odumeru & Ilesanmi, 2012:19). These authors argued that if HRD is to remain relevant in practice, HRDPs must carry out systematic processes to determine the developmental needs of employees on a continuous basis before responding to the gaps to achieve organisational goals towards improving financial performance (Odumeru & Ilesanmi 2012:23).

2.4 SUMMARY

In this chapter the field of HR and the subfields of HRM and HRD are conceptualised as a response to the secondary research question (cf 2.1). It became evident from the literature that the purpose of HRD is to implement value adding solutions that respond to both the employee and organisational strategic objectives (cf 2.2.5). Three foundational theories of HRD, namely economic, systems and psychological theories formed the basis for the literature review.

HRD within a South African context was explained, which included the HRD legislation, HRD-SA, the NSDS III, the role of HRDPs and the challenges they face in organisations. Chapter 2 concluded with discussions of HRD in practice, which espouse the critique of the field of HRD and the need for HRD to become strategic. It was argued that the gaps identified in the field of HRD are addressed by SHRD. The call for the field to become more strategic in the response to national, organisational and employee critical and scarce skills called for HRDPs to adopt a multifaceted and strategic approach to HRD (cf 2.3.2). As such, Chapter 3 will focus on the field of SHRD, the characteristics of SHRD and a widely accepted SHRD model.

CHAPTER 3: STRATEGIC HUMAN RESOURCE DEVELOPMENT

3.1 INTRODUCTION

It is estimated that only between 10% and 20% of capital invested in learning and development interventions will lead to enduring performance improvement (Wognum & Lam, 2000:98). Furthermore, it is questionable if this result can be improved upon if the status quo in HRD practice remains. The body of scholarship reviewed (cf 1.4; Alagaraja, 2013; Ensour *et al.,* 2012; Garavan *et al*., 2006; Herd *et al.,* 2014; Maxwell *et al*., 2004; Memon, 2014; Šiugždinienė, 2008; Vencatachellum & Munusami, 2006; Wang *et al*., 2009 & Wognum & Lam, 2000) revealed that the field of SHRD is slowly transforming by linking education, training and development systems, processes and practices to the strategic goals of the organisation. It has become obvious that HRD must develop into a respected and useful player in practice. Prominent HRD authors Swanson and Arnold (1996) pointed out, even before the emergence of SHRD, that HRDPs need to position themselves as strategic partners by assuming the same level of importance as the traditional core of organisations: finance, production and marketing. Earlier during the same decade, Garavan (1991:17) had suggested that organisations with HRD systems that combine their HRD practices appropriately to develop human capital, HRD policies and HRD procedures with a view of aligning them with organisational goals and objectives, will add value to the particular organisations and therefore have a strategically-driven HRD (SHRD) initiative.

When this does not happen, it is likely that HRD will remain ineffective in the future (Wang *et al*., 2009:7).

HRD authors agree that there is a growing consensus that well-chosen HRD practices can positively impact individual and organisational performance (Garavan & Carbery, 2012:23-25). HRD practices always need to move from process-oriented and administrative functions towards one that is more strategic and in doing so take up a leadership role in the development of people (Gold *et al*., 2011:242). SHRD requires practitioners to think differently about the functional requirements and activities of HRD as a set of organisational practices by relinquishing the more operational, low-value training and development activities and spending more time to develop competencies to perform a variety of strategic roles. The rationale for HRD becoming more strategic is to advance the field to be seen as moving beyond just being information givers at the

operational day-to-day level towards being recognised as full strategic partners within boardrooms (Peterson, cited in Garavan & Carbery, 2012:31-32).

3.2 BACKGROUND TO, AND CONTEXT OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

The question of value generated by traditional reactive HRD solutions had been raised by HRDPs and organisations at large (cf 2.2.1, 2.2.2; 2.3.1). The need for HRD solutions to align vertically to multinational, organisational and individual needs and horizontally to existing HR strategy, processes and systems led to the emergence of SHRD as a response to the deficiencies in many practices (cf 1.9). The concept of SHRD will be explained next before discussing the emergence of SHRD.

3.2.1 The concept of strategic human resource development

The concept of SHRD is, relatively speaking, new to the field of training and development literature (Garavan, 2007:12). Since the introduction of a model of SHRD consisting of nine characteristics, which was introduced by Thomas Garavan in 1991, prominent European academics, namely Horwitz (1999), Walton (1999), McCracken and Wallace (2000), Harrison (2004), Maxwell *et al*. (2004) and Sadler-Smith (2006), as well as contributions from two American authors, namely Gilley and Maycunich-Gilley (2002), have provided critical contributions to the definition of SHRD. SHRD is enjoying the prominence in the field of HRD, as did strategic human resource management (SHRM) a decade or so ago. SHRD emerged as a result of a new climate of disorganised capitalism and from debates within organisational development (Garavan & Carbery, 2012:25).

3.2.2 The emergence of strategic human resource development

The assertions made by the HRD authors mentioned in the preceding paragraphs have given rise to SHRD, which focuses on five main areas of the organisational strategy, namely the external market, internal labour market needs, internal systems, the external support for training, and the drivers of SHRD, the latter being the HRDPs (Garavan, 1995:24-25). Garavan (1995:25) argued that strategic training and development activities are central to the reality of anything that can meaningfully be described as HRD. Early SHRD scholars (Garavan, 1991; McCracken & Wallace, 2000; McGoldrick *et al.,* 2001 & Walton, 1999) had initiated the discussions around an SHRD model that would drive its existence into practice to address transformation brought about through global environmental change. The SHRD scholars mentioned above contributed to the emergence of SHRD by considering multiple levels of analysis and contributions of SHRD

practices. These SHRD authors added that the multiple-level analyses would build on the singular level and isolated practices of HRD resulting in SHRD having a positive impact on organisational performance and competitive advantage. Now that the concept and emergence of SHRD have been discussed, the definitions of SHRD will be explained next.

3.3 DEFINITIONS OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

Walton's (1999) initial definition of SHRD involved introducing, eliminating, modifying, directing and guiding processes in a manner that equipped individuals and teams with the skills, knowledge and competencies required to undertake the current and future needs of organisations. Garavan (1991:17-19) added by stating that SHRD is the strategic management of training and development, and of management or professional education interventions, so as to achieve the objectives of the organisation, while at the same time ensuring the full utilisation of the knowledge and skills of individual employees. McCracken and Wallace (2000:288) later defined SHRD as the creation of a learning culture within which a range of training, development and learning strategies respond to corporate strategy and also help to shape and influence it.

More recently, Garavan (2007:19) expanded on this initial definition stating that SHRD is a coherent, vertically aligned and horizontally integrated set of learning practices that contribute to the achievement of strategic organisational objectives. All four definitions use comparable HRD language and direction with the emphasis on a long-term approach of how HRD strategies support the achievement of organisational goals and strategies (cf 1.11). In this study, and in line with Garavan's definition that builds on the SHRD definitions of leading scholars, SHRD is described as a coherent, vertically aligned and horizontally integrated set of learning and development activities that contribute to the achievement of strategic goals of the organisation (cf 1.11.2). In the next section, I discuss the link between SHRD and HRD.

3.4 LINKING STRATEGIC HUMAN RESOURCE DEVELOPMENT WITH HUMAN RESOURCE DEVELOPMENT

The difference between HRD and SHRD is that SHRD adopts a strategic approach that seeks to align national, organisational and employee goals and objectives with HRD and human resource management (HRM) strategies, policies, procedures and practices to meet stakeholder expectations (Garavan, 2007:11). HRD, on the other hand, focuses specifically on employee development from identified individual and organisational learning needs (cf 2.2.3). The link between HRD and SHRD is discussed below.

3.4.1 Connecting strategy with human resource development

The word ‘strategic’ emphasises the link between HRD and organisational goals and objectives (Wognum, 2001:409). Strategic alignment therefore concerns the development of HRD goals and objectives and HRD interventions, which are aligned with organisational strategy, problems, and developments at all occupational levels (Wognum, 2001:409). This alignment of HRD to organisational goals and missions draws on the linkage from traditional HRD towards a more strategically focused HRD function (SHRD).

The theme that emerged from the definitions discussed in Chapter 2 is that HRD is not simply about training; it is a broader, long-term concept (cf 2.2.2; 2.2.3). SHRD is seen as a proactive intervention linked to strategic planning and cultural change (Maxwell *et al*., 2004:165). SHRD is a strategic approach linked to corporate policies and procedures; it is incremental with an organisation’s approach to operating, which is likely to grow in sophistication and must be linked to the hard systems of HRM (Maxwell *et al*., 2004:165).

SHRD is concerned with the long-term development of employees; it contributes to organisational strategy in addition to its role in strategy implementation; it emphasises learning for the purpose of performance; it utilises a multiplicity of strategies; and it is continuously aligned with the strategic goals of the organisation. Wogum and Lam (2000:99) support this view in stating that the mission of SHRD is to implement development strategies that enhance employee performance that leads to improved organisational results. In utilising SHRD strategies, HRD is changed from being an operational to being a strategic activity (Wogum & Lam, 2000:99). Investment in HRD activities is linked to performance in the belief that the greater the investment, the greater the likelihood that the organisation will perform better (Wogum & Lam, 2000:99). The next section explains the meaning of introducing strategy to the field of HRD.

3.4.2 A more strategic approach to human resource development

Strategic alignment consequently concerns the development of HRD goals and objectives and HRD interventions that are aligned with strategy, problems, and developments at all organisational levels (Wognum, 2001:409). This alignment of HRD with organisational mission and goals draws on the linkage from traditional HRD towards a more strategically focused HRD function (SHRD).

SHRD can be seen as a proactive intervention linked to strategic planning and cultural change. SHRD is a strategic approach linked to corporate policies and procedures; it is incremental with an organisation's approach to operating, which is likely to grow in sophistication and must be linked to the hard systems of HRM (Maxwell *et al*., 2004:164-165).

It can be deduced from the preceding discussion that the difference between HRD and SHRD is that SHRD adopts a strategic approach, which seeks to align organisational goals and objectives with HRD practices, while traditional HRD practices focused solely on the training and development of employees. Now that a more strategic approach to HRD has been discussed, the foundational theories of SHRD, which build on Swanson's theory of the "three legged stool" (cf 2.2.6), will be explained next.

3.5 FOUNDATIONAL THEORIES OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

In this section, the foundational theories and paradigms of SHRD, namely human capital theory, resource-based theory and behavioural theory, will be discussed. It was noted during the review of SHRD literature that the terms perspectives, theories and paradigms are used interchangeably by SHRD authors, but I shall abide by the specific terms used by the authors quoted.

3.5.1 Performance theories and perspectives of strategic human resource development

The performance perspectives/theories regarding the reason for the existence of organisations have been the focus and have taken the centre stage in the development of SHRD theories for the following reasons: firstly, to improve organisational performance through the process of learning and development, organisational development and career development. Secondly, it systematically discourses the relationships between theoretical foundations of HRD and other disciplines (economic, psychological and systems theory; cf 2.6.6). Thirdly, the performance perspectives/theories make it an easy buy-in for practitioners to sell to the organisations' leadership (Ellinger *et al*., 2002:12-14).

The performance perspective regards performance improvements to meet organisational economic goals individual and process objectives by acquiring the requisite expertise through learning (Swanson, 1995:209). The performance-based theories view people as capital investments into a system that produces value-added goods and services (Fenwick, 2004:175). Young (2008:298) added to the views stated above by arguing that the performance paradigms of HRD are limited to improvements required to meet organisational goals and thereby excluding

the national and individual contexts. It is therefore essential that the performance paradigm of the organisation is revised further to include the multinational context and the individual context as depicted in Garavan's (2007) SHRD model.

3.5.2 Learning theories and paradigms of strategic human resource development

The learning paradigms and theories, such as the performance paradigms and theories, share dominance in the theoretical foundations of HRD (Ellinger *et al*., 2002:12-14). The three prominent learning paradigms/theories of SHRD will be discussed below as substantive theories building on the grand performance paradigm theories of HRD (economic, psychological and systems theories; cf 2.2.6). As discussed in Chapter 2, the field of HRD comprises three dominant theories, namely economic theory, psychological theory, and systems theory (cf 2.2.6). Human capital theory, the resource-based theory and behavioural theory will form the foundation of this study, building on the three dominant theories of HRD (cf 2.2.6).

3.5.2.1 Human capital theory

Human capital theory, which represents the investment in people to enhance their economic productivity, was advanced by Theodore Shutz and Gary Becker in the 1960s (Olaniyan & Okemakinde, 2008:479). The theoretical framework responsible for the wholesome adoption of learning and development policies has grown to become known as human capital theory (Olaniyan & Okemakinde, 2008:479). Human capital theorists (for example, Psacharopoulos & Woodhall, 1997; Sakamota & Powers, 1995 & Shultz, 1971) posited that an educated population is a productive one (Olaniyan & Okemakinde, 2008:479).

SHRD assumes that human capital theory improves the employees' competencies aligned to organisational goals, which results in increased performance and productivity – resulting in an opportunity to secure employment, promotion and opportunities for increased income (Garavan & Carbery, 2012:25-26). The former American Society for Training and Development (ASTD), now referred to as the Association for Talent Development (ATD) described HRD competencies as "An area of knowledge or skill that is critical for producing key outputs. Competencies are internal capabilities that people bring to their jobs; capabilities which may be expressed in a broad, even infinite, array of on-the-job behavior." (Rothwell *et al*., cited in Salleh, 2012:10-11). Improved employee competencies result in organisations being more efficient and effective in the market, which, in turn, generates a higher demand for those skills, and transfers the benefit to the employee through wage and job advantages (Garavan *et al*., 2001:48).

Human capital theory recognises that the investment in SHRD can bring significant wage and job benefits to the individual. SHRD can be viewed as an investment in human capital in order to acquire relevant skills and competencies required by the organisation. Investment in formal or informal skills development increases individual competencies, performance, productivity and earning (Garavan & Carbery, 2012:26). It may be deduced from the statements above that SHRD has value in enhancing core competencies grounded in human capabilities. Individual or employee skills need to be developed over time in order to confer on organisations a set of capabilities that other organisations will find difficult to imitate.

3.5.2.2 Resource-based theory

The resource-based theory rests on the assumption that the long-term competitiveness of an organisation will be determined by whether its human resources are durable, difficult to imitate and substitute, and enable the organisation to differentiate itself from competitors (Garavan, 2007:10). Initial resource-based theorists (Lado & Wilson, 1994) stated that the field of human resources (HR) provides the potential for sustained competitive advantage through the use of SHRD to develop competencies that are organisation specific and generate tacit and industry-specific knowledge (Lado & Wilson, 1994:701-708). Lado and Wilson (1994) believe that tacit and industry-specific competencies have the most value within a strategic context. SHRD seeks to transcend HRD practices of the 20th century into becoming more strategic and aligned to macro-, meso- and micro-level objectives (Garavan *et al.,* 2001:54).

The resource-based theory emphasises the need for organisations to implement SHRD strategies that seek to achieve a competitive advantage by enhancing competence and commitment of employees. SHRD research has indicated that using universal SHRD practices that include job-specific training, leadership development, technology competency development and strategies to generate tacit organisational knowledge and social network strategies are most valued (McWilliams *et al*., 2001:5-6). Similarly, Garavan *et al*. (2001:48) added that the resource-based theory stresses the need for organisations to implement SHRD strategies to realise a competitive advantage by improving the competence and commitment of its employees.

3.5.2.3 Behavioural theory

Early behavioural theorists focused on employee behaviours and attitudes in the workplace that acted as mediators between strategy and organisational performance (Wright & McMahan, 1992:303). Behavioural theory assumes that the various employment practices are used to elicit and control employees' attitudes and behaviours required by organisations (Ambula, 2015:25).

Therefore, the different behavioural roles required of employees to meet organisational goals and objectives require different HRD practices to elicit and reinforce those behaviours.

The behavioural theorists on SHRD advocate the use of HRD practices to shape patterns of behaviour that help organisations achieve organisational goals and objectives (Garavan & Carbery, 2012:27). In contrast to Porter's (1985) generic strategies, which include brand identification, technological leadership, cost positions, service provision and powers of influence, among others (Dess & Davis, 1984:471-472), Lengnick-Hall and Lengnick-Hall proposed a reciprocal interdependence between organisational strategy and its HRD strategies (Bhatnagar & Nagar, 2005:1712). The contrasting view suggests that the demand for skilled employees will be dictated by the organisation. In turn, the availability of quality HR will impact the competitive strategy, and where the organisation has significant growth expectations combined with high levels of skill and competence readiness, it may lead to expansion and growth of the organisation as a collective.

There is good support for the notion that in order for organisations leaders to realise their key objectives, it will require the utilisation of SHRD strategies to enhance organisational readiness to attain competitive advantages (Tharenou *et al*., 2007:254-262). Now that we understand the theories supporting SHRD, the characteristics of SHRD will be discussed in the next section.

3.6 THE CHARACTERISTICS OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

The extent to which the characteristics of SHRD are implemented at the private hospitals sampled is one of the objectives of this study. The nine characteristics of SHRD are summarised into five categories (Gilley & Gilley Maycunich, 2003) which introduces them to the reader. Gilley and Gilley Maycunich (2003) used McCracken and Wallace's (2000) nine characteristics of SHRD to develop the five categories stated above. The five categories of SHRD are:

1. Participation, involvement and support of key stakeholders in HRD
2. Information in the form of key insights into HRD learning needs
3. Formalisation, which refers to the nature of consultation and information gathering processes used by HRDPs
4. HRD goals and objectives that focus on the choices that are made, the content of HRD programmes and activities, and the target groups that are addressed
5. The learning culture and climate that exists within the organisation

The nine characteristics of SHRD are discussed next.

3.6.1 Understanding the nine characteristics of strategic human resource development

Garavan's (1991) nine characteristics of SHRD, in conjunction with McCracken and Wallace's enhanced version, will be used as a basis of understanding SHRD at a South African private hospitals sampled. These nine characteristics of SHRD empower HRDPs to evaluate training and development activities in practice within a framework of SHRD (Maxwell *et al*., 2004:164-168). The characteristics of SHRD are:

- **Integration of strategic human resource development with organisational mission, vision and goals**

McCracken and Wallace (2000:281-290) advocate that HRD plans and policies should espouse an HRD strategy that is co-created with top management in organisations. This approach would require HRDPs to move away from traditional practices of developing HRD strategies from objectives towards ensuring that the HRD strategy is developed in parallel with organisational strategies. HRD executives would now need to sit at the same table with executives to proactively contribute towards a collective development of the organisation strategy (Alagaraja, 2013:117-118).

- **Top management support of human resource development**

Garavan and Carbery (2012:38) purported that it is essential for top management to lead HRD discussions rather than adopting their current passive stance. Chen and Huang (2009:112) argued that in order for top management to pursue this role they need to acquire the requisite competencies to lead HRD. The role of HRDPs is to demonstrate strategic agility by assisting strategic planners to acquire conceptual, analytical and interpersonal skills required to execute this role (McCracken & Wallace, 2000:281-290).

It can be deduced from the above that as a key SHRD characteristic, top management support should rather become top management leadership of SHRD in organisations. It can be deduced from the body of scholarship discussed in Chapter 1 that top management should adopt a passive approach to HRD (cf 1.4). HRDPs must co-opt senior managers to actively include HRD into strategic organisational-related discussions (cf 1.4).

- **Environmental scanning by human resource development practitioners**

In order for SHRD to flourish, a good understanding of the external environment is required to identify opportunities and threats for the organisation (Garavan & Carbery, 2012:27). True SHRD occurs when senior management automatically considers the HRD implications from changes to the internal or external environments rather than viewing this as the job for HRDPs (Garavan, 2007:17-18).

It can be deduced from Garavan (1991) and Garavan (2007) that it is not enough for environmental scanning to take place in SHRD, but for the scanning conducted by senior management to take place within the context of HRD and not by HRDPs, *per se*.

- **Human resource development strategies, plans and policies**

McCracken and Wallace (2000:283) posited that SHRD requires HRD policies and plans to flow from and be integrated with organisational strategy and plans. They go on to suggest that it is widely accepted in HRD literature that strategy and plans are a prerequisite to value-adding HRD solutions, but it is pivotal that these strategies and plans are developed by the top management teams.

It can be deduced that, in order for SHRD to flourish in organisations, HRD policies and plans must be supported by an inclusive HRD strategy.

- **Establishing strategic partnerships with line management**

The enthusiastic participation in HRD by line managers is crucial for the success of SHRD in organisations, since senior management are considered as key actors in HRD (McCracken & Wallace, 2000:284). Garavan (2007:33; 38) believed that the role of HRD must be clear and that HRDPs need to be clear on the type of support required of line management in the pursuit of devolving the accountability of HRD towards other key actors.

The thoughts of these prominent authors denote that line management involvement in HRD is paramount for the field to be a success. It is crucial that strategic partnerships are formed between line managers and HRDPs.

- **Establishing strategic partnerships with human resource management**

Garavan (1991) and Garavan *et al.* (1995) argued that HRD is part of the bigger picture of HRM and that HRD is a central component of HRM. The authors go on to suggest that this horizontal integration of both fields is crucial for the development of SHRD. Carbery (2012:30) added to this view by suggesting that an alliance between SHRD and SHRM is essential to an extent where they are seen as one and the same in order for both fields to have any impact on corporate objectives.

I deduced from these arguments that HRD and HRM are separate fields, but accept that they are branches of the same tree (HR), and align with each other for the realisation of fields such as SHRM and SHRD to flourish in practice (cf 2.2.4).

- **Expanded role of trainers to become more strategic**

SHRD requires practitioners who transcend beyond the trainer/facilitator of training role towards one who can innovate, consult and act as change agents within the organisation (Garavan & Carbery, 2012:38-39). HRDPs need to be proactive in their roles and see themselves as central and strategic rather than peripheral and operational in their attempts as adequate custodians of HRD.

- **Ability of human resource development to influence corporate culture**

The importance of organisations adopting a learning culture is crucial for the existence of SHRD. Likewise, an organisation that has an HRD function that influences organisation culture would most probably have a learning culture already in place (Garavan & Carbery, 2012:28). In order for SHRD to flourish in practice, recognition that HRD has the ability to influence and change organisation culture rather than just recognising it is essential (Garavan & Carbery, 2012:31-32).

- **Emphasis on cost efficiencies and evaluation of human resource development solutions**

In order for SHRD to be widely accepted by top management as value adding and contributing towards the achievement of organisational strategic objectives, it must be in a position to evaluate its activities (Garavan & Carbery 2012:38). McCracken and Wallace (2000:285) purport that

SHRD should be results oriented and the evaluation must take place at some degree of cost effectiveness.

It can be deduced from Garavan (1991) and McCracken and Wallace (2000) that, in order for the culture of HRD to be considered beyond a luxury or nice to have, towards a serious investment in the long-term future of organisations, the importance of some cost-effective evaluation in the development of SHRD is paramount. In this section, I have discussed Wallace and McCracken's (2000) nine characteristics of SHRD. The characteristics of SHRD serve as guidelines for HRDPs in the workplace and the cornerstone for the models of SHRD. The next section will cover the prominent models of SHRD.

3.7. PROMINENT STRATEGIC HUMAN RESOURCE DEVELOPMENT MODELS

This section explores the two prominent theoretical models of SHRD, including the horizontal integration of SHRD with organisational processes and systems, as well as the widely accepted exploratory models of SHRD.

3.7.1 Garavan's (1991) initial prescriptive strategic human resource development model

Two primary prescriptive models of SHRD were developed by Garavan (1991) and McCracken and Wallace (2000), the latter who had later built on Garavan's (1991) model. Garavan (1991) introduced a prescriptive model consisting of the key nine characteristics of SHRD. The initial model was a starting point that proved to be useful in explaining the concept of SHRD. The model was critiqued by leading scholars due to some of its limitations, which included a one-size-fits-all approach. The model emphasised the characteristics of SHRD rather than focusing on the relationship between the various components (horizontal alignment). Moreover, the model was normative in nature (Garavan & Carbery, 2012:28).

3.7.2 Amendments to Garavan's (1991) strategic human resource development model

Prescriptive models in general are open to critique because of their assumptions that there is an endpoint for SHRD rather than adopting the view that SHRD is an emergent process (Lee, 2001:329-334). SHRD authors such as McCracken and Wallace (2000), Garavan *et al.,* (1998) and Peterson (2006) took the criticism on board, which subsequently was addressed in models of SHRD that followed.

Since the inception of Garavan's (1991) SHRD model, the SHRD authors listed above sought to enhance and elaborate on elements of the model, particularly UK-based authors McCracken and Wallace (2000), who amended the nine key characteristics of SHRD. In the ensuing section, the evolutions of these models are discussed further.

3.7.2.1 Horizontal integration of strategic human resource development with organisational process and systems

Guest and Peccei (cited in Garavan & Carbery, 2012:30) suggested that, in addition to horizontal alignment, it is important to have functional and process integration. Functional integration emphasises a high quality HRD function to ensure that high impact and process integration focus on delivery processes. The amendments address the limitation of prescriptive models that only incorporate vertical integration of the global environment (local, national and multi-national conditions) with the organisational context.

McCracken and Wallace (2000) envisaged that SHRD would exhibit different characteristics depending on the level of maturity of HRD in the organisation. Jackson and Schuler (cited in Garavan & Carbery, 2012:30) posited that synergies can be achieved when bundles of HRD and HRM practices are horizontally aligned and contribute to a defined set of behaviours and performance expectations. The insights and amendments to Garavan's (1991) SHRD model led to the emergence of explanatory models of SHRD. Two exploratory models, including Garavan's (2007) expanded model of SHRD, will be discussed below.

3.7.3 Exploratory models of strategic human resource development

Two significant exploratory models that followed on McCracken and Wallace's (2000:281-290) SHRD model were those of Garavan (2007) and Peterson (2008). The Garavan (2007) SHRD model proposed that SHRD operates within a dynamic context. Within the context of this study, the complex organisational structures include a group, regional and site-level organisational structure with leadership, subject matter experts and management working at the head office and HRMs working at a private hospital. The Peterson (2008) model is based on systems-thinking ideas. Peterson (2008) acknowledges the importance of the macro-level external environment, but nonetheless focuses primarily on the dimensions of the internal environment. HRD capacity, strategic HRD goals and the role of the HRDP as a strategic partner are examples of the internal environment (Peterson, 2008). Interestingly, only one (Garavan's 2007 SHRD model) of the two aforementioned models had gained the interest of HRD scholars.

The next section discusses the rise of Garavan's (2007) SHRD model over the Peterson (2008) exploratory model.

3.7.4 The rise of Garavan's (2007) strategic human resource development model

HRD scholars and authors have favoured Garavan's (2007) SHRD model over Peterson's (2008) systems model. This preferred choice became evident in the empirical studies of SHRD and the literature reviewed (cf 1.4; Ensour *et al.,* 2012; Garavan *et al*., 2007; Herd *et al.,* 2014; Memon, 2014 & Šiugždinienė, 2008). Scholars sought to test Garavan's (2007) SHRD model in practice, which has brought the model to the fore in SHRD studies. HRD cannot operate in isolation of the global environment and it is for this reason, together with the incorporation of the vertical and horizontal alignments of HRD policies, procedures and practices to the individual and organisations culture, mission and goals that Garavan's (2007) SHRD model was brought to the fore.

3.8 GARAVAN'S (2007) STRATEGIC HUMAN RESOURCE DEVELOPMENT MODEL

Garavan's (2007) SHRD model focuses on the degree to which its HRD activities are horizontally integrated with HRM activities. The SHRD (2007) model illustrated in Figure 3.1 suggests that strategies, systems and practices of HRD focus on organisational performance, organisational learning and organisational change. The model highlights two frequently ignored dimensions of SHRD, namely the management of stakeholder expectations and the characteristics of HRDPs. Stakeholder expectation and satisfaction are important to explain the position of HRD in organisations and whether it is strategic or not. Stakeholder perceptions will be important in explaining the type of model that prevails in practice within organisations.

The values, competencies and capacity of the HRD role are extremely important in SHRD. The SHRD model emphasises the capacity of HRDPs and whether they possess the technical leadership capability to implement SHRD. The way in which HRDPs are developed represents an important challenge for organisations and helps to explain the perceived credibility and impact of these practitioners. Garavan's SHRD models suggest that there are four different levels of context that impact HRD. These levels of context will be discussed in the ensuing sections.

3.8.1 Levels of Garavan's (2007) SHRD model

Garavan suggested that four levels of context impact the field of SHRD, as reflected in Figure 3.1 below (Garavan & Carbery, 2012:28). *Level one* of Garavan's (2007) SHRD includes the global environment, which constitutes the local, national and multinational conditions. The factors that influence the local, global and multinational conditional are reflected in Figure 3.1 below. *Level two* constitutes the internal context of the organisations, namely organisational strategy, structure, culture and leadership styles. Level three of the SHRD model focuses on the different job functions within organisations and the levels of uniqueness thereof to determine competitive advantages through its human capital (Garavan & Carbery, 2012:28). The *fourth level* focuses on the individuals employed in organisations, their job expectations, levels of employability and career development and growth. The next sections discuss the four levels of Garavan's (2007) SHRD model.

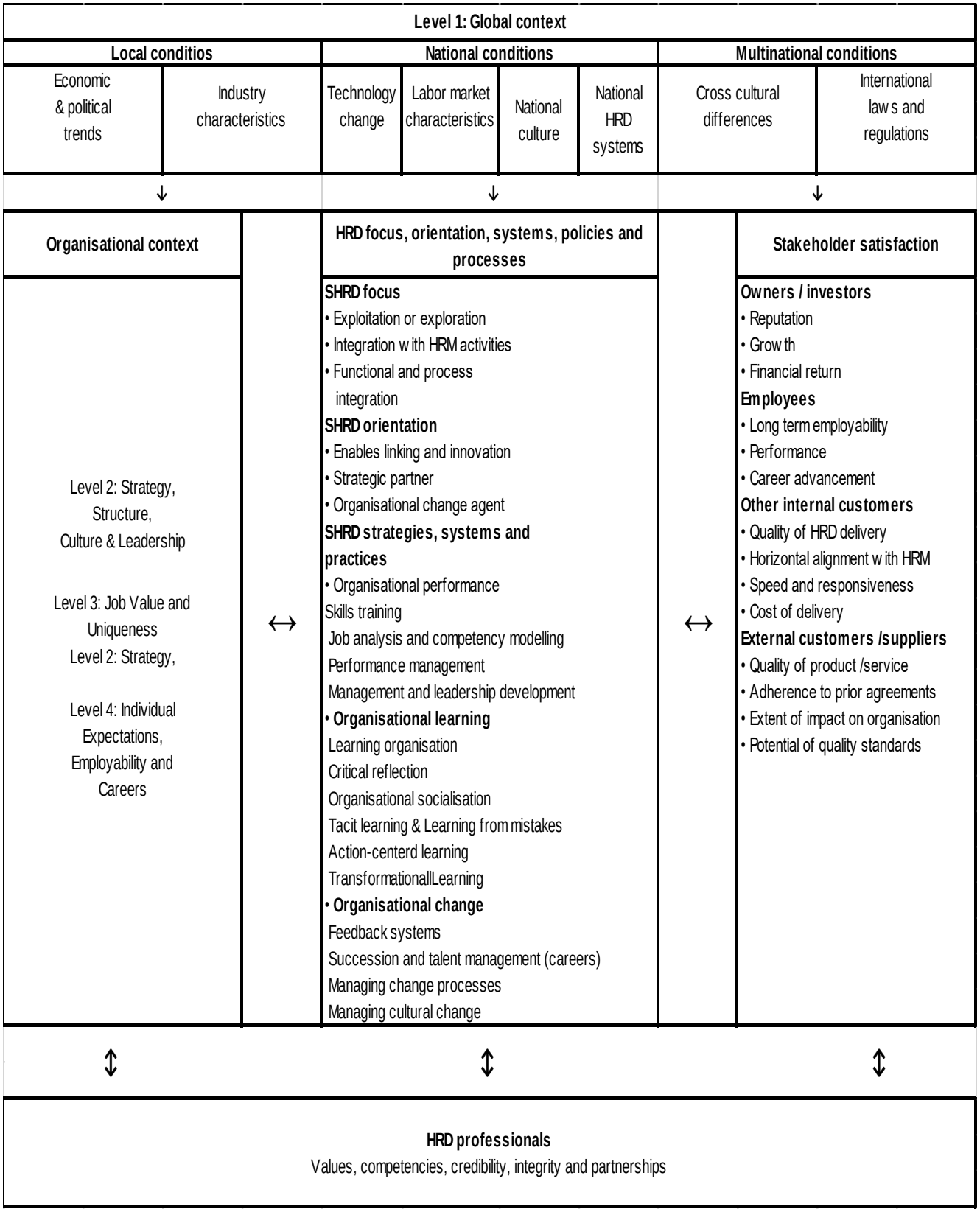

Figure 3.1: Contextual framework and model of strategic human resource development (Garavan, 2007:17)

3.8.1.1 Level one environmental scanning

The first level of context concerns the global environment, which encompasses local, national and multinational conditions. The multiplicity of external factors shapes the role of SHRD and triggers certain SHRD initiatives (Wang *et al.,* 2009:10-11). Level one constitutes the national and multinational environments discussed next.

- **National environments** focus on laws, codes of practice and protocols that impose varying levels of obligations. Within the context of this study, laws may impose binding obligations on the healthcare industry to develop quality standards and provide various forms of quality standards training in accordance with the National Department of Health (NDOH) core standards for the provision of safe healthcare practices (Department of Health, 2011b:2-4). Compliance with South African legislation such as the Employment Equity (EE) Act and Skills Development Act (SDA) will transition HRD towards becoming more strategic (cf 2.2.9).

- **Multinational environments and organisations** provide inputs that shape the role of SHRD in practice (Wang *et al.,* 2009:11-12). The Department of Higher Education and Training (DHET) in South Africa has made it mandatory through the SDA (cf 1.2) for all organisations to contribute one percent of staff payroll towards skills development to be used towards critical and scarce skills development. The critical and scarce skills are identified as priority education, as well as training and development conducted within industries as documented by the SETAs in the Sector Skills Plan 2015-2020 (HWSETA, 2015:19-25).

3.8.1.2 Level two context of organisations

The second level of the model focuses on the internal context of the organisation and includes the strategy, structure, culture and leadership of organisations. The model assumes that the organisations' internal context shapes and explains the contribution of SHRD efforts. The strategic orientation of the organisation has significance in explaining the focus and types of SHRD practices that are introduced by HRDPs (Wang *et al*., 2009:12-15). Various aspects of the organisations' structure have an impact on the ability for SHRD to produce value-adding solutions. The structural dynamics of organisations may result in conflicting tendencies such as centralisation versus fragmentation of HRD. Key challenges for HRDPs are to ensure that the goals and strategies of HRD are aligned with HR practices within the organisation (cf 1.8.1).

- Horizontal integration of human resource development with human resource management.

The model illustrates horizontal alignment, which focuses on the extent to which SHRD activities elicit appropriate structural behaviours within the organisation (Wang *et al*., 2009:13). Structural considerations have major implications for the use of knowledge and the manner in which they are integrated into policy and the wider concept of organisational learning (Garavan, 2007:19). Organisational culture provides the direction concerning the development of integrated and coherent SHRD systems (Garavan, 2007:11-30). Horizontal alignment emphasises the degree of congruence between the organisation's culture and climate, whereby climate refers to the day-to-day perceptions of morale (cf 1.9).

- Vertical alignment of human resource development with the organisation

Vertical alignment focuses on the extent to which the organisation's culture and values support the strategic goals (Garavan, 2007:19-20). Organisational leadership is central to SHRD as leaders confer legitimacy through the decision-making elites within organisations. It becomes essential for HRDPs to ensure that leadership is continuously engaged by involving leadership in learning and development, promotion of learning within and across networks, aligning HRD interventions with the core values of the organisation, and continually learning through experience (Wooten & James, 2008:372-377).

3.8.1.3 Level three alignment with the job function

Level three focuses on the level of the job and emphasises its value and uniqueness (Garavan, 2007:20). SHRD strategies will vary according to the level of value and uniqueness attached to different positions within the organisation (Garavan, 2007:20). Organisations decide which strategic practices they should use depending on the importance they attach to the particular job (Garavan, 2007:20). The level of job uniqueness is derived from the resource-based theories that would become more prevalent with the rise of the fourth industrial revolution. In addition to the rise of the technology savvy era, organisations that are in a position to develop unique jobs will remain competitive through SHRD.

3.8.1.4 Level four alignment to employee expectations

The fourth level focuses on the individual expectations, employability and careers (Garavan, 2007:20-21). This individual level addresses the limits of initial prescriptive SHRD models.

Employee expectations, talent management practices and employees identified as key talent play a major part in influencing SHRD (Garavan, 2007:20-21). Policies will be influenced by employees' ambition and career aspirations, their willingness to learn and commitment to achieve organisational goals (Garavan, 2007:20-21). It is imperative that SHRD efforts should include the needs of employees together with organisational needs in order to deliver value-adding HRD solutions. The contextualisation of SHRD for practice is discussed in the next section.

3.9 CONTEXTUALISING STRATEGIC HUMAN RESOURCE DEVELOPMENT FOR PRACTICE

Garavan's 2007 SHRD model illustrates three characteristics of SHRD, namely (1) focus, (2) orientation, and (3) strategies, which reside under the HRD cluster of focus, orientation, systems, policies and practices.

3.9.1 Strategic human resource development focus

The focus of SHRD addresses whether the activities in HRD are exploratory or exploitative in nature. Where HRD emphasises exploitation, the activities will focus on short-term concerns and the internal development of competencies. An exploitation focus will not lead to the building of long-term operational capabilities, which, in turn, guarantee the sustainability of organisations. On the contrary, an exploration focus prompts organisations to focus on tacit learning, adopts knowledge management initiatives and promotes organisational learning, which prompt experimentation with new learnings (Wang *et al*., 2009:16-17).

3.9.2 Strategic human resource development orientation

The orientation of SHRD (second characteristic) highlights the extent to which HRDPs are strategic partners, by acting as organisational change agents to facilitate linking of HRD practices to people and organisational goals and objectives. HRDPs can speed up the diffusion of information and have a key role to play in pooling knowledge by fostering partnership skills and collaboration among employees through formal learning forums (Moynihan, 2008:357-359).

3.9.3 Strategic human resource development strategies

The final characteristic includes three sets of SHRD strategies adopted to facilitate the organisation's HRD efforts, namely organisational learning, organisational change and organisational performance. Organisational learning-focused SHRD strategies emphasise critical

reflection, socialisation, tacit learning, learning from mistakes and action-centred learning (Garavan, 2007:21-23).

Organisational change SHRD-focused strategies emphasise feedback processes, culture and the development of change management processes. SHRD calls for HRDPs to play an active role in having strategically-aligned policies and systems to react proactively to events within organisations (Wang *et al*., 2009:21). SHRD interventions can be horizontally aligned with HRM activities such as reward systems, employee wellness and benefits programmes, compensation for displaced employees, layoff management and reduced work hours to maximise the impact of SHRD (Wang *et al*., 2009:21-23).

Organisational performance-focused SHRD strategies highlight skills training, job and competency analysis, and management and leadership development by identifying performance needs upfront before developing core competencies to meet the performance demands of organisations. These learning strategies could be delivered through various learning methodologies, including e-learning, one-to-one interaction, coaching and shadowing (Wang *et al*., 2009:22-23).

3.9.4 Meeting stakeholder expectations through strategic human resource development

Stakeholders are individuals or groups that have a legitimate interest in an organisation (Lumen learning, 2019). In order for SHRD to be implemented successfully in organisations, it is essential that there is cooperation between HRDPs and key stakeholders within and outside the organisation. The contextual framework for SHRD places stakeholder satisfaction as a key constituent of this model (Figure 3.1) in so far as stakeholder requirements are vertically aligned through the global environment (macro-level) and horizontally aligned within organisational strategy, structure, processes and culture (meso-level) and the job and individual (micro-level).

3.9.4.1 External stakeholders

External stakeholders are entities not employed within an organisation itself but who care about or are affected by its performance (Lumen learning, 2019). Typical external stakeholders may include consumers, regulators, investors and suppliers (Lumen learning, 2019). External HRD stakeholders consist of national training advisers, trade unions, external training providers, customers, suppliers and educational establishments (Garavan, 1995:17). SHRD efforts seek to contribute towards profitability, productivity, sustainability and long-term growth, all of which are

of primary interest for this group of stakeholders (Garavan, 2007:9-11). In the context of this SHRD study, Garavan's (1995) definition of external stakeholders is adopted.

3.9.4.2 Internal stakeholders

Internal stakeholders are entities within an organisation who may include employees, managers, the board of directors and investors (Lumen learning, 2019). Garavan identified two key internal stakeholders within organisations' as owners and investors (Garavan 2007:9). Russ-Eft and Preskill (2005:71-75) add that owners and executives are increasingly recognising that HRD practices can facilitate total quality initiatives, innovation and enhanced customer service, which represent the premise through which SHRD is evaluated. Employees are legitimate stakeholders whose input into SHRD has been increasingly recognised by HRDPs (Garavan *et al*., 2003). Employees' inputs into needs identification processes are critical in ensuring employability, career advancement, job satisfaction and capacity to perform effectively (Schneider & Bowen, 1985:423-433). Likewise, senior management needs to ensure that employees remain engaged and developed to a high level to execute the overall organisational strategy to meet primary stakeholder expectations. SHRD must include these criteria as key measures of its performance.

Other internal stakeholders who need to be consulted and involved as part of the 'dominant coalition' by HRDPs include top management and HRMs (Garavan, 2007:24-25). These internal stakeholders play a multiplicity of roles, including working with HRDPs to design and implement aspects of SHRD and share responsibility for managing HRD (Morley & Heraty, 1997:31-37). Garavan (2007:24-25) defines internal stakeholders as employees, executives, line managers and HRDPs within organisations. Garavan's (2007) definition of internal stakeholders is adopted in this study

The effectiveness of SHRD will be recognised through the ability of HRDPs to manage and satisfy the expectations of key stakeholders. The stakeholders' prerequisites must be incorporated into HRD plans, the needs identification processes and delivered as outcomes of quality learning and development initiatives. It remains the role of HRDPs to facilitate these change discussions with the 'dominant coalition' to ensure the longevity and success of SHRD as a value-adding field (Morley & Heraty, 1997:31-37). The roles of the HRDP in SHRD are discussed next.

3.9.5 The role of human resource development practitioners in strategic human resource development

HRDPs have a responsibility to ensure that their efforts take the global external environmental conditions into consideration when planning SHRD strategies, policies and procedures for their respective organisations. There needs to be a distinct link between organisational aspirations and national labour trends and requirements. This would require the roles and competencies of the HRDP to be clearly articulated in the Organising Framework of Occupations (OFO) (South Africa, 2006:1). The OFO is a skills-based coded classification system, which comprises all the occupations within a South African context (South Africa, 2006:1). The HRDPs must transition towards becoming the ultimate professional (Erasmus *et al*., 2010:113-115). The aforementioned requirements and transition would dictate that HRDPs must acquire business acumen, management, interpersonal, personal, intellectual and technical competencies to execute their roles to support organisations and the national development plan towards SHRD (Erasmus *et al*., 2010:113-115).

Ludike (2012:64-65) argues that HRDPs need to be viewed not only as those providing proactive HRD solutions, but also being well-entrenched to be considered a change strategic partner, entrusted with the joint responsibility of improving organisational performance through employee learning and development. This HRD approach has resulted in the transformation of the field of HRD towards having a larger influence over the organisation. The effective implementation of an HRD strategy integrated into the organisational strategy is imperative to enable organisations to survive and remain globally competitive (Ludike, 2012:76). Garavan's (2007) SHRD model includes the competencies required by HRDPs in order to act as enablers of SHRD.

The roles of the HRDPs are critical in ensuring the successes of SHRD, and I discuss this further in the next section.

3.9.6 Competencies required by human resource development practitioners to implement strategic human resource development

The focus of Grossman's (2007) HRD competency model places emphasis on the strategic role of HRDPs; however, it equally acknowledges the importance of the effective execution of operational dimensions of HRD (Grossman, 2007:58-62). Figure 3.2 below illustrates the competencies required for SHRD (Grossman, 2007:58-62).

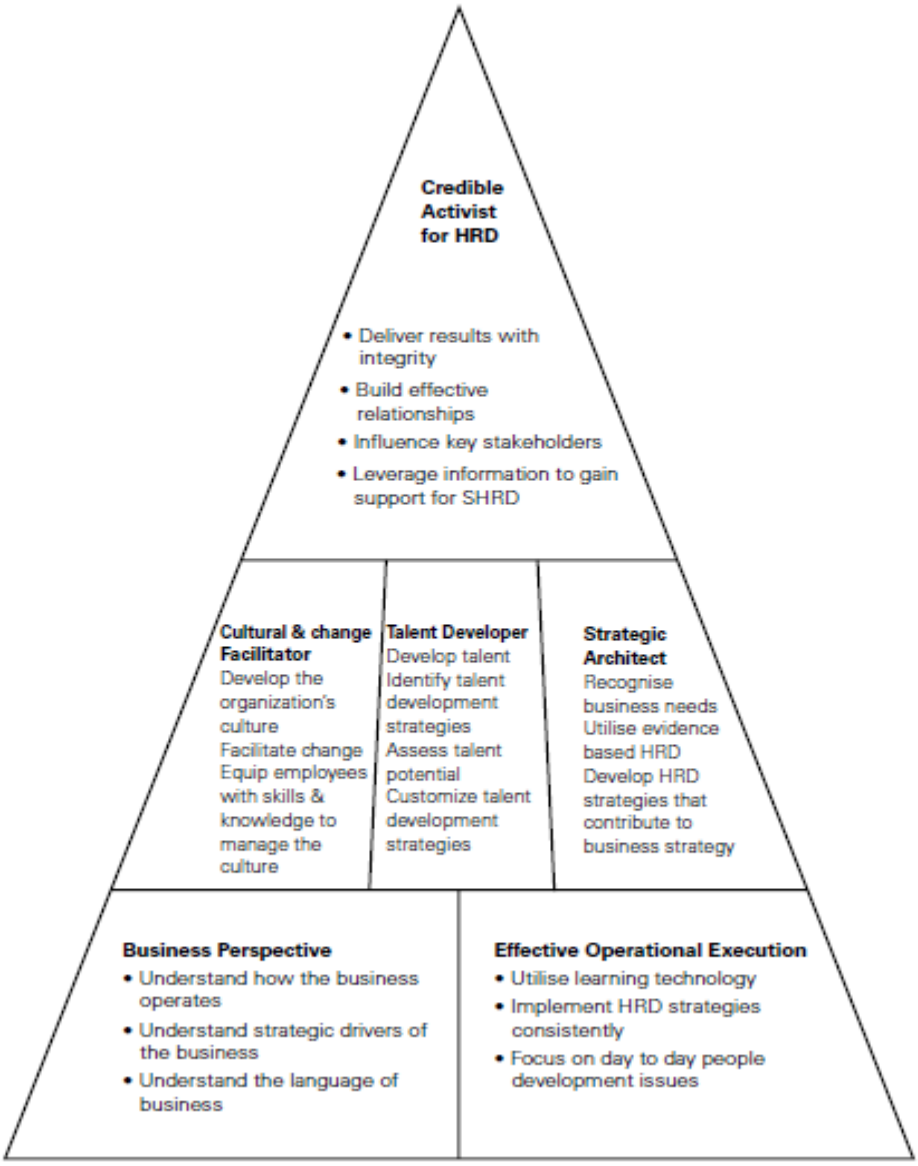

Figure 3.2: The competencies required in strategic human resource development (Grossman, 2007:58-62)

In order be become a credible activist for HRD, HRDPs must possess competencies of influencing stakeholders, leveraging information to build support for HRD, and deliver organisational results with professionalism and integrity (Garavan & Carbery, 2012:38-39). The values, competencies, credibility and integrity of the HRDPs will determine whether they are part of the 'dominant coalition' and therefore are in a position to make HRD more strategic (Garavan 2007:9-11). The extent to which HRDPs possesses these competencies will impact the orientation they adopt, their levels of confidence to adopt strategic partner roles, and contribute to both the formulation and implementation of organisational strategy (Garavan, 2007:9-11). SHRD is premised on the view that practitioners possess the competencies to assume the role of strategic partners,

strategic players rather than reacting to events that occur within organisations (Garavan & Carbery, 2012:38-39). The benefits and limitations of SHRD are discussed next.

3.10 BENEFITS AND LIMITATIONS OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

Throughout this chapter, I have discussed the importance for organisations to have a strategic approach to HRD by having a holistic and long-term outlook regarding their objectives and how to partner with key stakeholders in delivering appropriate HRD solutions in response to these strategic objectives. The benefits and limitations of SHRD are discussed below.

3.10.1 Benefits of strategic human resource development

With its importance for SHRD, a learning organisation will engage in continuous HRD that provides an economic justification for it (Pandey & Chermack, 2008:839). Therefore, the cost effective evaluation of everyday HRD practices will be appreciated by top management and will ensure the long-term success of SHRD (Pandey & Chermack, 2008:839). SHRD, with the learning organisation at its centre will hence benefit those HRDPs who implement it as part of their HRD practices. Senge (2006) defined a learning organisation as one where innovation is nurtured (Pandey & Chermack, 2008:839). Building a learning organisation is crucial for the positioning of SHRD, since it signals investment and a longer-term view of the outcomes of HRD (Pandey & Chermack, 2008:839).

Sthapit (2010:17) identified benefits of SHRD in his review of integrating HRD with the strategies of an organisation. The benefits are stated below:

- Linkage of HRD to a broader HR and organisational framework.
- A framework in which to plan and manage agency HRD activities.
- Awareness of HRD as a key management tool used for functional areas of management.
- Assessment of the effectiveness of HRD within the context of organisational effectiveness.
- Contribution to strategic management of the organisation in line with the analysis of environmental factors

It can be deduced from the benefits stated above that organisations may enrich the value of their HRD practices by making SHRD an everyday process. Moreover, when organisations engage in SHRD, top management will behave cooperatively rather than opportunistically, since they

recognise that over the long run, the benefits from cooperative behaviour outweigh the benefits from opportunistic behaviour. The limitations of SHRD will be discussed next.

3.10.2 The limitations of strategic human resource development

The concept of SHRD has been criticised on many fronts. For example, Millmore *et al*. (cited in Garavan & Carbery, 2012:25) highlight four disadvantages of SHRD:

- Firstly, there are assumptions that HRDPs are key participants in organisations; however, these HRDPs are not given importance in reality.
- Secondly, SHRD has a strong managerial focus in that it accentuates strategic organisational objective and in doing so de-emphasises employee needs.
- Thirdly, strategic integration is presented in a vertical way rather than multidimensional.
- Fourthly, SHRD models fail to articulate the roles of different stakeholders such as top management and line managers.

These limitations, however, have been addressed in Garavan's (2007:17-25) SHRD model (cf 3.8) and will also be used as a comparison to HRD models used by HRMs employed at private hospitals.

3.11 SUMMARY

In Chapter 3 the secondary research question, that is the following: How are the characteristics and models of SHRD conceptualised in the literature? was answered. Chapter 3 commenced with an introduction, background to and context of SHRD. The concepts, emergence, definitions and terminologies of SHRD were discussed, which included linking HRD with SHRD and a more strategic approach to HRD.

The foundational theories supporting SHRD comprising the learning theories and paradigms, namely human capital theory, resource based theory and behavioural theory build onto the performance theories and perspectives, namely economic, systems and psychological theories of HRD (cf 3.6 & 3.7). These learning based theories and paradigms gave rise to Garavan's (2007) SHRD model and McCracken and Wallace's (2000) nine characteristics of SHRD (cf 3.6, 3.7 & 3.8).

The review of literature in Chapter 3 confirmed that Garavan's (2007) SHRD model had gained prominence through the HRD studies conducted in various international service oriented, civil service, government and manufacturing industries (cf 3.7, 3.7.4 & 3.8). The rise of Garavan's (2007) model is attributed to the incorporation of the global, national, local, organisational, stakeholder and individual contexts (vertical integration) with HRD and HRM systems, policies and processes to meet stakeholder expectations (horizontal integration) (cf 3.8.1). The key characteristics of SHRD were explained, followed by prominent SHRD models, amendments to Garavan's (1991) initial SHRD models, exploratory SHRD models and the widely accepted Garavan (2007) SHRD model as the leading SHRD model researched by HRD scholars. It can be inferred from the literature reviewed in Chapter 3 that the implementation of the nine characteristics of SHRD in organisations (by HRDPs) will ensure that HRD solutions will be seen as value-adding by all stakeholders (cf 3.6.1).

The chapter was concluded with discussions regarding the contextualisation of SHRD for practice, followed by the benefits and limitations of SHRD. The integration of HRD and HRM through the focus, orientation, systems, policies and processes of SHRD should be driven by HRDPs to bring about organisational change (cf 3.9). A key benefit of SHRD includes the ability for HRDPs to evaluate the cost efficiencies brought about by HRD practices. These efficiencies established through SHRD will be well received by senior managers and executives and thereby ensure its longevity and acceptance thereof (cf 3.10.1). A major limitation of SHRD is that it assumes that HRDPs already enjoy the status of key decision makers in organisations (cf 3.10.2). HRDPs are yet to prove themselves as value adding role players in organisations. Garavan's (2007) SHRD model, together with McCracken and Wallace's (2000) nine characteristics of SHRD, may be the tool HRPDs have been searching for to implement value-adding HRD solutions (cf 3.7 & 3.8).

The qualitative research design and methodologies adopted in the study will be discussed in the next chapter. Chapter 4 will also include a discussion on the procedures, design, population, sample and instruments used to understand the extent to which SHRD characteristics and models are implemented by HRMs at a South African private hospitals. Strategies to ensure credibility and trustworthiness will also be covered in Chapter 4.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

In the previous chapter, I responded to the research question in order to understand how the characteristics and models of strategic human resource development (SHRD) were conceptualised in literature. Additionally, the background and context of human resource development (HRD), the theoretical framework and locations of SHRD, as well as the emergence of SHRD, SHRD models and characteristics for practice were discussed in the previous chapters. In this chapter, the research design selected to answer the primary research question will be described (cf 1.5.1).

The qualitative research design, advantages and disadvantages of qualitative research including mitigating actions to overcome the disadvantages of the research strategy (phenomenology) adopted for this study are discussed below. A description of qualitative research is provided, as well as the underlying philosophy under the research method section of this chapter. This section is followed by the study population and sampling for the study. The methods of data generation, qualitative data analysis, and strategies employed to ensure data quality (trustworthiness) and ethical considerations pertaining to this study are discussed in this chapter. Chapter 4 is concluded with a summary and brief introduction to Chapter 5. The research design deployed in this study will be discussed next.

4.2 RESEARCH DESIGN

A research design is described as the blueprint of how the research will be conducted (Creswell, 2014:11-12). The research design process provides focus of the study from the researcher's perspective (Babbie, 2007:112). Research designs are plans and procedures for a research study that comprise decisions from broad assumptions to detailed methods of data collection and analysis. The selection of a research design may be based on the nature of the research problem, the researcher's personal experience and the audiences for the study (Creswell, 2014:3). The review of the existing body of scholarship on SHRD revealed that limited studies have been undertaken from a South African perspective (cf 1.4). It is for this reason that I elected to explore SHRD within a local context. The qualitative research design pertaining to this study will be discussed next.

4.2.1 Qualitative research design

The study will adopt a qualitative research design to explore and understand human resource managers' (HRMs') experiences with SHRD and SHRD models at private hospitals. Qualitative research is reinforced by 'interpretative', 'constructivist' or 'post-positivist' approaches, which serve as a means for me to explore and understand the meaning that individuals ascribe to a social problem (Creswell, 2014:17-19; Leedy & Ormrod, 2005:94). Qualitative researchers use an inductive inquiry to generate meaning from data collected (Creswell, 2014:65-66). Qualitative research involves identifying research questions and procedures, data to be collected in the participants' setting, inductive data analysis building from particular to general themes, as well as interpreting and making sense of the data before compiling a written report (Creswell, 2014:66-67).

Creswell (2014:4) posits that qualitative research is used to understand the meaning that individuals bring to a social phenomenon. Therefore, the rationale for using a qualitative research design in this study is to gain a deeper understanding of the phenomenon. In this case it was the experiences of participants (HRMs) regarding the use of SHRD and HRD models, at a private hospital operated by the particular organisation in the healthcare industry. The advantages and disadvantages of qualitative research will be discussed next.

4.2.2 The advantages and disadvantages of qualitative research

Creswell (2014:185-192) posits that data collection in qualitative research has its advantages and limitations, as illustrated in Table 4.1.

Table 4.1: Advantages and disadvantages of qualitative research (Creswell, 2014:185-192)

Advantages	Disadvantages
Participants can provide information based on past experiences.	The researcher's presence may influence the participants from responding in a particular way.
Interviews allow interaction between the researcher and participants to clarify the line of questioning and follow up on questions asked.	Not all participants are equally articulate and insightful.
Data collected enables the researcher to obtain the language and words of participants.	It may be difficult to interpret large amounts of data collected.
The researcher can record information as it occurs.	The participants provide information in a chosen setting rather than the natural setting.
Qualitative research provides an opportunity for participants to directly share their lived experiences.	The participant provides direct information that is filtered through the biased views of the reporter.

I shall utilise the advantages of qualitative research in the following ways:

- Participants (HRMs) will be in a position to provide rich feedback, including their views on SHRD at private hospitals. I shall probe for detailed responses regarding personal experiences, opinions, challenges and opportunities from all participants;
- I shall provide clarity on the questions asked during the interview processes by elaborating further and using examples to ensure that the participants fully understand the questions. I shall continue to probe for rich and detailed responses without leading the participant towards some predetermined reaction;
- Participants (HRMs) will be allowed to respond to the interview questions in their own words, thereby allowing them to express their feelings justly in order to provide a deeper understanding when interpreting data;
- I shall record all responses and observations verbatim after receiving informed consent from participants. The recordings and subsequent transcriptions will be used to analyse the data collected during the semi-structured interviews with HRMs at private hospitals;
- Participants (HRMs) will be asked through open-ended questioning to share their realities at their workplace regarding HRD and SHRD. An interview schedule (Annexure 1) will be developed to guide me through the open-ended discussions.

The disadvantages of qualitative studies (cf Table 4.1) will be addressed as follows:

- My experience as a human resource development manager in the private hospital industry means that I would have worked with the participants (HRMs) at some time or the other (cf

4.7.2.2). I plan to use the rapport I have built over the years with the participants as an advantage in putting the participants at ease (cf 4.3.2). Moreover, my insight into HRD at the private hospitals will assist me to probe for information regarding the participants' experiences with HRD and SHRD given the varied levels of insights and levels of difficulty to articulate their experiences in HRD terms;

- I shall ensure that the research setting is conducive and ensure that participants are at ease by providing a background and context to the study. I shall explain the objectives and how the semi-structured interviews with participants will contribute towards the findings of the study;
- The focus of conducting semi-structured interviews is to collect rich data from a limited number of participants. The intent is to interview participants until data saturation is reached. Data saturation arises when no new themes emerge from the data generation process` (Maree & Pietersen, 2016:192-202). I plan to take notes during the interviews and formulate themes that may emerge while reflecting immediately after the interview has been completed, rather than relying on going through large volumes of data of the transcriptions to identify common themes. The transcriptions will then be reviewed to confirm the emergent themes identified through the notes taken and provide the supporting evidence thereof;
- The emphasis of this study is to collect rich and accurate information that participants are comfortable disclosing to me. I offered participants an opportunity to select a venue (even outside of their workplace should they prefer it) where they would feel relaxed sharing their experiences with me without apprehensions or fear of being overheard during the interviews;
- If indirect information filters through the line of responses provided by participants, I shall be alert to this and probe further for clarification from the participants. This clarification will be pivotal when analysing and making sense of the data gathered during the interviews. I shall also declare my bias and personal background, as suggested by Creswell (2014: 187-189) (cf 4.7.2.2), to address the disadvantage of research bias.

Now that the advantages and limitations of the qualitative research strategy have been illustrated, including the addressing thereof within the context of this study, the specific research strategy deployed for this study will be discussed next.

4.2.3 Research strategy: phenomenological research

An interpretivist, phenomenological qualitative research strategy will be selected within a scientific context. Phenomenological research involves the study of a small number of participants through extensive and persistent involvement in order to develop patterns and relationships of meanings (Creswell, 2014:13-14). Phenomenologists argue that knowledge can be derived from the

descriptions of experiences of everyday life as participants experience those (Nieuwenhuis & Smith, 2012:124-139). I adopted an interpretivist approach to the study. Interpretive studies generally attempt to understand phenomena through the meanings that people assign to them (Nieuwenhuis, 2016a:60-62).

Nieuwenhuis (2016a:60-62) stated that the interpretivist perspective is based on the following:

- Human life can only be understood from within
- Social life is distinctly a human factor
- The human mind is the purposive source or origin of meaning
- Human behaviour is affected by knowledge of the social world
- The social world does not exist independently of human knowledge

The assumption of interpretivism is that reality should be interpreted through the meaning that the participants give to their life world through language (Fouché & Schurink, 2011:309-310). I shall attempt to understand the experiences of HRMs with SHRD and HRD models at private hospitals sampled by allowing the language of participants to emerge in the interpretations of the study. The rationale of interpretivist research is to offer a perspective of a situation and to analyse the unit of analysis to provide insight into the way in which a particular group of people [HRMs] make sense of their situation or phenomena [SHRD and HRD models] they encounter in their natural setting [private hospitals sampled] (Fouché & Schurink, 2011:309-310). Now that I have outlined the research design and underlying philosophical orientation and research strategy of the study, the research method will be discussed next.

4.3 RESEARCH METHOD

The literature study, research setting, entrée and researcher's roles, identification of suitable participants, sampling methods, data collection, recording and data analysis will be discussed in this section. The strategy to ensure quality reliability, validity and trustworthiness of the data will be discussed before stating the reporting style and ethical considerations to be adopted for this study.

4.3.1 Literature study

This chapter (Chapter 4) constitutes the literature study of qualitative research, more specifically a phenomenological research strategy. Additionally, I conducted a literature review in Chapter 1 and literature studies in Chapters 2 and 3, which contributed to the theoretical framework on HRD and SHRD, as well as assisted me in formulating applicable research questions for the semi-structured interviews (cf 1.9, 2.2; 3.2). The literature studies also serve as an extra point of triangulation for the study.

Schurink (2006:116) posits that the complexities associated with literature studies in qualitative research are multifaceted, contentious and constructed by reasoning. Schurink (2006:116) questions how the use of different reasoning skills and strategies in qualitative research influence the nature of the literature review. Schurink (2006:116) argues that a literature review should be divided into two stages; firstly, during the conceptual phase of a study, ensure that the study was not already conducted in the past, and secondly, at the end of the literature review section, ensure that sufficient information has been gathered to map and complete the research study.

I adopted Schurink's (2006) perspectives on qualitative literature studies outlined above by conducting a preliminary literature review during the preparation of the research proposal and upon concluding data gathering and synthesis to make sense of the findings before framing them into statements of significance (cf 1.9). Moreover, the perspectives of Schurink (2006) were operationalised using Sambrook's (2002:381-382) typology to review theoretical explanations of SHRD within a private hospital context (cf 1.9).

4.3.2 Research setting

Creswell (2014:184-185) postulates that researchers collect data at the site where the problem is being experienced; this involves talking to participants in their natural setting. I shall be acting as mechanism of data collection, since a researcher's ability to interpret and make sense of what is seen is critical for understanding social phenomena (Creswell, 2014:186-189). This approach minimises the distance between the participants and me, as suggested by Lincoln and Guba, cited in Creswell (2014:189-194). I therefore plan to conduct interviews with the participants in their natural setting. More specifically, the research setting for this study will be at private hospitals where the participants are employed. Private hospitals are described as commercial organisations were the services offered by those hospitals cost much more than public or state hospitals (Health 24 Dictionary of Terms, 2012). While some state hospitals are outstanding, private hospitals generally offer state-of-the-art healthcare, as well as better aftercare (Health 24

Dictionary of terms, 2012). If one is a member of a medical scheme, one will probably receive healthcare at a private hospital (Health 24 Dictionary of terms, 2012).

I am mindful of the physical location and setting of the interview venue, as the venue may result in the unwillingness, or inability of participants to participate in the study insofar as to bias the data gathered during the data collection process. In line with the suggestions of Sekaran and Bougie (2013:118-124), I shall resort to allowing the participants to select a venue, date and time that would suit them best for the semi-structured interviews (cf 4.2.2). All participants selected their own offices as a preferred venue for the interviews. Times of the interviews were proposed to participants who accepted or proposed more suitable times based on their availability.

4.3.3 Entrée and establishing researcher roles

Creswell (2014:187) suggested that the role of planning and conceptualising the study, deciding on the research design and methodology and identifying suitable participants are crucial for good research studies. Moreover, I shall play the role of interviewer during data generation, as well as organise and transcribe the data after the interviews and record all field observations, as suggested by Creswell (2014:189-194). Once the data is organised and ready for analysis, I shall code the data and identify themes and sub-themes that emerge from the transcribed data before reporting on findings and providing recommendations for future studies in the field, as suggested by Creswell (2014:197-200).

4.4 STUDY POPULATION AND SAMPLING

Now that the research method has been described, I shall discuss the study population and sampling in the sections below.

4.4.1 Study population

The study population will consist of five participants (HRMs) employed at private hospitals which form part of my particular organisation. Due to the widespread nature of these private hospitals across six of the nine provinces, the cost of logistics, and difficulty of gaining access to participants (HRMs), I elected to conduct interviews in the Gauteng Province only. Furthermore, Gauteng represents the largest footprint of private hospitals for this study. The rationale for selecting HRMs as the study population was because they are responsible for the development and implementation of HRD plans and solutions at the private hospitals sampled. These HRMs are furthermore accountable for providing strategic input into the workplace skills plan (WSP)

submitted to the Health and Welfare Sector Education and Training Authority (HWSETA) in accordance with the Skills Development Act (97 of 1998) (SDA) of South Africa (cf 1.2; 2.2.8; 3.8.1.1). I believe that since the HRMs are responsible for compiling their site training needs analysis (TNA) for the workplace skills plan (WSP), they are in the best position to share their experiences of implementing SHRD practices at the private hospitals sampled; including types of HRD models used during this process (cf 1.2; 2.2.8).

4.4.2 Sampling

Sampling refers to the process used to select a portion of the population for the study (Maree & Pietersen, 2016:192-202). Sampling decisions are required for obtaining the richest possible source of information to answer the research questions. Sampling in qualitative research is flexible and participants are often interviewed until no new themes emerge from the data generation process, called data saturation (cf 4.2.2).

Qualitative research is generally based on non-probability purposive sampling. Non-probability purposive sampling is also referred to as judgemental sampling and is based entirely on the researcher's discretion in that the sample is composed of elements that contain the most characteristic, representative or typical aspects of the population that best serve the purpose of the study (Strydom & Delport, 2011:392). Non-probability purposive sampling involves choosing people whose experiences and perspectives are deemed to be important to the investigation (Strydom & Delport, 2011:392). Likewise, Maree and Petersen (2016:192-202) indicate that in purposive sampling, participants are selected because of some defining characteristic that makes them the holders of the data needed for the study. Therefore, HRMs who form part of the study population will be selected as participants for this study by means of non-probability purposive sampling.

More specifically, I shall select from the study population (cf 4.4.1) five (5) HRMs and interview all of them, unless data saturation is reached at an earlier stage. The clear identification and formulation of pre-selected criteria for the selection of the participants are of fundamental importance (Nieuwenhuis, 2016b:83). Accordingly, the following criteria will be adopted when identifying the sample:

1. Sufficiency and saturation will be used to determine the number of HRMs to partake as participants for this study. Saturation is the point in the study where no new information is being relayed by the participants (Greeff, 2011:350). Once responses from participants are

the same or similar in nature and no new data emerges from the interviews, I shall not continue with further semi-structured interviews.

2. Participants must be employed as HRMs at private hospitals.
3. Participants (HRMs) must have conducted a TNA at a private hospital. I have records of all HRMs who have completed a TNA as input into the WSP process and shall use this to identify the participants beforehand. The processes followed in conducting a TNA will provide me with a deep understanding of the HRD practices adopted by HRMs at private hospitals which form part of my organisation.
4. Participants (HRMs) must have knowledge of the Skills Development Act (97 of 1998), Skills Development Levies Act (9 of 1999), National Skills Development Strategy 3rd edition (NSDS II), Human Resource Development South Africa 2010-2015 (HRD-SA 2010-2015) and broad-based black economic empowerment (B-BBEE) codes of good practice (South Africa, 2013:49-60) to guide them with the compilation of the WSP and the annual training report (ATR) as required by South African HRD legislation. All participants have a good understanding of HRD legislation, strategies and guidelines as these are included in the TNA guideline document (cf 2.2.9).
5. Participants (HRMs) must be articulate in English as this is the most acceptable organisational language used to communicate at the particular private hospital.

The aforementioned criteria will ensure that participants are able to share their experiences in using SHRD practices when compiling the WSP at private hospitals, thus providing socially and historically derived information from an appropriate HRD context. Now that the research setting, entrée and researcher's roles and sampling methods have been discussed, the data collection methods will be discussed in the next section.

4.5 DATA GENERATION METHODS

Creswell (2014:189-193) posits that qualitative researchers use multiple sources of data collection, for example documents, observations and interviews. The qualitative data collection phase of this study makes use of individual semi-structured interviews to understand the HRMs' experiences with SHRD models and practices at hospitals which form part of my organisation. The qualitative researcher is considered the instrument for data generation, as a researcher's ability to infer and make sense of the observations and responses of participants is crucial in making sense of the social phenomenon (Creswell, 2014:185-186). Semi-structured individual interviews are discussed next.

4.5.1 Semi-structured individual interviews

I shall make use of one-on-one semi-structured individual interviews, which are defined as being organised around areas of particular interest, while still allowing considerable flexibility in scope and depth (Dicicco-Bloom & Crabtree, 2006:315), to collect data from participants. Semi-structured interviews will give me flexibility in that they permit follow-up questioning on interesting perspectives that surface during the interview, and allow the participants to give a fuller picture (Dicicco-Bloom & Crabtree, 2006:315).

Semi-structured interviews are suitable when researchers are interested in complexity or process, or when an issue is controversial or personal (Creswell, 2014:190-192). By allowing the experiences of participants to emerge, I shall gain a deep understanding of current HRD practices to determine the extent to which it aligns with the characteristics of SHRD. Open-ended semi-structured questions will also permit participants the opportunity to explain the types of HRD models deployed at the private hospitals sampled, which will assist me in understanding the extent to which the models deployed align with Garavan's (2007) SHRD model. The interview duration will range between one hour and one hour twenty minutes to allow for rich data to emerge.

I shall use predetermined interview questions on an interview schedule. An advantage of semi-structured interviews is that it will allow me to ask pre-determined questions that guide the line of enquiry for inexperienced researchers (Creswell, 2014:192-193). The disadvantage of semi-structured interviews is that an inexperienced researcher might lose out on an opportunity to observe non-verbal and paralinguistic cues (Creswell, 2014:192-193). In order to address the aforementioned disadvantage, I shall include cues on the interview schedule to serve as reminders to observe the non-verbal cues of the participants. The cues serve to direct the line of questioning to avoid losing focus from the unit of analysis, namely SHRD, while allowing the discussions to flow (Creswell, 2014:192). As suggested by Smith *et al*., I shall guide the interview, rather than push the discussions into a direction based on my own experiences and biasness in the field of HRD (Greeff, 2011:351-352). The interview schedule is discussed next.

4.5.2 Interview schedule

The interview schedule will include both the research questions, as well as notes that will serve as notes for me to consider before, during and after the interviews. The interview schedule has a section to record the demographic and biographical data of the participants. The interview commences with a few opening questions to make the participant feel more comfortable before

proceeding with the objectives of the study. In order for me to respond to the research questions, and to explore the experiences of participants (HRMs) in using SHRD practices at the private hospitals where they are employed, the following open-ended questions will be posed to participants during the semi-structured interviews:

4.5.2.1 How would you describe the nature of the HRD practices carried out at the private hospital to which you are attached?

4.5.2.2 The next set of questions has to do with the extent to which you have incorporated particular characteristics into your HRD processes. To what extent:

- Do you integrate your HRD efforts with organisational mission, vision and goals?
- Does top management support your HRD initiatives at the hospital?
- Have you scanned the environment in which your organisation operates?
- Do your HRD strategies, plans and policies align with the national skills development agenda?
- Have you formed strategic partnerships with line management at your hospital?
- Have you formed strategic partnerships with HRDPs?
- Have you expanded the current role of your trainers?
- Do your HRD interventions influence your organisational culture?
- To what extent do you emphasise economies of scale in your HRD interventions?
- To what extent is the calculation of return on investment (ROI) included in your HRD interventions?

In order to explore the HRD models that participants use at the particular private hospitals, the following questions will be posed to participants:

- What HRD model/s have you implemented to support your HRD strategy at your private hospital?
- To what extent does the model include the multinational (international and national) context?
- To what extent does the model include the organisational, function (job) and individual (employee) context?
- To what extent does the model consider an HRD focus, orientation, strategies, systems and practices?
- To what extent does the model consider stakeholder satisfaction?
- To what extent does the model include HRDPs as a key component thereof?

4.5.3 Observations and field notes

Babbie (2007:310) states that the interviewer should not rely on memory to record observations of interviewees' mannerisms and body language that cannot be picked up on tape recordings (cf 4.5.4). Field notes are a written account of the things heard, seen, experienced and thought about during the course of interviewing the participants (Greeff, 2011:359). Notes ensure that the research is cyclical and allow researchers the opportunity to revisit the section on observation after the interview has been conducted.

Field and Morse (cited in Greeff, 2011:359) highlight critical points to follow when using field notes. The critical points include getting to the task immediately, not talking about the observation before it is recorded, finding a quiet place to write, setting aside adequate time to complete writing the field notes, sequencing events in the order they occurred, and letting the events of conversation flow from mind onto the paper. I shall record both the empirical observations and interpretation of what transpires during the interviews. As suggested by Babbie (2007:310), I shall write down the participants' emotions, preconceptions, expectations and prejudices so that it can be developed in the final product.

4.5.4 Recording of data

Permission will be obtained from the participants to record the interview using a tape recorder (Annexures 1 & 2). Smith *et al.* (cited in Greeff, 2011:359) postulate that a tape recorder provides researchers with a fuller record than notes taken during the interview. A tape recorder also allows researchers to concentrate on conducting the interview. Care will be taken to limit recordings to what is absolutely necessary in response to the research interview questions and to place the recorder in a visible position so as not to unnerve the participant or researcher (as suggested by Holstein & Gubrium, cited in Greeff, 2011:359). Additional batteries will be readily available to avoid disruptions of having to reschedule the interview. Participants will be asked to speak clearly and into the voice recorder to ensure that the conversations can be transcribed verbatim onto a Microsoft Word document, which only I and my study supervisor have access to. In the next section, I shall discuss qualitative data analysis.

4.6 QUALITATIVE DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the data collected and seeks to make sense of, interpret and theorise data (Schwandt, 2007:6). Qualitative data analysis is based on an interpretative philosophy, which tries to establish how participants make meaning

of a specific phenomenon by analysing their perceptions, attitudes, understanding, knowledge, values, feelings, and experiences in an attempt to approximate their construction of the phenomenon (Creswell, 2014:17-19; cf 4.2.1).

I shall follow hermeneutics as a data analysis approach to understand participants and, in doing so, provide grounds for interpretivism (Nieuwenhuis, 2016c:104). The aim of data analysis in hermeneutics is to decipher hidden meaning by unfolding the levels of meaning implied in text (Nieuwenhuis, 2016c:104).

An understanding of participants' experiences with HRD practices in their daily activities will be critical in determining the extent to which these practices align with some or all aspects of SHRD as a whole. This analysis (interpretivism) is best achieved through a process of inductive analyses of qualitative data where the main purpose is to allow research findings to emerge from the frequent, dominant or significant themes inherent in the raw data, without the restraints imposed by a more structured theoretical orientation (Nieuwenhuis, 2016c:105-112).

Phenomenological research uses the analysis of significant statements, the generation of meaning units, and the development of an essence description (Creswell, 2014:195-196) (cf 4.2.3). I shall recommend that the interview takes place in the participants' natural setting as their reality can be interpreted through the meaning that HRMs give to their life world (cf 4.2.3); however, the final decision would lie with the participants. This meaning will be discovered through language (Schwandt, 2007:314-317).

Creswell's (2014:194-201) six-step data analysis model in qualitative research will be used to analyse the data recorded during the semi-structured interviews for this study. I shall use a generic form of data analysis. In this approach to data analysis, researchers collect data, analyse it for themes and report the emergent themes from the recorded data (Creswell, 2014:194). Creswell's (2014:194-201) six-step qualitative data analysis model will be described next:

Step 1: Organise and prepare data
This step involves transcribing the data that will be collected during the semi-structured interviews with HRMs at the private hospitals where they are employed, typing field notes and arranging data into different types.

Step 2: Develop a general case

This step involves reading through the transcripts to get an overall sense of the data collected and reflect on its overall meaning. I shall write notes in the margins to record general thoughts and recollections of the interviews at this stage.

Step 3: Coding of the data

Coding is the process of organising the data into chunks or segments before attaching meaning to the data collected (Creswell, 2014:198). Tesch's eight-step process will form part of the coding step of the analysis of data (Creswell, 2014:197-198). Tesch's eight-step process includes:

- Getting a sense of the whole (responses to the research questions).
- Not focusing on substance, but looking for the meaning and writing thoughts in the margin.
- Listing topics and clustering them into similar topics. Forming these topics into columns.
- Taking the list of topics and going back to the data collected. Abbreviating the topics as codes and writing the codes next to the appropriate segments of the text to see if new categories and codes emerge.
- Finding the most descriptive words for the topics and turning them into categories. Attempt to condense the list of categories by clustering them based on interrelationships.
- Making a final decision on the abbreviation for each category and alphabetising the codes.
- Recoding the data gathered if necessary.

Step 4: Describe and identify themes

I shall use the coding method to generate descriptions of the setting or people, as well as themes from the categories. Coding will be used to generate a small number of themes for the proposed study. The themes emerging will be indicated as major findings in the study and will display multiple perspectives from participants, supported by quotations and specific evidence.

Step 5: Represent the findings

I shall use narratives to represent the findings of the analysis. The narratives will include a rich description of the emergent themes from the analysis of data, diverse perceptions of participants and quotations. The interconnecting themes, indicated in a table, will be discussed to convey descriptive information about the participants' experiences with the characteristics of SHRD and SHRD models.

Step 6: Interpretation of data

The final step involves interpreting the meaning of the data. I shall be guided by the following question: "What lessons have been learned through the study?" My own interpretation will be

provided in conjunction with the literature reviewed. New questions that need to be asked will be proposed as part of the interpretation.

Now that the approach to data collection and analysis has been discussed above, the next sections will include the strategies to ensure the quality of the data, as well as the reporting style to be adopted as part of this proposed study.

4.7 STRATEGIES EMPLOYED TO ENSURE DATA QUALITY

A discussion on strategies to demonstrate the reliability of procedures and to validate the accuracy of findings will follow next. This section will conclude with a discussion on the role of trustworthiness (crystallisation) in qualitative research.

4.7.1 Qualitative reliability

Qualitative reliability indicates that the researcher's approach to the study is consistent across different researchers and different studies (Creswell, 2014:201). I shall adopt the following qualitative reliability procedures to ensure that the study is consistent:

- Check the transcripts to make sure that they do not contain obvious mistakes.
- Ensure that there are no shifts in the definition of codes or the coding process by constantly comparing data with the codes and writing memos about the codes and their definitions.
- Cross-check codes by comparing findings that are independently derived.

4.7.2 Qualitative validity

According to Creswell (2014:201), "Qualitative validity means that researchers check the accuracy of the findings by employing certain procedures." Validity is one of the strengths of qualitative studies as it is based on determining whether the findings are accurate from the viewpoint of the researcher, the participants and the readers (Creswell, 2014:201-204).

I shall incorporate the following strategies to ensure qualitative validity of the findings:

- I shall crystallise different data sources of information by examining evidence from the sources and use it to build a coherent justification for themes. Crystallisation in qualitative research is

the practice of validating findings by using multiple methods of data collection and analysis (Maree & van der Westhuizen, 2016:39-47).

- I shall use member checks to determine the accurate reflection of their statements based on the data gathered during the interviews, which serves as input to the qualitative findings, as suggested by Creswell (2014:201-204).
- I shall use rich, thick descriptions to convey the findings.
- I shall clarify the bias I bring to the study, which creates an open and honest narrative that will resonate well with the readers (cf 4.7.2.2).
- I shall present discrepant information that runs counter to the identified themes, which adds to the credibility of the study, as suggested by Creswell (2014:201).
- I shall spend prolonged time in the field to develop an in-depth understanding of the phenomenon. I have over seven (7) years of HRD experience at a hospital that forms part of this organisation (cf 4.7.2.2).
- I shall use peer debriefing with the study supervisor to review the entire study to provide an objective assessment of the study throughout the process of the research or at the conclusion of the study, as recommended by Creswell (2014:201).

4.7.2.1 Trustworthiness

While the terms reliability and validity are related more to quantitative research, specifically with regard to research instruments used in quantitative research, qualitative researchers rather refer to the terms credibility and trustworthiness when referring to their research (Nieuwenhuis, 2016b:83-86). In qualitative research, trustworthiness assesses the quality of the study by ensuring that the participants have been correctly identified and described (Schurink *et al*., 2011:419-420). According to Lincoln and Guba (2000), trustworthiness in qualitative research consists of credibility, transferability, dependability, and conformability (Schurink *et al*., 2011:419). Instead of triangulation, which is also a quantitative concept (Nieuwenhuis, 2016b:83-86), the concept crystallisation will be used. These methods to ensure trustworthiness in this study will be discussed next.

- **Credibility** demonstrates that the study was conducted in a manner that the subject has been accurately identified and described through the analysis of data (Schurink *et al*. 2011:419-420). I shall ensure credibility of the study by ensuring that the participants' understandings and application of SHRD and HRD models at the private hospitals where they are employed match my reconstruction and representation of them. Additionally, I shall ensure credibility of the study by making use of codes in order to enhance the accuracy of the emergent themes

and to ensure that the categories and sub-categories to be identified are a truthful representation of the participants' inputs and discussions. Credibility is maintained further through the use of an inter-coder, whereby my supervisor will cross-check the codes identified by me during the data analysis section (Nieuwenhuis, 2016c:115-119). Peer examination indicates that a peer who is familiar with the field of HRD and qualitative research must review the data gathered through semi-structured interviews to further ensure the trustworthiness and credibility of the study (Meyer, 2011:132). I shall forward all transcripts to the participants to confirm the accuracy of the interview recordings.

- **Transferability** refers to whether the findings in the study can be transferred from one situation or case to another (Schurink *et al*., 2011:420). As suggested by Schurink *et al*. (2011:420), transferability will be realised in this study by referring back to the original theoretical framework of the study to show how data gathering and analysis are guided by concepts and models. According to Schurink *et al*. (2011:420), this approach should counter the argument that the generalisation of qualitative findings to other situations as seen by traditionalists is a weakness in the research approach.

- **Dependability** refers to whether the research process is logical, well documented and audited (Schurink *et al*., 2011:420). As suggested by Schurink *et al*. (2011:420-421), dependability will be realised in this study by accounting for the changing conditions in the phenomenon chosen for the study, as well as changes in design created by an increasingly refined understanding of the research setting. This approach to dependability is quite different to that of positivists who assume an unchanging universe where the results of the study could quite easily be replicated.

- **Conformability** refers to whether the study is objective and that the findings of the study could be confirmed by another (Schurink *et al*., 2011:421). As suggested by Schurink *et al*. (2011:421), conformability will be realised in this study by corroborating the findings and interpretations. I shall corroborate the findings and interpretations against the existing body of scholarship.

- **Crystallisation** is described as the validation of findings by using multiple methods of data collection and analysis (Maree & van der Westhuizen, 2016:39-47 cf par 4.7.2). I shall crystallise the different data sources of information by probing for evidence from the sources and using it to construct a comprehensible validation for the themes that emerge from the data collected in the study (Maree & van der Westhuizen, 2016:39-47; cf par 4.7.2).

4.7.2.2 Clarification of researcher's bias

Qualitative research implies an interpretive approach to gathering and analysing data from participants, which may introduce a myriad of ethical and personal issues into the research process (Creswell, 2014:193-194). This would require me to state my bias, values and personal background that may shape the interpretations formed during the study (as suggested by Creswell, 2014: 187-189). In line with Creswell's recommendation, I shall now declare my bias:

I am currently employed as an HRD manager at a private hospital organisation. The organisation operates one of the largest private healthcare networks in South Africa. We offer world-class medical facilities staffed by dedicated and passionate healthcare professionals who continuously enhance their skills and expand their expertise through the organisation's well-respected education programmes. I shall remain cognisant of my title throughout the research.

As an HRD manager, I am passionate about learning and development and have been directly involved in the private hospital industry for seven years. My career began working within the Education Training and Quality Assurance (ETQA) division at a Sector Education and Training Authority (SETA). By working at the SETA, I gained much experience and insight about HRD regulation in South Africa before moving to a South African airports management company where I practised as a learning and development manager. It is here (at the airports company) that I had acquired much HRD experience from the employer's perspective. My earlier years at the SETA held me in good stead to practice in the field of HRD. Having qualified as a registered assessor, moderator and skills development facilitator (SDF) with the Services SETA and HWSETA, respectively, and having spent a prolonged time in the field of HRD, I gained a thorough understanding of the phenomenon under study.

Based on my previous experience in the field of HRD, I believe that the lack of consolidated HRD strategy clearly outlining the role of the ministry of higher education and training, SETAs, Quality Council for Trades and Occupations (QCTO), organised labour, universities, Further Education and Training (FET) Colleges, the public sector and the private sector organisations has led to disjointed efforts in addressing skills shortages in South Africa. These incoherent efforts have rendered the HRDPs' efforts as leaders and change agents in skills development unfulfilled in addressing socio-economic issues such as poverty, unemployment, productivity, HIV/AIDS, and economic competitiveness. The selection, implementation and evaluation of individual competencies by HRDPs have been driven from micro-level (individual and organisational) perspectives. This approach by HRDPs showcases immediate short-term successes for their

employees and organisations without necessarily responding to the national (macro-) and sectoral (meso-) skills development priorities towards increased levels of employment.

I commence this study with a view that HRMs do not use SHRD when conducting a TNA for input into the WSP processes. I believe that it is seen as a compliance exercise rather than a strategic process to add value by improving organisational and individual performance. This compliance exercise may, however, differ from site to site depending on the level of experience and knowledge of HRD by the HRMs.

As enablers to the organisation, HRD managers provide strategic direction and support to the HRMs at private hospitals, yet have limited involvement in the direct processes followed at site level used to develop the WSP reported to the HWSETA. Even though a bottom-up approach is followed – with guidance from national structures – it seems that the emergent themes that arise in the form of identified skills development gaps and competencies stipulated on the TNA do not always align with the organisational, individual and national strategic HRD objectives. Qualitative reporting is discussed in the next section.

4.8 QUALITATIVE REPORTING

Qualitative reports are slightly more complex than quantitative reports in so far as they are less structured due to the flexible nature of qualitative studies (Leedy & Ormrod, 2005:143). Glesne (2006:176) posit that the report must be written throughout the time data is collected. Babbie (2007:309) confirmed that field research, observations, data, data processing, and data analysis are interwoven and cyclical processes. Qualitative reporting is often longer and more descriptive as researchers may use varied and literary writing styles, which increase the length of the report (Delport & Fouché, 2011:425).

I shall adopt the following criteria for a good qualitative report, as suggested by Delport and Fouché (2011:425-426):

- Axiomatic criteria: The report must clearly reflect the guiding paradigm of the study, which in this case is a constructivist/interpretivist paradigm (cf 4.2.1).
- Rhetorical criteria: Simplicity, clarity and craftsmanship will form the basis of the report.
- Action criteria: The report will conjure a feeling of action on the part of the reader and therefore will be educative and reflect empowerment on the part of the report.

- Application or transferability criteria: The report will include detailed descriptions and experiences where the readers will be able to draw inferences relating to their own experiences, which add to the quality of the report.

Adopting the correct writing strategy is anticipated to result in a detailed description of the participants' experiences in their natural setting (Creswell, 2014:204); in this case, the natural setting would be the sampled private hospitals, which form part of the organisation. The focus of the qualitative report will be on the data as a whole in constructing meaning rather than compartmentalising the data into sections as suggested by Delport and Fouché (2011:428-429).

I considered the following writing strategies when constructing the qualitative report as suggested by Creswell (2014:204-205) and Delport and Fouché (2011:426-428):

- Using quotes and varying their length based on the embedded passages. Short, eye-catching quotes will be used to stand out from the text to highlight the participants' perspectives. Embedded quotes to provide evidence in the participants' own words to support themes and long quotations will be used to convey a more complex understanding to provide complete responses to the interview questions (Delport & Fouché, 2011:426).
- Present preliminary information in table form for the different codes and themes (Creswell, 2014:205-211).
- Use wording from participants to form codes and theme labels (Creswell, 2009:193-194).
- Intertwine quotations with the author's (my) interpretations (Creswell, 2014:209-210). As suggested by Delport and Fouché (2011:427-428), my roles will include that of an artist who seeks imaginative connections among events and people and provides imaginative interpretations. The role of an interpreter in a qualitative report allows me to draw on my own experiences, knowledge, and theoretical dispositions to present my understanding of the phenomenon. I shall play the role of the transformer by seeking to help the reader identify with the contents of the report. .
- Use indents or other formatting of the manuscript to call attention to quotations from participants (Creswell, 2014:209-211).
- Use the first person "I" or collective "we" in narrative form (Creswell, 2014:210-211).
- Use metaphors and analogies (Creswell, 2014:210-211).
- Use the narrative approach typically used within a qualitative strategy of inquiry (Creswell, 2014:210-211).
- Describe how the narrative outcome will be compared with theories and literature reviewed at the end of the study (Creswell, 2014:210-211).

The ethical considerations of this study are discussed next.

4.9 ETHICAL CONSIDERATIONS

The significance of ethics in research cannot be overstated; therefore, I shall provide an explanation of how I had planned to abide by a suitable code of conduct. Kreuger and Neuman (2006:201) outline four ethical thoughts that I must attend to, namely informed consent, right of privacy, protection from harm and the role of the researcher. In line with Strydom (2011:114-126), ethical issues of informed consent, voluntary participation, anonymity, protection from harm and deception, the actions and competence of the researcher, and participant debriefings will be addressed in this section.

Participants who elect to be interviewed at a specific private hospital (the hospital to which he/she is attached) will be requested to select a venue with privacy to ensure minimal interruptions during the interview. Those participants who elect to be interviewed at venues other than the private hospital they are employed at will be consulted to ensure that the research setting is conducive to conducting a semi-structured interview. Care will be taken to minimise the risk of interruptions during the interview.

4.9.1 Permission to conduct research

I shall ensure that due process is followed in accordance with the organisation's standard operating process as stipulated by the research operations committee (ROC) (Annexure 3). Permission will be obtained from the ROC and the relevant regional directors to conduct research at their sites (Annexure 4). The participant permission and consent communication will be loaded up onto the organisation's research operations committee's templates. Additionally, a formal letter from the North-West University authenticating the research and stating that the study will be conducted by me for academic purposes only will be forwarded to the research project manager with the application to conduct research (Annexure 5).

4.9.2 Informed consent

In a written invitation, in email format, I shall state that partaking in this study is voluntary and that the participants retain the right to withdraw at any stage of the data gathering phase (Annexure 6). It will be communicated that the interviews will be recorded and transcribed for academic purposes only. Written informed consent will be requested from participants prior to the interviews (Annexures 1 & 6). It is only after confirmation and consent to participate have been received that

I shall proceed with the data gathering process. The participants in this study will be briefed on the purpose and objective of this study (Annexure 2). I shall provide participants with a summary defining SHRD and describing Garavan's (2007) SHRD model (Annexure 2). As suggested by Strydom (2011:116-117), the summary will include the purpose of the study attached to an email invitation addressed to HRMs at the private hospitals to participate in the study.

4.9.3 Voluntary participation

Participants will be informed that participation is voluntary and that they may withdraw from the study at any time (Annexure 2). Participants' decisions to decline the opportunity to participate in this study will be honoured and respected.

4.9.4 Anonymity of participants

In following the suggestions put forth by Nieuwenhuis (2016c:123-125), I shall maintain trust by ensuring the anonymity of participants and sites during the processes of inter- and intra-coding and verification and validation of findings with participants. The names of participants will not be used in the report. Participants' names will be replaced by pseudonyms.

4.9.5 Confidentiality

As indicated by Glesne and Peshkin (1992) and by Ndzwayiba (2012:16), I shall treat the information provided by participants as strictly confidential and with respect. The data will not be shared with anyone other than the designated research supervisor and peer examiners. The interviewee feedback will not be used for any purpose other than to inform this study, the findings of which may be published in an accredited journal. All participants will be notified of this prior to their agreeing to partake in this proposed study.

The data will not be shared with anyone other than the designated research supervisor and peer examiners. The interviewee feedback will not be used for any purpose other than to inform this study, the findings of which may be published in an accredited journal. All participants will be notified of this prior to their agreeing to partake in this proposed study.

Confidentiality of the semi-structured interviews with HRMs will be ensured as the names of the participants will not be used. All voice recordings from the interviews will be transcribed and password-protected. The transcripts will be backed up onto a disc and locked away in a secure cupboard for safe-keeping at home in line with the ethical codes of conduct of the university

(NWU, 2016:3). Only the researcher will have access to the data. Should a transcriber be used he/she will be asked to destroy the recordings upon finalising the transcriptions.

4.9.6 Protection from harm

I shall ensure that no physical or emotional harm will be inflicted onto the participants of this study. As mentioned, all participants are to be made aware that they may withdraw from the study at any stage if they feel uncomfortable to continue (Strydom, 2011:115).

4.9.7 Non-deception of participants

Deception refers to misleading or deliberately withholding information from the participants (Struwig & Stead, cited in De Vos *et al.*, 2011:118-119). I shall discuss all situations regarding deception with the participants immediately after or during the debriefing interview to ensure that no form of deception will be inflicted onto the participants. Should a situation arise whereby the act of deception happens inadvertently, I shall make efforts to rectify the transgression immediately after or during the debriefing interview.

4.9.8 Debriefing the participants

I shall arrange debriefing sessions with participants after the study has been concluded where participants will have the opportunity to work through the research findings, recommendations and limitations of the study, as suggested by Strydom (2011:122) (Annexure2). In line with Strydom's (2011:122) guidelines for conducting debriefing sessions, I shall ensure that the sessions to be conducted with participants will be conducted in a supportive manner in accordance with the following:

- Use the sessions to minimise any harm that may have been brought to the participants during the study.
- Rectify any misconceptions that may have risen in the minds of the participants after conclusion of the study.

4.9.9 Actions and competence of the researcher

I shall remain committed to ethical conduct throughout the study, adhering to the requirements of the ethics code of the North-West University (NWU, 2016:3). Researchers must also ensure that they are competent, honest and adequately skilled to undertake the proposed study (Strydom,

2011:123). My qualification in HRD, together with significant experience as HRDP and HRD manager, ensures that I am well equipped to conduct this study.

I shall present myself in a professional and ethical manner during the initial contact and interviews with all participants in order to gain their confidence and cooperation required to build rapport with those who agree to partake in the study. I am required to dispose all data collected during the study within a suitable time as communicated with the participants (Strydom, 2011:123). In line with Strydom's (2011:123) suggestion, all data collected will be password protected and kept for seven (7) years in accordance with the ethics code of the North-West University (NWU, 2016:1-14).

Furthermore, I shall ensure that all information sourced will be properly screened for validity before such can be used as part of the study. In addition to ensuring the validity of the information sources, I reference the authors in accordance with the Harvard referencing style in accordance with the NWU referencing guide (2012). As suggested by Strydom (2011:124), I shall be cognisant of the cultural boundaries by understanding the background of those HRMs who are to participate in the study and ensure that no value judgement will be made on the cultural aspects of the HRMs.

4.10 SUMMARY

The qualitative research design and methodology to be deployed during this study were presented and discussed (cf 4.1). The reason for adopting a qualitative research design included the opportunity to gain a deep understanding of the HRMs' experiences with SHRD at the organisations they were attached to (cf 4.2.1). An interpretivist approach allows me to understand the meanings that the HRMs' ascribe to the fields of HRD and SHRD in their natural settings (private hospitals). Some of the key advantages of qualitative research included allowing participants to share information based on past experiences, whereby they could be probed deeper during the interviews for rich data (cf 4.2.1). Additional benefits included the ability to collect data in the language and words of the participants (cf 4.2.1). I also indicated how the disadvantages of qualitative research would be inherent to this study (cf 4.2.2).

The study population will include five HRMs' employed at the private hospital organisation (cf 4.4.1). Key criteria for participant selection will include the experience and good understanding of all HRD legislation, ability to communicate in English and experience conducting TNAs in the private hospital industry. The research setting will be at private hospitals where the participants are employed. Semi-structured interviews with the use of interview schedules will be adopted for data collection (cf 4.5.1 & 4.5.2). Qualitative reliability, validity and trustworthiness, and ethical

considerations applicable to this study were presented (cf 4.7 to 4.9). Creswell's (2014:194-201) six-step data analysis model will be adopted for conducting the qualitative data analysis (cf 4.6). The focus of the qualitative report will be on constructing meaning as a whole based on the HRMs' experiences with SHRD at private hospitals they are attached to rather than compartmentalising the data into sections. The key strategies to ensure data quality will include qualitative reliability, validity (trustworthiness) and clarification of any biases (cf 4.7). The interviews will be carried out in accordance with the NWU guidelines for ethical research (cf 4.9.5 & 4.9.9). Permission and consent, voluntary participation, anonymity and confidentiality, protection against any harm and non-deception to participants and debriefing will form part of the strategies adopted to ensure that the study is conducted in an ethical manner (cf 4.9.1 to 4.9.9). The research findings will be discussed in Chapter 5.

CHAPTER 5: ANALYSIS, INTEPRETATION AND SYNTHESIS OF DATA

5.1 INTRODUCTION

In this chapter, the data of five (5) transcribed individual semi-structured interviews are presented (cf 4.2.2; Annexure 1). All five (5) participants are human resource managers (HRMs) at a private hospital organisation. The profile of the participants was described in Chapter 4 (cf 4.4.2). All interviews were conducted in English and the original verbatim quotations are also presented in English. To ensure that the participants' identities remain anonymous, each participant received a unique number, from P1 to P5 (cf 4.9.2) (instead of their names) next to their verbatim quotations (cf 4.9.2). From the qualitative transcriptions, two (2) themes, fifteen (15) main categories and forty-six (46) sub-categories were identified and categorised and are presented in this chapter.

The tables (5.1 to 5.15) specify the main and sub-categories identified in the transcripts. Only the most applicable quotes from those mentioned by participants that correspond with the following research questions (cf 1.5.1, 1.5.2.3; 1.5.2.4) are provided, namely:

- To what extent are HRMs implementing the characteristics and models of SHRD at a private hospital organisation (cf 1.5.1)?
- To what extent, if any, do HRMs at a private hospital organisation implement the characteristics of SHRD as part of their HRD practices (cf 1.5.2.3)?
- To what extent, if any, do the HRD models implemented by HRMs at a private hospital organisation align with Garavan's (2007) SHRD model (cf 1.5.2.4)?

For the purpose of data quality and literature control, I cross-reference, where applicable, to the literature review section in Chapters 2 and 3 (and Chapter 1). Main and sub-categories are also described, clarified and contextualised within the context of the research setting. To ensure that the data produced were trustworthy, I confirmed the credibility, transferability, dependability, conformability and crystallisation of the data (cf 4.7; 4.7.1; 4.7.2).

Theme 1, which seeks to understand the participants' experiences with the characteristics of SHRD at private hospitals (cf 1.6.1; 1.6.2; 3.6), is discussed next.

5.2 THEME 1: EXPERIENCES WITH THE CHARACTERISTICS OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

Theme 1 provides the verbatim quotations from the participants interviewed regarding their experiences with the nine characteristics of SHRD at a private hospital organisation. A 'characteristic' refers to a typical feature or quality that something has: "the need to communicate is a key characteristic of human society" (Oxford Advanced Learner's Dictionary, 2015:239). Strategic human resource development was described in Chapter 1 (cf 1.11.2) and Chapter 3 (cf 3.3). The first characteristic of SHRD, as described in Chapter 3 (cf 3.6.1), states that it is essential for HRD strategies, policies and procedures to be aligned with the organisation's vision, mission and goals in order to be accepted by top management.

The first main category, namely aligning human resource development with the organisation's vision, mission statement and goals, is presented next.

5.2.1 Aligning human resource development with the organisation's vision, mission statement and goals

Aligning denotes "changing something so that it is in the correct relationship to something else" (Oxford Advanced Learner's Dictionary, 2015:36). *Vision* is when "a person has the ability to think about or plan the future with great imagination and intelligence." (Oxford Advanced Learner's Dictionary, 2015:1680) An organisation's *mission statement* is an "official statement of its aims" (Oxford Advanced Learner's Dictionary, 2015:963). *Goals* are "something that you hope to achieve: to work towards the organisation's goals" (Oxford Advanced Learner's Dictionary, 2015:652).

Table 5.1: Aligning human resource development with the organisation's vision, mission statement and goals

Main category 1	Aligning human resource development with the organisation's vision, mission statement and goals	HRMs N=5
Subcategories	Conducting a training needs analysis (TNA)	5
	The alignment of individual development needs with the organisational objectives	4
	Growing with passionate people	3
	Approval of workplace transformation and training plans	4

The category *experiences related to aligning HRD with the organisation's vision, mission and goals* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.1.1. Conducting a training needs analysis (cf 2.2.8.1)

Training is the "process of learning the skills that you need to do a job" (Oxford Advanced Learner's Dictionary, 2015:1606). *Analysis* is a "detailed study or examination of something in order to understand more about it" (Oxford Advanced Learner's Dictionary, 2015:47). Within the context of this study, the participants conduct annual training needs analyses to understand the private hospital organisation's people development and individual development requirements. This analysis is then translated into a training plan and presented to the transformation committee for approval. The participants indicated that they conduct a training needs analysis annually in line with the requirements of the Skills Development Act (SDA) (cf 2.2.8.1). The participants' experiences with the training needs analysis were as follows:

(P5): *"It's the training plan for the hospital…to develop, whether it's a management development plan or continuous train*(ing) *or legislation training but it's the needs and the analysis is obviously your actual* (training) *versus your plan…also how is it affecting the business."*

(P4): *"…Our own needs analysis based on the needs of the hospital… So we do our needs analysis based on the current workforce and plans that we need in the future."*

Some participants experienced that there was a genuine attempt by the line managers to take the process (training needs analysis) seriously and align the development needs to the workforce and people profile requirements in order for the department to achieve targets:

(P5): "*Yes, they* (management) *are definitely part of it* (training needs analysis)*, it's important that you need to engage with them* (management) *to understand why they want certain training needs. It needs to be beneficial to both the business as well as to them* (management) *and the staff member."*

(P2): *"…we then discuss with each department and request them to identify training needs of this specific individuals that…they are managing. We then look at…the budget and how can we accommodate* (the training needs)*."*

5.2.1.2 The alignment of individual development needs with the organisation objectives (cf 3.6.1)

Organisation refer to “a group of people who form a particular business together in order to achieve a particular aim.” (Oxford Advanced Learner’s Dictionary, 2015:1055). In this study the organisation private hospitals sampled form part of an organisation. *Objectives* refer to “something you are trying to achieve” (Oxford Advanced Learner’s Dictionary, 2015:1028). Within the context of this study, participants are required to coordinate the biannual performance reviews (conducted between the line managers and their subordinates to identify career and learning pathways aligned to job function and individual developmental needs) and discussions around individual development between line managers and employees. These discussions and plans serve as input into the training needs analysis and plans presented to the transformation committees. The participants felt that performance management enhancing performance and development (EPD) and individual development plans (IDPs) were well entrenched and carried out by the line managers.

The experiences below confirm the alignment of individual development needs with that of the organisation:

(P4): *“Yes it is aligned…it starts with the IDP, individual development plan which is driven by EPD* (enhancing performance development) *and then…to business needs.”*

(P1): *“…Definitely…it will directly link…with your EPD where your mission…and your objectives and your strategic things of the company are directly linked to a person's objectives…will be linked back to the organisational goals. So yes, each and every employee needs to know what are the missions and the goals of the company… each and every one is responsible for the success of the organisation.”*

5.2.1.3 Growing with passionate people

Growing refers to “increase in size, number, strength or quality” (Oxford Advanced Learner’s Dictionary, 2015:674). *Passionate* is when someone “shows strong feelings over something or someone” (Oxford Advanced Learner’s Dictionary, 2015:1090). *People* are “persons, men, women and children” (Oxford Advanced Learner’s Dictionary, 2015:1103). Growing with passionate people (within the context of this study) refers to a strategic pillar of the organisation. People, within the context of this study, refer to employees at the private hospitals. Organisation, job function and employee skills development needs inform all education, training and development investment at the hospitals. Growing with passionate people encapsulates the focus

of developing learning and career pathways for healthcare professionals. The participants stated that HRD is essential for the growth and development of employees at private hospitals. Failing to invest in the development of employees leads to limited opportunities for growth, which, in turn, frustrates individuals. The following direct verbatim quotations attest to this:

(P5): *"To grow…and move up the pipeline because you got a higher qualification you want to move up to a supervisory level and so on we build the pipeline."*

(P2): *"So we've had…people here that have been here for a long time...whose getting frustrated because they not progressing. And we've given them opportunities to act in another role and give them time to have that work experience."*

5.2.1.4 Approval of workplace transformation and training plans (cf 5.2.1.4; 5.2.1.5)

This sub-category explores the aspect of McCracken and Wallace's (2000:283) characteristics whereby SHRD requires HRD policies and plans to flow from and is integrated with organisational strategy and plans (cf 3.6.1). *Approval* is the "feeling that someone or something is good or acceptable. It could also indicate agreement for or permission for something, especially a plan or request" (Oxford Advanced Learner's Dictionary, 2015:62). Workplace transformation plans, within the context of the study, refer to the employment equity and skills development plans approved by the workplace transformation committees. For the purpose of this study an employment Equity (EE) plan enables the organisation to achieve reasonable progress towards employment Equity. The EE plan assists in eradicating unfair discrimination in the workplace, and to achieve equitable representation of employees from designated groups by means of affirmative action measures. Workplace transformation committees have already been described above (cf 5.2.1.2).

A participant shared his experiences with the approval of the workplace employment equity plans and workplace diversity by the site transformation committee:

(P5): "*…At the transformation committee we discuss…the* (organisation's) *employment equity plan, where we are in term of appointments… is it in line with our plan if it isn't then why isn't it due to scarce skills, we did not have the opportunity to meet the target because of the skills required by the business we have made the appointment, the training needs attached to that. We talk around the business and how we transforming in terms of diversity."*

The second main category namely senior management support for human resource development will be presented next.

5.2.2 Senior management support for human resource development (cf 1.4; 3.6.1)

This main category explores the characteristic of SHRD whereby active participation of top management is essential for the success of SHRD (cf 3.6.1). *Management* is "people who run or control the organisation" (Oxford Advanced Learner's Dictionary, 2015:917). In the next category, the participants' experiences with senior management's support for HRD at a private hospital organisation are presented.

Table 5.2: Senior management's support for human resource development (cf 1.4; 3.6.1)

Main category 2	Senior management's support for human resource development	HRMs N=5
Subcategories	No real buy-in from top management for non-nursing functions	5
	Good support received from hospital executive committee	4
	Unequal approval of training budgets	5

The category *experiences related to senior management support for HRD* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.2.1 No real buy-in from top management for non-nursing functions (cf 1.4; 3.6.1)

Real refers to "something or someone that is genuine and not false or artificial" (Oxford Advanced Learner's Dictionary, 2015:1240). *Buy-in* "is the fact of accepting a policy or change because you agree with it" (Oxford Advanced Learner's Dictionary, 2015:200). *Top management*, within the context of this study, refers to the organisation's executive already discussed above (cf 5.2.1.2). Participants felt that the management of non-nursing functions does not buy into the development of the non-nursing staff due to the limited resources available to train support service employees (non-core). This negative attitude of the organisation's management teams has led to the frustration of both the line managers and staff of the non-core functions at the hospitals due to the limited opportunities. The limited resources and opportunities for development have resulted in limited interest in HRD. Two participants shared their experiences regarding the development of non-nursing people:

(P2): *"I think they've got the same frustration...there is the frustration for the non-nursing line managers that there are limited* (training) *opportunities."*

(P3): *"Yes… on the nursing side only…But, on a non-nursing side, no. Somehow emphasis is never paid too much on non-nursing staff."*

5.2.2.2 Good support received from hospital executive committee (cf 1.4; 3.6.1)

Good is "something of high quality or an acceptable standard" (Oxford Advanced Learner's Dictionary, 2015:656). Exco, within the context of the private hospitals, refers to the hospital management team at a specific hospital led by the hospital manager. The participants' experiences with their top management or Exco teams with HRD have been very positive and supportive of HRD, as indicated below:

(P1): *"…my Exco is very supportive in terms of development and training and, enhancing our employees' successes….very supportive...especially the hospital manager will even say, let's send the people* (employees)*…on more courses."*

(P5): *"…you get full support from the top management team. It is not difficult to get buy-in as well as from the junior management, which is regarded as your line management team, very proactive…they are quite interactive by informing staff* (to) *participate, the advantages* (of training)*, this is how it will benefit our hospital."*

5.2.2.3 Unequal approval of training budgets (cf 5.2.2.1)

Unequal suggests scenarios in which "people are treated in different ways or have different advantages in a way that seems unfair" (Oxford Advanced Learner's Dictionary, 2015:1646). *Budgets* "are money that is available to an organisation and a plan of how it will be spent over a period of time" (Oxford Advanced Learner's Dictionary, 2015:187). Within the context of this study, the training budgets are approved by the finance department. The budgets are calculated against the requirements set out in the Skills Development Act (SDA) (cf 2.2.8.1).

The quotes in this sub-category illustrate the participants' concerns around the allocation of the training budgets to focus on nursing education, training and development. The participants have been asked to be innovative with the remaining budget to address non-nursing staff development needs in the workplace. Participants also felt that they do not have sufficient funds to cater for non-nursing staff.

(P2): *"I can recall our* (transformation committee) *meetings where we complain about the* (training) *budgets…we are told we need to be innovative. But, even with innovation you need, you need some money."*

(P3): *"…It comes to the* (training) *budget issue because we don't have sufficient funds to cater for non-nursing staff."*

The third main category, scanning the external environment to identify opportunities for human resource development, is presented next.

5.2.3 External environment scanning to identify opportunities for human resource development (cf 3.6; 3.6.1)

This main category explores the aspect of scanning the environment to identify opportunities for HRD. *Scanning* is when "someone looks at every part of something carefully, especially because they are looking for a particular thing or person" (Oxford Advanced Learner's Dictionary, 2015:1336). *Opportunities* are "times when particular situations make it possible to do or achieve something" (Oxford Advanced Learner's Dictionary, 2015:1049). Within the context of this study, the scanning of the external and internal environment is conducted annually and forms part of the business needs analysis (cf 3.8.1.1; 5.3.2.1). The TNA is a consultative process between the human resource development practitioners (HRDPs) and HR leadership and management, which inform the input into the WSP (cf 2.2.8.1; 2.3.1). The internal environment, on the other hand, refers to the organisational context, such as strategy, structure, culture, organisational leadership, job value and uniqueness and employee expectations, employability and career development (cf 3.6.1, 3.7.3; 3.8.1.2).

Table 5.3: Scanning of the external environment to identify opportunities for human resource development

Main category 3	Scanning of the external environment to identify opportunities for human resource development	HRMs N=5
Subcategories	Understanding the nursing industry and qualifications	5
	Lack of environmental analysis for non-nursing functions	4
	No benchmarking trends with HRMs at private hospitals	2
	Driven from a head office level	4

The category *scanning the external environment to identify opportunities for HRD* is based on the following sub-categories and the direct verbatim quotations contained in it:

5.2.3.1 Understanding the nursing industry and qualifications (cf 1.3.1; 2.2.8.2)

Understanding something is the "knowledge that someone has about a particular subject or situation" (Oxford Advanced Learner's Dictionary, 2015:1643). *Qualifications* are an "examination that you have to pass or a course of study that you have successfully completed. Qualifications could be academic, educational, professional or vocational in nature" (Oxford Advanced Learner's Dictionary, 2015:1217). Qualifications, within the context of this study, refer to all formal training for the clinical/core functions within hospitals carried out by an accredited higher education institution (HEI) (cf 2.2.8.2; 2.2.8.3). The participants explained that the nursing managers, unit managers, heads of departments and clinical facilitators scan the external and internal environments with the academic staff at the training college to understand the nursing industry and the associated education, training and development interventions required to address skills shortages:

(P1): *"…we have an HOD* (head of department) *and she will be closely…in contact with our training college and especially for the nursing where we need to do the new nursing qualifications…we need to look at…what is happening nationally in nursing, new qualifications…of SANC* (South African Nursing Council)*."*

(P5): *"…the environment is definitely scanned, there is consultation…with the clinical department…what will be the needs…we do scan with…Education* (HEI)*…to get a better understanding in terms of what is the requirement."*

5.2.3.2 Lack of environmental analysis for non-nursing functions (cf 1.4; 3.6.1; 3.8.1.1)

Environmental scanning was discussed above as a characteristic of SHRD (cf 5.2.3). *Environmental* denotes being "connected with the natural conditions in which people, animals and plants live, connected with the environment or connected with conditions that affect the behaviour and development of someone or something" (Oxford Advanced Learner's Dictionary, 2015:500-501). *Analysis* refers to the "detailed study or examination of something in order to understand the phenomena in greater detail" (cf 5.3.1.1). Non-nursing function refers to non-clinical roles such as those that support the nursing function, namely technical, human resources, finance, marketing and information technology roles. All participants confirmed a lack of investment and buy-in for non-nursing employee development. A participant stated that the support functions did

not form part of the environmental scanning when conducting the TNAs at the organisation (cf 2.3.1; 3.8.1.1):

(P1): *"On the admin side not really because it's not really much initiative in terms for admin that's currently rolling out. You will look maybe at pharmacy… I really strongly feel about it…you know there's not a lot of training interventions for them* (non-clinical) *at this stage."*

5.2.3.3 No benchmarking trends with human resource managers at private hospitals (cf 3.8)

Benchmark is "something that can be measured and used as a standard that other things can be compared with" (Oxford Advanced Learner's Dictionary, 2015:125). A private hospital was defined in Chapter 1 (cf 1.11.5). Participants stated that it would be beneficial to benchmark trends with other hospitals. They stated that benchmarking is either not happening at all or they are not certain whether it is taking place at their private hospitals.

(P3): *"I need to benchmark against competitors because, they stealing our staff, they paying better. Whereas* (my) *previous companies I could respond to as to what the company requires, what the environment requires…It doesn't work that way* (here)*…mainly because of the situation of our site we are a bit out…so we struggle to attract other staff."*

(P1): *"I don't really know. I do think that the business requirements plays an important role. I'm not certain in terms of how we really benchmark."*

5.2.3.4 Driven from a head office level (cf 3.6.1; 3.8)

Driven is when a "person is determined to succeed, and works very hard to do so" (Oxford Advanced Learner's Dictionary, 2015:458). *Head office* denotes "a person from an organisation in charge of a group of people or employees" (Oxford Advanced Learner's Dictionary, 2015:702). The HRD strategy is driven from a head office level, whereby the HRMs at hospitals are required to implement the strategy (cf 2.3.1). The TNA guidelines and templates pre-populated with the critical and scarce skills are provided to the participants for consultation with the line managers at the hospital level (cf 2.2.8.2; 2.2.8.3). It became clear from the quotations that the participants had opportunities to identify learning and development interventions in line with the site specific requirements:

(P5): *"…it is actually given to us from head office level* (HRD practitioners) *and then the involvement at top management is that if we go over our budget that's allocated to us* (from the head office finance department) *because we have a budgeting structure that's done quarterly so there are different versions."*

(P1): "…because it's a big organisation … driven from head office (HRD practitioners)*. So we always need to take business strategies in line with your HR strategies on site* (specific private hospital) *level."*

A participant, in particular, felt very strongly about being provided limited opportunities to influence the HRD (human resource development) approach at site level, as stated below:

(P3): *"Basically you don't have to think* (at hospital HR level)*. Everything is pushed to you…and that is how we implement it."*

The main category aligning human resource development with the national skills development agenda is presented next.

5.2.4 Aligning human resource development with the national skills development agenda (cf 2.2.8.3; 3.8.1.1)

This main category explores the alignment of HRD with the external environment (characteristic of SHRD). *National* denotes "connected with a particular country; shared by a whole nation" (Oxford Advanced Learner's Dictionary, 2015:998). *Agenda* refers to a "plan of things to be done or problems to be addressed" (Oxford Advanced Learner's Dictionary, 2015:28). The national skills development agenda, as discussed previously, refers to the NSDS III, HWSETA sector skills plan, and HR strategy for South Africa (South Africa, 2011a) and the Department of Health HR strategy for nursing (cf 1.1; 1.2; 2.2.8).

Table 5.4: Aligning human resource development with the national skills development agenda

Main category 4	Aligning human resource development with the national skills development agenda	HRMs N=5
Subcategories	Scarcity of qualified registered nurses	5
	Scarcity of suitably qualified technical professionals	5
	Removing absolute barriers to accessing HRD	2

The category *aligning HRD with the national skills development agenda* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.4.1 Scarcity of qualified registered nurses (cf 3.8.1.1)

The scarcity of qualified nurses required at a private hospital organisation responds with the characteristic of scanning the national skills shortages and local labour conditions within the industry (cf 2.2.6; 2.2.7; 2.2.8.2; 3.8). *Scarcity* occurs when "there is not enough of something or it is difficult to obtain, achieve or acquire" (Oxford Advanced Learner's Dictionary, 2015:1337). *Registered nurse* is a "nurse who has a degree in nursing and who has passed an exam to be allowed to work in a particular state: a nurse who has a particular qualification as prescribed by the professional body" (Oxford Advanced Learner's Dictionary, 2015:1258).

The participants confirmed that there is a shortage of registered/professional nurses who are experienced in this role, as well as areas of nursing specialities:

(P5): *"Your ED (emergency department nurses), your ICU (intensive care unit nurses) and your recovery staff (nurses) because they critical."*

(P2): *"I can say there is a severe shortage of nurses. So, one of the things that usually do is to present to the* (transformation) *committee the number of registered nurses and the shortage of* (experienced and specialist) *nurses."*

(P4): *"We were addressing the skills gap because we can't get enough registered nurses."*

5.2.4.2 Scarcity of suitably qualified technical professionals (cf 3.8.1.1)

The scarcity of qualified technical professionals (technicians and artisans) at the specific private hospitals appears to be characteristic of scanning the national skills shortages and local labour conditions within the industry (cf 2.2.6; 2.2.7; 2.2.8.2; 3.8.1). *Suitably* denotes "a way that is right or appropriate for a particular purpose or occasion" (Oxford Advanced Learner's Dictionary, 2015:1515). *Technical* is connected with "the practical use of machinery, methods etc. in science and industry" (Oxford Advanced Learner's Dictionary, 2015:1553). Technical professionals, within the context of this study, refer to all artisans, technically skilled engineering professionals and clinical equipment technicians (cf 3.9.5). A participant, in particular, felt that the investment in

developing technical people would lead to achieving economies of scale through the reduced outsourcing of the function to external vendors:

(P5): *"…we will need plumbing training or air conditioning…we* (can) *be more economical in terms of how we do our training…we pay a service provider to come and do our repairs on the air conditioning…where as we have* (technical) *staff that have the skill that we can train to have the formal qualification on air conditioning and they* (employees) *can do it."*

5.2.4.3 Removing absolute barriers to accessing human resource development (cf 3.8.1.4)

Removing is to "take something away from a place or situation" (Oxford Advanced Learner's Dictionary, 2015:1267). *Absolute* refers to something that is not limited to or restricted (Oxford Advanced Learner's Dictionary, 2015:5). *Barriers* are "problems, rules or situations that prevent people from doing something, or that makes something impossible" (Oxford Advanced Learner's Dictionary, 2015:108). This section responds to the aspect of scanning the external environment to ensure that HRD complies with the South African HRD legislation (National context, cf 3.6.1; 3.8.1.1). The typical barriers identified by the participants were access to HRD for non-designated groups (previously advantaged people) (cf 2.2.8). Both the participants below indicated that access to training is not blocked and that the EE plan accounts for both designated and non-designated groups of people:

(P4): *"No, there are no barriers (to access to training)."*

(P1): *"Yes…especially with the white candidates. I do take into consideration if there's somebody on my talent pool that really needs training and development…that is a star employee that I really want to take further then obviously they are also put on those courses."*

A participant stated that he/she is concerned about the allocation for non-designated groups:

(P3): *"I got to cut training on white people to benefit the ACI* (African, Coloured & Indian) *people again and the whites would usually come to say, listen but this is a bit unfair, you can't do that."*

The main category, namely establishing strategic partnerships with line managers, is presented next.

5.2.5 Establishing strategic partnerships with line managers (cf 1.4; 3.6; 3.7.2)

This main category and its sub-categories record the participants' experiences regarding the aspect of forming strategic partnerships with line managers in order for HRD to become more strategic (cf 1.6.2; 3.6.1). *Strategy* is "done as part of a plan that is meant to achieve a particular purpose or to gain an advantage" (Oxford Advanced Learner's Dictionary, 2015:1495). *Partnerships* denote "the state of being a partner in business and are relationship between two or more people or organisations" (Oxford Advanced Learner's Dictionary, 2015:1087).

Within the context of this study, the HRDPs are required to build credibility with the leadership teams in order to discuss appropriate people development solutions required for strategic objectives to either drive innovation or efficiencies. Participants need to implement the priority HRD solutions determined through the business needs analysis processes in partnership with the hospital EXCO and workplace transformation committees (cf 2.2.8.2; 2.2.8.3).

Table 5.5: Establishing strategic partnerships with line managers (cf 1.4; 3.5; 3.8.1.2)

Main category 5	Establishing strategic partnerships with line managers	HRMs N=5
Subcategories	Taking accountability for learning and development of employees	5
	Open lines of communication regarding people development	3
	Empowerment of line managers to drive HRD in their departments	2
	Fear of raising expectations of employees	2

The category *establishing strategic partnerships with line managers* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.5.1 Taking accountability for learning and development of employees (cf 1.4, 3.6; 3.6.1)

Accountability is when "people take responsibility for decisions or actions and are expected to explain them when asked" (Oxford Advanced Learner's Dictionary, 2015:10). Line managers at private hospitals are empowered to facilitate employee performance development (EPD) reviews. Employees must then take the responsibility to ensure that they enrol in the development programmes identified through the EPD discussions. The EPD processes are formal, documented and are monitored by the participants (cf 2.2.3). All participants agreed that buy-in and accountability from line managers are crucial in order for HRD to be successful and add value

to both the private hospitals and the employees. The following two quotes provide some evidence in this regard:

(P1): *"…To have good relationships with your line managers is very important. They* (line managers) *will know who are the people who has talent that needs training or the people that's under-performing that needs training and if you are not getting all that communication from them, you not going to develop the right people in the right environment…you need to put the accountability in with them* (line manager) *as well."*

(P5): *"…It's a partnership…the managers will come and tell us what they would like and the reasons why? HR will guide them as far as to the point that in the EPDs* (enhancing performance and development) *it's discussed with their staff member."*

It was evident that not all line managers take accountability for HRD-related matters and believe that it is the responsibility of the HR manager to manage the performance and career development of employees. The following quotation attests to this:

(P2): *"Line managers do not understand that it's their responsibility. They see it as an HR responsibility."*

5.2.5.2 Open lines of communication regarding people development

Communication is the "activity or process of expressing ideas and feelings or giving people information: speech is the fastest method of communication between two people" (Oxford Advanced Learner's Dictionary, 2015:295). The participants shared their experiences related to communication with the hospital management teams and employees. The participants indicated that it is important to have a two-way communication channel with the organisation's management to receive buy-in for employee development (cf 1.6.1; 3.6.1):

(P1): *"…you need to first communicate that* (employee development starts) *with them* (line manager)*…and when they realise that and you have their buy-in then makes your life easier. I do have sessions with them…and it's that time of the year of EPD* (enhancing performance and development) *again or it's time for training needs analysis."*

(P4): *"I mentioned two-way communication when we talk about training and development."*

5.2.5.3 Empowerment of line managers to drive human resource development in their departments (cf 1.4; 3.6)

The empowerment of line managers responds with the objective of forming partnerships with top management to co-create HRD strategies (cf 3.6.1). McCracken and Wallace (2000:284) posit that the partnerships between HRDPs and management are crucial for the development of SHRD. *Empowerment* is to "give someone the power or authority to do something" (Oxford Advanced Learner's Dictionary, 2015:489). A *department* is a specialised functional area within an organisation such as accounting, marketing, planning. Generally every department has a manager or chain of command (Business Dictionary, 2019).

The responses regarding the empowerment of line managers to drive HRD varied among the participants at the private hospitals. Some participants felt that the hospital management teams were empowered regarding training and development of staff through active one-on-one engagement between the participants and the manager of the specific hospital. A participant felt that it was difficult for them to empower the line managers to take responsibility for the development of their employees, because they themselves did not feel empowered enough. These views are reflected in the contrasting experiences of the participants below:

(P1): *"So you need to empower them* (line managers) *to understand what training and development is and it's a constant intervention. I will always do it at our HOD* (head of department) *meetings… I also have the one-on-one quarterly; I sit with each line manager."*

(P3): "*I just think the lack of empowerment at site level is missing and it makes it very difficult for us* (to) *operate at full function. I wait for an email to come, they tell me what to do and I do it."*

5.2.5.4 Fear of raising expectations of employees

Fear is the "feeling you have when you are in danger; when something bad might happen, or when a particular thing frightens you" (Oxford Advanced Learner's Dictionary, 2015:550). *Expectation* is a "belief that something will happen because it is likely or a strong belief about the way something should happen or how someone should behave" (Oxford Advanced Learner's Dictionary, 2015:523). Participants raised a concern that the individual development plan (IDP) and training planning processes at the private hospitals often create problems and uncomfortable situations for the line managers as expectations are created through this process that they cannot deliver on. Consequently, the IPD/training planning processes are sometimes seen as a fruitless exercise:

(P2): "*The concern is…we do individual development plans and there's almost a...push-back by them to say it's very difficult to do…then you ask people what do you need and we can't give them what they identified as their training needs. So, it's… creating expectations and then we can't deliver.*

(P3): *"Non-nursing staff required…certain skills… to do their job efficiently, which I couldn't include on the training budget because I couldn't accommodate them…. I send all six to training because I know from the rest of the budget I'm not going to accomplish all the training that I have on there* (training plans)*."*

The main category, building relations with the human resource development practitioners (HRDPs), is presented below.

5.2.6 Building relations with the human resource development practitioners

This category explores the aspect of building strategic relations between human resource management and human resource development through the HRDPs (cf 1.6.2; 3.6.1; 3.9.4). Within the context of this study, the participants are employed as HR managers at private hospitals and the HRDPs are based at the head office.

Table 5.6: Building relations with the human resource development practitioners

Main category 6	Building relations with the human resource development practitioners	HRMs N=5
Subcategories	Easy access to the HRDPs at head office	5
	Opportunities exist for further interaction with the HRDPs	4

The category *building relations with the HRDPs* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.6.1 Easy access to the human resource development practitioners at head office (cf 1.4; 3.8.1.3; 3.8.1.4; 5.3.1.3)

Access is the "opportunity or right to use something or to see someone/something: students must have access to a good resource centre" (Oxford Advanced Learner's Dictionary, 2015:7). A *specialist* is a "person who is an expert in a particular area of work or study" (Oxford Advanced

Learner's Dictionary, 2015:1449). Within the context of this study, the HRDPs (specialist), as discussed in Chapter 3 (cf 3.6.1), are based at head office and provide strategic guidance and support to HRMs in all matters related to education, training and development of employees, students and learners. Almost all the participants agreed that they do receive support from the HRDPs regarding strategic HRD, as well as *ad hoc* learning and development matters. The participants, however, felt that this support was mainly provided from an organisational level and that support at a workplace/department level would be more valuable in promoting HRD. The participants indicated that they would appreciate more face-to-face site visits from the HRDPs over and above the annual HR roadshows. The participants interviewed confirmed the good lines of communication they have with the HRDPs:

(P5): *"…the head of the training and development* (HRDP) *is quite approachable and you get advice….it will be quite beneficial for the training team to meet with the business and come to the hospitals and speak to the top management team…* (To) *engage on a different level…at a site specific level you look at site* (private hospital) *specific initiatives."*

(P1): *"It's very important to have a good relationship with your…specialist* (HRDP)*. I do have a good relationship with all the parties involved and I know them and I can feel free…to pop an email or to pick up the phone and ask…what is this about or am I doing this correct…or what is this interventions that we need to do?"*

(P3): *"If I have an issue I will pick up the phone, I don't find email is effective; I pick up the phone to find out what's going on. So, yes I do have good communication with all the senior leaders."*

5.2.6.2 Opportunities exist for further interaction with the human resource development practitioners (cf 3.8.1.3; 3.8.1.4)

HRD was defined in Chapter 1 (cf 1.11.1). Practitioner was defined above (cf 5.2.3.3). The majority (4 out of 5) of the participants agreed that additional support can be provided to implement hospital-specific HRD solutions. The participants shared some ideas on opportunities to be considered in providing additional support to deliver value-adding learning and development programmes. The participants stated that additional support was required by the HRDPs. The statements below support this deduction based on the participants' experiences with support for hospital-specific HRD interventions:

(P1): *"In having more forums…in terms of what is happening nationally, internationally…we need to learn from each other, what are we doing at other sites? Are there some things that we can implement…on a national level?"*

(P2): *"Absolutely…we are not experts…we get feedback from head office and this is what we need to do and if we don't get those reminders, not a lot will happen. So, I think that it might really help for a hospital to have that access for a day or two of the specialist* (HRDP) *to look at what do we have, where are the issues that we need to address and how do we think outside the box."*

The main category, expanded roles of the training facilitators beyond the classroom will be presented next.

5.2.7 Expanded roles of the training facilitators beyond the classroom (cf 3.6; 3.6.1)

This main category explores the aspect regarding the role of the HRDPs in the field of SHRD (cf 1.6.2; 3.6.1; 3.9.5). *Expanded* refers to "becoming greater in size, number or importance" (Oxford Advanced Learner's Dictionary, 2015:522). *Role* is the "function or position that someone has or is expected to have in an organisation: the role of the teacher in the classroom" (Oxford Advanced Learner's Dictionary, 2015:1302). *Facilitator* is a "person who helps someone performs tasks more easily by discussing problems, giving advice rather than telling them what to do" (Oxford Advanced Learner's Dictionary, 2015:534). *Classroom* is "a room where a class of students are taught" (Oxford Advanced Learner's Dictionary, 2015:263). Within the context of this study, the organisation's HEI (higher education institution) has suitably qualified and accredited facilitators to impart the theoretical learnings, while the clinical facilitators ensure the transfer of learning into the workplace (cf 3.9.5). The clinical facilitator acts as a conduit between the HEI and the workplace.

Table 5.7: Expanded roles of the training facilitators beyond the classroom

Main category 7	Expanded roles of the training facilitators beyond the classroom	HRMs N=5
Subcategories	Good communication between the faculty of nursing education and hospital clinical facilitators	3
	Lack of understanding the organisational needs	2
	Bridging the gap between nursing education and nursing practice	4

The category *expanded roles of the training facilitators beyond the classroom* is based on the following sub-categories and the direct verbatim quotations contained in it:

5.2.7.1 Good communication between the faculty of nursing education and hospital clinical facilitators

Faculty is a “department or group of related departments in a college or university” (Oxford Advanced Learner’s Dictionary, 2015:536). *Education* is a “process of teaching, training and learning, especially in schools or colleges to improve knowledge and develop skills” (Oxford Advanced Learner’s Dictionary, 2015:477). According to the participants, the nursing managers work well with the clinical facilitators (CFs) (cf 3.9.5). Protocols are put in place to ensure that the training is aligned with the workplace requirements. A CF liaises with the hospital nursing management teams regarding the workforce requirements and consequently acts as a conduit between the nursing operations and nursing education:

(P3): *“…we quite fortunate...our nursing manager is putting certain protocols required on our CFs* (clinical facilitators)*.*

(P4): *“I think from my side I do see the two how I can put it two colleagues working hand in hand.”*

A participant felt that there were gaps in communication between HR and the HEI, as well as the CFs and the HEI:

(P1): *“Ja* (Yes)*, in terms of the…nursing college* (HEI)*...I haven't built a lot of relationships lately…they have a direct communication* (with) *our CFs. I think there's definitely… a gap…what I've heard from the CFs… they feel that they are an entity on the site level and then there's the college that also an entity…and sometimes it's also not linking and communicating effectively* (with the HRMs)*.”*

5.2.7.2 Lack of understanding the organisational needs (cf 1.4; 3.6.1; 3.7; 3.8)

The participants stated that the CFs are constrained in terms of being more active in the workplace as they are preoccupied with the student nurses. The participants felt that the circumstances of being distant from the key operations in nursing lead to a lack of understanding of the nursing skills and personnel required at the private hospital organisation. The participants added that, due to limited resources, the CFs are preoccupied with assisting the student nurses transfer the knowledge acquired from the HEI into the hospitals through the workplace experiential programme rather than performing an expanded role to meet the private hospital skills requirements.

(P5): *"…The* (CFs) *don't have the liberty of being so involved in the business to actually outline our needs to pin point, okay we are looking for this calibre* (of staff)*…they do try, but due to their circumstances I don't think they have the liberty to extend themselves further than what they have done."*

(P1): *"…definitely better structures…also what is happening in the* (nursing) *qualifications… there is going to be a lot of changes in terms of how the CF* (clinical facilitation)*…on site level is going to function. I definitely think they* (the campus) *need to look for better ways of how we can manage that."*

5.2.7.3 Bridging the gap between nursing education and nursing practice

Bridging refers to the "connection or contact between two different things: cultural exchanges are a way of building bridges between people" (Oxford Advanced Learner's Dictionary, 2015:178). *Practice* is the "way of doing something that is usual or expected way in a particular organisation or situation" (Oxford Advanced Learner's Dictionary, 2015:1166). This sub-category explores the aspect of building partnerships between HR managers and HRDPs by recording participant quotes below. The CFs play a crucial HRD role at the HEI and therefore need to forge relations with management and human resources managers (cf 2.2.8.4; 3.9.5). A participant believed that management, CFs, nursing management and academic staff need to forge partnerships towards supplying education, training and continuous professional development that meet the requirements of the organisation:

(P4*): "…at some stage we use to go to the Campus* (HEI)*…* (and state that) *we need this* (training), *we need this* (skills set), *they came to us* (with) *their team, there's a team that sat with us to discuss what* (skills development needs) *we want, the guys that designed the course presented it to them and eventually even now our guys* (nursing management) *are lecturing part time at the college…Good partnership. Management team*.*"*

The main category, *using HRD to influence organisation culture*, is presented below.

5.2.8 Using human resource development to influence organisation culture

This category and its sub-categories explore the extent to which the participants recognised the role of organisation culture and in doing so support the characteristics of SHRD as recorded in the participant quotes below (cf 1.6.2; 3.6.1). Culture is the "beliefs and attitudes about something that people in a particular organisation share" (Oxford Advanced Learner's Dictionary, 2015:364).

McCracken and Wallace (2000:285) suggest that HRD has a challenging role to play in 'orchestrating' strategic culture change in organisations.

Table 5.8 Using human resource development to influence organisation culture

Main category 8	Using human resource development to influence organisation culture	HRMs N=5
Subcategories	Co-creating learning and development with the doctors	2
	Using a customised orientation programme to introduce the organisation's culture	3
	Education, training and development linked to excellence and motivated staff	2
	Training and development linked to improved patient experiences	2
	Employees' attitude to education, training and development	3

The category *using HRD to influence organisation culture* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.8.1 Co-creating learning and development with the doctors

Within the context of this study, the doctors act as independents and consequently are not employed by the private hospitals. *Doctors* are "professionals who have been trained in medical science, whose jobs are to treat people who are ill, sick or injured" (Oxford Advanced Learner's Dictionary, 2015:439). Two participants felt that it is essential for the doctors to be involved in the learning and development of nurses. The participants shared their experiences that doctors are partnering with the hospital nurses to implement in-service and CPD (continuous professional development) training to improve on current competencies and working relations between the two:

(P1): *"…we've incorporated the doctors as well to give us some CPD* (for nursing staff) *interventions… so you really need to get the buy-in from the doctors."*

(P4): *"*(My hospital) *has got doctors who are lecturing at* (a) *medical school; they also do in service training with our staff* (nursing)*…midwives do attend the CPDs* (in nursing) *that was presented by the doctors to discuss the cases that are happening within the hospitals* (improved competencies of nursing staff)*."*

5.2.8.2 Using a customised orientation programme to introduce the organisation's culture (cf 1.4; 3.6.1; 3.8.1.2)

This sub-category explores the role of HRD in shaping the culture in organisations in accordance with the characteristics of SHRD (cf 3.6.1). *Customised* refers to "something to make or change to suit the needs of the owner: you can customise software in several ways to meet the user's needs" (Oxford Advanced Learner's Dictionary, 2015:368). *Orientation,* in this case, refers to the "training or information that you are given before starting a new job" (Oxford Advanced Learner's Dictionary, 2015:1055). The orientation programmes, within the context of the study, include both macro- and micro-level orientation programmes. The macro-level programme is designed by the HRD practioners from head office, whereas the micro-orientation is hospital specific and implemented by the participants (HRMs). The micro-level orientation is meant for the broader hospital stakeholders and not just the permanent employees. The participants shared their experiences with implementing macro- and micro-level orientation programmes at their hospitals. The macro-level (organisational) orientation is put together by the leadership at head office, while the micro-level (hospital-specific) programme focuses on the private hospital's vision, mission and strategic objectives (cf 2.2.8.4; 2.2.8.5; 3.5.2.2; 3.9.4). The participants indicated that the macro-level and hospital-specific orientation and on-boarding programmes are currently in place and help shape the culture in the workplace:

(P1): "…*ensuring that you enforce a conducive culture in the* (private) *hospital environment where there is training and development…that is something that HR has a big involvement in. We do have…the orientation programme and the on-boarding programme so new employees definitely are on-boarded quite well, one-on-one with my HR staff and then in orientation…in the departments as well we have our…values and our way* (of behaving) *and our strategic dreams that are being enforced by line managers on a constant basis."*

(P5): *"We do a macro orientation programme…that covers the strategic goals and plans and when you go back to your site there is a micro for your site particularly so that will speak to what's the needs of your* (private) *hospital and what your goals."*

A specific private hospital developed a programme to drive an awesome culture and experience for both patients and employees:

(P1): *"…Awesomeness campaign in terms of training and…enhancing the employees' journey…it all goes about linking a little bit back to your enhancing performance and development (EPD)*

linking of why do we want to be awesome, why do we want to give awesome care to any customer and that all links back to your values."

5.2.8.3 Education, training and development linked with excellence and motivated staff (cf 1.4; 2.2.1; 2.2.3)

This sub-category explores the aspect of HRD at the private hospital organisation to develop a culture of learning linked to delivering excellence in the job roles and improved level of staff motivation as indicated in the direct participant quotes below (cf 1.6.2; 3.3; 3.6). *Excellence* refers to the "quality of being extremely good: a reputation for academic excellence" (Oxford Advanced Learner's Dictionary, 2015:516). *Motivated* is "someone who has a reason to do something or behave in a particular way to achieve something especially if it requires hard work and dedication" (Oxford Advanced Learner's Dictionary, 2015:978). Two participants shared their experiences of how training and development could lead to improved levels of motivation and performances by employees. A participant indicated that HRD can be used to create a culture of career growth and development and pass on this knowledge (excellence) among other managers:

(P1): *"…You need to think clever…how we are going to motivate staff. We actually just appointed somebody with an MBA* (Master's in Business Administration) *as unit manager who has business skills* (excellence)*; we can use that manager to have some interventions with the other line managers."*

Another participant stated that HRD is used to improve confidence and levels of motivation among the employees:

(P4): *"…if they are not equipped with the training or necessary skills to do the job then…we going to be problem, staff are going to be less confident, that less confident is going to tie in with demotivated staff."*

A participant indicated that education, training and development are crucial for employees to be competent in their jobs (vertical growth) and grow their careers (horizontal growth). *Career* refers to the "series of jobs that a person has in a particular area of work, usually involving more responsibility as time passes" (Oxford Advanced Learner's Dictionary, 2015:217). The participant stated that employees should be empowered to take ownership of their development. The following quotation attests to this:

(P1): *"…how important training and development is linking that back to your goals, empowering your staff to say let's take the accountability, we need to realise why I need to train myself, I need to realise why I need to be competent in this role, not just for the benefit for the company but the benefit for myself as well* (through improved career growth prospects)*…so if you have that...mind-set from the employee perspective, from a line manager perspective and from your Exco then you'll have an effective system."*

5.2.8.4 Training and development linked to improved patient experiences (cf 1.4; 3.6)

Improved is to "become better than before; to make something better than before: his quality of life improved dramatically since the operation" (Oxford Advanced Learner's Dictionary, 2015:767). Within the context of this study, patient feedback forms are used to measure patient experiences at hospitals (cf 3.6.1). A participant stated that by sending staff on clinical and in-service training they were able to deliver exceptional patient care based on patient feedback:

(P4): *"So at the end of the day they do see the benefits of being trained, they deliver exceptional service to the clients."*

5.2.8.5 Employees' attitude to education, training and development

Attitude refers to "the way that you think and feel about something or somebody; the way in which you behave towards something/somebody that shows how you think and feel" (Oxford Advanced Learner's Dictionary, 2015:82). Based on the participants' responses regarding the attitude of employees regarding training and development, it became clear that employees' attitudes regarding training varied across the private hospitals. Positive experiences with HRD resulted in reduced external appointments, while those employees who had negative attitudes produced mediocre levels of work irrespective of attending training or not:

(P4): *"…we do minimise the recruitment cost by appointing our own people and the quality of output we get from our staff after we've invested money in them and the positive attitude they feel appreciated by the business."*

(P3): *"…individual development is realised with you* (employees). *So you can assess them with training and if they don't have the attitude…and the will to address those things or bring it into the workplace, it's never going to work. Then you get some of them that just don't bend… there's no initiative in them."*

A participant stated that a bad experience with HRD almost destroyed the culture of learning and career development at the private hospital:

(P2): *"There is always been a very good learning culture. But, one bad incident has almost...destroyed that; there was a grievance by one of the employees."*

The main category, *using efficiencies and return on investment to promote HRD*, are presented next.

5.2.9 Using efficiencies and return on investment to promote human resource development (cf 1.4; 3.6)

This category explores the characteristic of SHRD that refers to cost efficiencies and evaluation of human resource development solutions (cf 1.6.2; 3.6.1). Prominent HRD scholars argue that HRD must be results oriented and that the evaluation of its success must include the degree to which the organisational needs were met (Jackson, 1989; Garavan, 1991; Philips, 1991; Torraco & Swanson, 1995; Harrison, 1997; McCracken & Wallace, 2000 & Garavan, 2007). *Efficiency* refers to the "quality of doing something well with no waste of time or money: we are looking at the business to see where savings and efficiencies can be made" (Oxford Advanced Learner's Dictionary, 2015:478). *Return on investment* denotes the "amount of profit that you can get from something" (Oxford Advanced Learner's Dictionary, 2015:1284). *Promote* means to "help something happen or develop: policies to promote economic growth" (Oxford Advanced Learner's Dictionary, 2015:1193). All the sub-categories in this section explore the extent to which the participants evaluate the HRD interventions at private hospitals.

Table 5.9: Using efficiencies and return on investment to promote human resource development

Main category 9	Using efficiencies and return on investment to promote human resource development	HRMs N=5
Subcategories	Absence of a clearly defined HRD measurement tool	5
	Use of monthly reports to track planned versus actual training programmes per employee	5
	Opportunities to negotiate costs of training on national scale	2

The category, *using efficiencies and ROI to promote HRD,* is based on the following sub-categories and direct verbatim quotations contained in it:

5.2.9.1 Absence of a clearly defined human resource development measurement tool (cf 1.4; 3.6.1)

Absence refers to “the fact that somebody or something not existing or not being available; a lack of something: the case was dismissed in the absence of any definitive proof” (Oxford Advanced Learner’s Dictionary, 2015:4). *Measurement* is the “act or the process of finding the size, quantity or degree of something: the metric system of measurement” (Oxford Advanced Learner’s Dictionary, 2015:936). The participants stated that they do not use a formal, recognised HRD tool to measure the return on investment (ROI) on skills development.

(P2): *“I don't think that we've ever sat and said, this is the training that we've done for the year and this was the return on investment.”*

(P3): *“…I wouldn't say I have a formal ROI to measure anything, I don't have that.”*

A participant indicated that measuring the ROI is difficult due to the environmental conditions:

(P5): *“Oh…it’s hard to measure that…due to the environment; return on investment is a little bit difficult.”*

5.2.9.2 Use of monthly reports to track planned versus actual training programmes per employee

Reports may be a “written or verbal feedback on information about something you have heard, seen or done” (Oxford Advanced Learner’s Dictionary, 2015:1270). Within the context of this study, monthly reports are forwarded to the participants (HRMs) to track the progress made and amount invested in education, training and development interventions included in the training plan (cf 2.2.8.1; 2.3.1; 3.6.1). The participants stated that they get monthly reports so that they can track progress made against the WSP submitted to the Health and Welfare Sector Education and Training Authority (HWSETA) during the year. The participants use these reports to facilitate discussions held at the workplace transformation committees. The following verbatim quotation attests to this:

(P5): *“There’s a report…called the training variance report where you can look at where your needs are or has your actual training been done, how much of the monetary value you’ve spent… I discuss it at an Exco level…and it’s also discussed at the transformation committee.”*

5.2.9.3 Opportunities to negotiate costs of training on national scale

This sub-category explores the aspect that refers to the ROI and cost efficiencies of HRD as a characteristic of SHRD (cf 1.5; 1.6.2; 2.2.6; 2.2.8.3; 3.5.2.1; 3.6.1). *Negotiate* means to "try to reach an agreement by formal discussion: to negotiate a deal or contract" (Oxford Advanced Learner's Dictionary, 2015:1004). Within the context of this study, the HRDPs negotiate all service-level agreements with training providers. The participants shared their experiences on cost efficiencies that could be achieved through effective negotiations with training providers and in doing so achieve economies of scale (cost efficiencies). Opportunities exist for the HRDPs to negotiate training costs to stretch the limited budget available for non-nursing-related learning and development:

(P3): *"Cost-wise you going to save. She* (training provider) *tells me if you take ten or more; I can give it to you at almost half the cost. I'm thinking if that had to go through a centralised process, we could've just saved half."*

(P1): *"…you need to explore a little bit and if there is a training provider that can do it cheaper then we need to use that or using a training provider that's not going to cost you anything like we've used the doctors at the pharmaceutical companies."*

5.3 THEME 2: STRATEGIC HUMAN RESOURCE DEVELOPMENT MODELS

This theme seeks to respond to objective 4 of this study, which is to explore the extent to which HRD models implemented by the participants at a private hospital align with Garavan's (2007) SHRD model (cf 1.6.2; 3.7.4; 3.8).

The main category, namely *experiences using SHRD models*, is presented below.

5.3.1 Experiences using strategic human resource development models (cf 1.4; 1.6; 1.9; 3.7)

In this category, the participant quotes regarding their experiences with using SHRD models as part of the HRD processes at private hospitals are explored. *Models* are "something such as a system that can be copied by other people: the nation's constitution provided a model that other countries followed" (Oxford Advanced Learner's Dictionary, 2015:967).

Table 5.10: Experiences using strategic human resource development models

Main category 10	Experiences using strategic human resource development models	HRMs N=5
Subcategories	Limited exposure to HRD models	5
	The model includes the need to adopt a learning culture	2

The category, *experiences using SHRD models,* is based on the following sub-categories and direct verbatim quotations:

5.3.1.1 Limited exposure to human resource development models

Limited denotes "not very great in amount or extent restricted to a particular limit of time or numbers" (Oxford Advanced Learner's Dictionary, 2015:878). Within the South African context, the WSP model is adopted by organisations to comply with the Skills Development Act (97 of 1998) (cf 2.2.8.1). This model requires HRDPs to conduct a training needs analysis to determine core people development requirements aligned with the national and organisational critical and scarce skills (cf 2.2.8.1; 2.2.8.2). All the participants indicated that they are currently not aware of a specific HRD or SHRD model being used by the organisation. Most of the participants indicated that they have not had any exposure to any theoretical HRD models.

A participant in particular read about SHRD models prior to the interview and indicated if she had a choice she would select Peterson's SHRD model as this closely aligned with the learning culture at the private hospital:

(P1): *"No, I looked at what is important for me on site level. I want to link it to a model and which one would fit the best. But for me if I can link it to a certain model. I've also read about some of the models but if I can look at the Peterson model"*

5.3.1.2 The model includes the need to adopt a learning culture (cf 1.4; 3.6; 3.8.1.2)

This sub-category quotes participants' experiences regarding objective 4 of this study of exploring the extent to which HRD models implemented at the private hospital organisation consider SHRD focus, orientation, strategies, systems and practices (cf 1.6.2). *Adopt* means to "start to use a particular method or to show a particular attitude towards someone/something" (Oxford Advanced Learner's Dictionary, 2015:20). Within the context of the study, the learning culture directly correlates with the strategic pillars of accelerating transformation and growing with passionate people (cf 2.2.8; 2.2.8.1). A participant shared his/her theoretical experience regarding an ideal

SHRD model and the role of a good learning culture plays in ensuring the delivery of value adding HRD solutions. Another participant stated that it is important to promote a learning culture due to many change initiatives. The participants believed that a good learning culture and management commitment are fundamental at private hospitals:

(P1): *"…the Peterson model* (an SHRD model)*…talks about culture of learning and you know that is what we stand for…we need to create a culture of learning. It talks also about commitment…for improvement…from your Exco to your line manager from the employee to commit and then the capacity for readiness and your action plans and that can link back again to what is the strategic objectives from head office, what is my interventions what I want do on a site level and it also links to your CF* (clinical facilitator) *in your college…those…three things is the most important."*

(P5): *"Absolutely, we promote learning and development every day; I think it's something that you cannot not do. Especially now in our environment we have new initiatives all the time."*

The main category, namely *considering the international and national environments*, is presented next.

5.3.2 Considering the international and national environments (cf 1.4; 3.8.1.1)

In this category, participant quotes regarding the *international and national environments* of the SHRD model are indicated below (cf 1.6.2; 3.8.1.1).

Table 5.11: Considering the international and national environments

Main category 11	Considering the international and national environments	HRMs N=5
Subcategories	Prioritising the legislated training requirements	5
	Developing local registered nurses	5
	Meeting the objectives of the Employment Equity Act and broad-based black economic empowerment (B-BBEE) targets	5

This category is based on the following sub-categories and direct verbatim quotations contained in it:

5.3.2.1 Prioritising the legislated training requirements

This sub-category presents participant experiences within the national context of Garavan's (2007) SHRD model (cf 3.8; 3.8.1.1; 3.8.1.2). *Prioritising* means to "put tasks, problems in order of importance, so that you can deal with the most important first" (Oxford Advanced Learner's Dictionary, 2015:1183). Within the context of this study, legislated training refers to the mandatory training of professionals in order for them to meet the criteria required to maintain the registration as professionals with the respective professional bodies. Legislated training also includes workplace training prescribed by legislature, for example occupational health and safety training or firefighting and evacuation training (cf 3.8.1.1). The legislated training forms part of the training needs analysis process and budgets are allocated to legislated training (cf 2.2.8; 2.2.8.2; 2.3.1). The participants expressed their frustrations around legislated training in the clinical departments, which must be carried out in order to meet the requirements for healthcare professionals. The participants believed that an additional budget and focus should be allocated to critical and scarce training and development requirements (cf 3.8.1.1). This inference was made based on the responses provided below:

(P5): *"There is also certain legislative training that must be done so irrespective you got to put them on …you know it comes back down to the business and the quality that we are providing so it's important. They need it in their jobs because it's pivotal for them to have that because they recovering, saving lives."*

(P2): *"…the frustration is that…everybody must do basic life support* (legislated training). *So once we've done that training, there's no budget left* (scarce and critical skills)*."*

(P4): *"…It's the core of the business we had to keep abreast because they need to attend seminars, CPDs* (continuous professional development)*…they need to be up skilled…You need to comply."*

5.3.2.2 Developing local registered nurses

This sub-category quotes the participant experiences with the aspect on national labour market conditions titled "the global environment" of Garavan's (2007) SHRD model (cf 3.7.4; 3.8). *Local* refers to a "person or people who live in a particular place or district" (Oxford Advanced Learner's Dictionary, 2015:888). A participant indicated that the private hospital had even considered recruiting professional nurses from India, which was common practice; however, this was not

followed through and a decision was taken to invest in the local youth towards addressing the national shortages of registered nurses:

(P4): *"Indian nurses; there were nurses that we recruited. In order to close the gaps, the skills* (shortage) *in the country…. we had to also focus on our own local talent. To give bursaries to our own local (employees and students) due to the high unemployment. The CEO…came back and…felt that instead of bringing the nurses from India, let us inject the money to our own country to fight the high rate of unemployment."*

5.3.2.3 Meeting the objectives of the Employment Equity Act and broad-based black economic empowerment targets (cf 2.2.8.1; 2.2.8.2; 3.8.1.1; 5.2.4.1)

This sub-category presents participants' experiences with the aspect of the national skills development landscape (cf 2.2.8; 2.2.8.1; 2.2.8.2). Based on the Employment Equity Act (55 of 1998), affirmative action is applied to safeguard equitable representation of designated groups (previously disadvantaged people – therefore black people, who are in the majority in South Africa, women and people with disabilities) at all occupational levels and categories (cf 2.2.8.1; 2.2.8.2). The Broad-Based Black Economic Empowerment Act (Act 53 of 2003) aims to ensure that the economy is transformed to empower the meaningful involvement of the majority of its citizens and to further create capacity within the broader economic landscape at all levels through skills development, employment equity, socio-economic development, preferential procurement, enterprise and supplier development (especially small and medium enterprises), promoting the entry of black entrepreneurs into the mainstream economy, and the advancement of its organisations (cf 2.2.8.1; 2.2.8.2).

Within the context of this study, the *growing with passionate people strategy* is intrinsically aligned with the strategy of accelerating transformation, which ensures that the investment in HRD allows for equal access. Garavan's (2007:17) model illustrates the need to align HRD with national conditions, such as the labour market characteristics, and local conditions, such as socio-economic and political trends. Similarly, the access to formal education and training must be aligned with the employment equity plans ensuring that career and learning pathways are designed to ensure equitable representation of all race and gender groups across all occupational levels (cf 3.6.1; 3.7.4; 3.8). Within the context of this study, the B-BBEE scorecards developed by the National Department of Trade and Industry (DTI) is a tool to measure the extent to which organisations have transformed since the previous dispensation towards being more inclusive and representative of all people in South Africa (cf 2.2.8.1; 2.2.8.2).

The participants shared their experiences with linking the transformation and employment equity targets with their training plans. The statements below confirm that HRD is strongly aligned with the transformation agenda and in doing so seek to respond to the national environmental context within the external environment (a characteristic of SHRD, cf 5.2.4). The participants stated that the HRD interventions are closely aligned with the hospital transformation plan, which collectively addresses regional and national targets (cf 2.2.8.1; 2.2.8.2). The transformation targets are provided from head office (from the HRDPs), which links into the B-BBEE scorecards (cf 2.2.8.1; 2.2.8.2).

(P1): *"that will link to my employment equity…B-BBEE* (broad-based black economic empowerment) *standards and your scorecards to ensure that whatever our goals...whatever on your plan that you submitted on your EE* (employment equity) *plan that you are training and developing the correct amount of staff…on a management level we need to develop…or appoint more ACI (African, Coloured & Indian) candidates. So if you can develop and train more people in the ACI level to ensure that you have the correct candidates to appoint then on a management level* (pipeline)*…Training and development will link back to what your goals is where you want put your workforce in."*

(P3): *"Yes, very important. I sit closely with my transformation committee members, I present to them with the national requirements are…planning the whole training needs, once documented formula-driven will tell me exactly listen you've achieved 60% of ACI (designated groups) and so many percent of PWD (people with disabilities)."*

(P4): *"Drive transformation at hospital level…which also feeds up to regional…up to national level. And if you look at it, it's also integrated as part of our transformation plan. We don't just appoint and put the bodies there, we need to develop and train those bodies. Whether it can be EE* (employment equity) *candidate or not."*

The main category recognising the organisational, functional and employee needs is presented below.

5.3.3 Recognising the organisation, functional and employee needs (cf 3.8.1.2)

This category presents participant experiences with the aspect regarding the extent to which HRD models implemented at the private hospital organisation consider the organisational; function (job) and individual (employee) contexts. Recognising the organisational, functional and employee education, training and development needs forms part of level 2 of Garavan's (2007)

SHRD model. *Recognising* means to "acknowledge admit or become aware that something exists or is true" (Oxford Advanced Learner's Dictionary, 2015:1247).

Table 5.12 Recognising the organisational, functional and employee needs (cf 3.8.1.2; 3.8.1.3; 3.8.1.4)

Main category 12	Recognising the organisational, functional and employees needs	HRMs N=5
Subcategories	Understanding the bigger picture	2
	Seen as an administratively laden process	2

The category, *recognising the organisational, functional and employee needs,* is based on the following sub-categories and direct verbatim quotations contained in it:

5.3.3.1 Understanding the bigger picture

This sub-category quotes two participants' responses to line managers' understanding of how HRD supports them in achieving department and hospital strategic objectives. Both participants supported the line managers in ensuring that the employees are suitably skilled to implement strategic objectives, but felt that ultimately the line manager must lead the culture of continuous learning and development in their departments. A participant stated that by being part of and understanding the bigger picture, the HRD efforts may contribute to the realisation of organisational standards:

(P1): *"Training and developing them* (employees) *to ensure that* (they) *see the bigger picture at the end of the day. I cannot do organisational development for the hospital employees. She* (line manager) *knows what going on in her department and if you empower them and equip them, that they can also run their department,* (as) *they understand what's happening in their department, they understand how important OD* (organisational development) *is, how important training and development is linking that back to your goals."*

(P5): *"…we understand that we are part of a bigger picture and we contribute to the national targets so we need to perform and we need to meet our targets in both transformation in terms of our training plan, skills development… for us to meet the* (organisational) *standard as well."*

5.3.3.2 Seen as an administratively-laden process

In this sub-category, participant quotes on the aspect of identifying the organisational, job function and employees' education, training and development needs through the WSP processes are presented below. *Laden* is often used as an "adjective showing that something is full of or loaded with, the thing mentioned" (Oxford Advanced Learner's Dictionary, 2015:845). Participants stated that performance reviews require constant reviews by line managers. Participants have to work overtime to load the nurses' performance reviews, which adds to his administration burden in order to assist the nurse unit managers:

(P1): *"You will have constant* reviewing (by line managers)*, monthly actually, but then you will have your formal reviews twice a year where we will determine if the employee is doing what he/she is supposed to do, if he/she is performing and where we can develop him/her."*

(P3): *"…I can understand that there's (work-related) demands on the nursing side. So there's nobody to do their administrative work. I have to sit here after hours and load as much as I can* (nurses' EPD reviews)*, just to assist my unit managers."*

The main category, namely *alignment with HRD focus, orientation, strategies, systems and practices*, is presented next.

5.3.4 Alignment with human resource development focus, orientation, strategies, systems and practices (cf 1.8.1; 1.9; 3.8.1.2)

For the purpose of this category, Garavan's 2007 SHRD model features three aspects, namely (1) focus, (2) orientation, and (3) strategies, which exist under the HRD band of focus, orientation, systems, policies and practices (cf 3.8.1.2). Participant quotes regarding the extent to which HRD models implemented at the private hospital organisation consider SHRD focus, orientation, strategies, systems, policies and practices are indicated in the sub-categories below. HRD focus relates to exploratory or exploitive opportunities in organisations (cf 3.8.1.2). Secondly, HRD orientation refers to the capabilities of HRDPs to act as change agents within organisations (cf 3.8.1.2). Lastly, HRD strategies refer to the ability of HRDPs to deliver organisational learning through organisational change to achieve improved performances (cf 3.8.1.2).

Table 5.13: Alignment to human resource development focus, orientation, strategies, systems and practices (cf 1.6.2; 3.8.1.2)

Main category 13	Alignment with human resource development focus, orientation, strategies, systems and practices	HRMs N=5
Subcategories	HRD forms part of the HR function	4
	Lack of innovation in learning and development	3
	HRD is competing with other HRM priorities	5
	Positive impact of training in change management	3

The category, *alignment with HRD focus, orientation, strategies, systems and practices,* is based on the following sub-categories and direct verbatim quotations contained in it:

5.3.4.1 Human resource development forms part of the human resource function (cf 1.4; 2.2; 2.2.1; 2.2.2; 2.2.3; 2.2.4; 3.8.1.2)

Within the context of this study, the field of HRD resides within the HR department and is seen as a supporting function to the organisation to enable the departments to achieve the collective strategic objectives (cf 2.1.1; 2.2.1). This subcategory demonstrates to which extent HRD practices at the private hospital organisation integrate horizontally with HRM (cf 3.8.1.2). Based on the experiences of the participant statements illustrated below, it becomes evident that HRD forms part of the HR function. Moreover, HRD is seen as an enabler towards talent acquisition, staff retention and organisational development:

(P1): *"…Definitely aligned because learning and development is for your staff and … learning and development is one of the most important parts for me in HR… it all goes back to talent acquisition, retaining of staff, looking at organisational development, somebody with excellent skills, are we using that person effectively in right position, should we not use that person, train…and use that person more effectively in another environment."*

(P3): *"Learning and development has to be part of HR, has to be part of the whole HR portfolio."*

5.3.4.2 Innovation in learning and development (cf 2.2.8.3; 3.2; 3.9.4.1; 3.9.1)

This sub-category quotes participant experiences regarding the degree to which SHRD orientation (Garavan's 2007 SHRD model) is evident at the private hospital organisation. The SHRD orientation requires the HRDPs to deliver innovative HRD solutions by acting as a strategic

partner to management and a strategic change agent (cf 3.8.1.2). “Innovation” means the “introduction of new things, ideas or ways of doing something” (Oxford advanced learner’s dictionary, 2015:787). The participants felt that innovation is critical in order for HRD interventions to be sustainable and relevant to organisational needs. Based on the experiences mentioned by a participant, it was clear that the training programmes did include innovation to some extent:

(P2): *“I think that a little bit of innovation. I can recall our meetings where we complain about the budgets and then we are told we need to be innovative. But, even with innovation you need some money…. I felt that there's not enough guidance* (from HRDPs)*.”*

Other participants felt that they did not have the mandate to be innovative due to legislated requirements and needed more guidance from the HRDPs:

(P4): *“There is innovation. The training that was identified by your WSP process…remember that not all training would be innovative only a certain component will be innovative because some* (training)*…is legislatively driven.*”

(P3): *“I've stuck to the structure of* (head office) *so I haven't* (innovated)*.”*

5.3.4.3 Human resource development is competing with other human resource management priorities (cf 2.2.1; 2.2.2; 2.2.3; 2.2.4; 3.8.1.2)

This sub-category responds to the extent to which HRD is horizontally aligned with HRM at private hospitals (cf 3.3; 3.6; 3.6.1; 3.7.1; 3.7.2; 3.7.3; 3.7.4). *Competing* is to “try to be more successful than someone else who is trying to do the same as you” (Oxford Advanced Learner’s Dictionary, 2015:298). The participants confirmed that due to the HR generalist nature of their HRM roles at private hospitals, they cannot provide as much time towards learning and development (HRD) as they would like to:

(P2): *“If I have time to look at it* (HRD)*, it's something that I find very enjoyable.”*

(P5): *“I’m involved in everything from IR* (industrial relations) *to training and development, to strategic leadership, consultation, the handling of payroll, the very operational transactional processes, staff well-being, and a complete generalist function.”*

5.3.4.4 Positive impact of training in change management (cf 3.8.1.2; 3.9.2; 3.9.4; 3.9.5)

The participants' quotes regarding the aspects of SHRD strategies, systems and practices are presented below. The SHRD strategies, systems and practices form part of Garavan's (2007) SHRD model (cf 3.7.4). Change management offers solutions for the effective application of organisational reforms through *change agents* who are assigned with the duty and concomitant powers necessary to effect change in policy or practice (Antwi & Kale, 2014:2). Within the context of this study, change management impact and readiness assessments are conducted within the nursing, pharmacy and divisions by the participants (HRMs) to determine the people, processes and technology required to bring about efficiencies and the mitigation of risk associated with the change initiative (cf 3.8.1.2). The participants shared their experiences with change management. It became clear from the participants' quotes that training formed part of the change management and organisational development initiatives. The change management training led to positive change results at the private hospitals:

(P4): *"I had to do a change management starting from hospital management; my hospital manager had to engage the doctors because it's a huge change."*

(P5): *"…we've had a few of restructuring…processes that have taken place and as much as HR is the change agent obviously it is done in a consultative process…with the involvement of both the line manager and the employees. So training and development has been quite instrumental in that because they do offer things like resilience training and… And diversity* (training) *so you know how to handle and coach and be able to assist in change management process which can be very difficult."*

The main category, namely *the importance of stakeholder satisfaction*, is presented next.

5.3.5 The importance of stakeholder satisfaction (cf 3.9.4)

In this category, participant quotes regarding the aspect of the stakeholder satisfaction context of Garavan's (2007) SHRD model as described in Chapter 3 (cf 3.7.4; 3.9.4; 3.9.4.1; 3.9.4.2) are presented below. A *stakeholder* is a "person or company that is involved in a particular organisation, project or system, especially because they have a vested interest" (Oxford Advanced Learner's Dictionary, 2015:1470). *Satisfaction* refers to the "good feeling that you have when you have achieved something or when something that you wanted to happened does happen" (Oxford Advanced Learner's Dictionary, 2015:1330).

Table 5.14: The importance of stakeholder satisfaction (cf 1.4; 1.6; 3.9.4.1; 3.9.4.2)

Main category 14	The importance of stakeholder satisfaction	HRMs N=5
Subcategories	Use of employee engagement surveys	5
	Use of patient feedback surveys	5

The category, *importance of stakeholder satisfaction,* is based on the following sub-categories and direct verbatim quotations contained in it:

5.3.5.1 Use of patient feedback surveys (cf 3.6; 3.6.1)

This sub-category presents participants' quotations regarding the aspect of patient satisfaction (stakeholder satisfaction) experienced at the private hospital organisation through improved levels of skills. *Feedback* is the "advice, criticism or information about how good or useful something or somebody's work is" (Oxford Advanced Learner's Dictionary, 2015:552). *Surveys* are an "investigation of the opinions and behaviours of a particular group of people, which is usually done by asking them questions" (Oxford Advanced Learner's Dictionary, 2015:1525). Patient feedback surveys were discussed in Chapter 3 (cf 3.6.1). Within the context of this study, patient surveys are conducted in real time at the private hospitals to measure patient experiences (cf 3.6.1). The participants confirmed that patients at the hospitals complete an online survey regarding their experiences at the private hospitals. The outcomes of these online surveys are then used to identify HRD interventions to improve the competencies and productivity of staff. The following quotations attest to this:

(P1): *"They* (the patients) *fill in a patient's survey questionnaire on the iPad, and then…we can see what is the attitude* (of) *the staff, did they live the values…what was the competency of the staff. So, yes definitely feedback from the patients, our nursing manager…evaluates…and sees where there is training needs and development that we need to be done…Thereby you will improve…your customer centricity* (stakeholder satisfaction)*, your productivity etcetera."*

(P4): *"Yes, to assess what level of training or we do look sit and look at the scores* (patient survey scores)*. We see the* (skills) *gaps, and we go through departments where we had to give compliment to staff based on those patients' feedback surveys."*

5.3.5.2 Use of employee engagement surveys (cf 3.6.1; 3.9.3)

This sub-category presents the participant quotes regarding the aspect of employee engagement and satisfaction (internal stakeholder satisfaction) at private hospitals. *Engagement* denotes being "involved with someone/something in an attempt to understand them/it better" (Oxford Advanced Learner's Dictionary, 2015:494). Within the context of this study, employee engagement surveys are conducted to shape the organisational culture and improve engagement with the employees (cf 3.6.1; 3.9.3; 5.2.8.4). It became clear from the quote that follows that employee surveys are used to gauge the culture and opportunities to identify appropriate opportunities for development to improve the culture:

(P1): *"We've done... some* (employee) *engagement survey…how do you* (employee) *feel the culture is what do you want to improve …we touched as well on learning and development and training and what do they* (employees) *feel…what extra training and development* (is needed*)."*

A participant stated that the engagement surveys indicate the type of training required by employees:

(P5): *"We have a staff engagement survey…and staff actually would indicate that they would like more training in certain areas for example admin is one of the areas that would say they need more training because they don't generally* (receive training)… *they* (employees) *want to do something in finance like an accounting qualification..."*

The main category, namely *the importance of HRDPs*, is presented below.

5.3.6 The importance of human resource development practitioners (cf 3.7.3; 3.9.4.2; 3.9.5; 3.9.6)

HRDPs are responsible for the design, development, implementation and evaluation of HRD strategy, policies and processes for organisations (cf 3.9.5; 3.9.6). Within the context of this study, the employees in the HRD department are referred to HRDPs.

Table 5.15: The importance of human resource development practitioners

Main category 15	The importance of human resource development practitioners	HRMs N=5
Subcategories	Sharing the HRD strategy with hospital leadership teams	5
	Fear of making private hospital specific decisions	3

The category, *importance of HRD practitioners,* is based on the following sub-categories and direct verbatim quotations contained in it:

5.3.6.1 Sharing the human resource development strategy with hospital leadership teams

This sub-category includes participant quotes on the extent to which HRD models implemented at the private hospital organisation include HRDPs as a key component of the model (cf 1.6.2; 3.9.5; 3.9.6). *Sharing* refers to "give some of what you have to someone else; to let someone use something that belongs to you" (Oxford Advanced Learner's Dictionary, 2015:1376). *Strategy* is the "process of planning something or putting a plan into operation in a successful way" (Oxford Advanced Learner's Dictionary, 2015:1495). *Teams* are a "group of people who work together at a particular job" (Oxford Advanced Learner's Dictionary, 2015:1552). Within the context of this study, ideally speaking, the HRD strategy should be aligned with the strategic pillars of accelerating transformation and growing with passionate people (cf 2.2.8; 2.2.8.1; 2.2.8.2). The participants (HRMs) generally felt that there were opportunities to share the organisation strategy. Exco teams were clustered together on leadership development programmes facilitated through an external provider to assist the teams to co-create strategies. A participant expressed this as follows:

(P4): *"Yes that are taking the Exco pair them up as clusters, they go out while we discuss strategy. It's also done through an external training provider. Is also part it's a leadership training."*

A participant felt that they had a weak HRD strategy and it was easier to share the organisation and hospital strategy in a smaller private hospital than in the larger private hospitals:

(P1): *"…My* (HRD) *strategy is weak…I feel that we don't have that buy-in as yet. Especially in a bigger organisation…it's much easier to implement such a strategy in a smaller site…but if I look at* (my hospital) *I would say I'm...sixty, seventy percent there."*

5.3.6.2 Fear of making private hospital-specific strategic human resource development decisions (cf 1.4; 3.6.1; 3.8.1.2)

This sub-category records a particular participant's (HRM's) quote regarding the aspect of support received from the HRDPs at a private hospital (cf 1.4; 1.6.2; 3.9.5; 3.9.6). *Decision* is a "choice or judgement you make after thinking and talking about what is the best thing to do" (Oxford Advanced Learner's Dictionary, 2015:386). A participant stated that he was too scared to be innovate outside of standard HRD policy as suggestions would often be blocked by the HR leadership:

(P3): *"We too scared to go outside the policy here… it's very negative…now you have to complete a long document, send it over to regional* (HR leadership)*, it gets blocked there. By then you've lost half your skilled staff already…And for me a policy is just a guideline, it shouldn't be cast in stone…if you do something wrong you are referred to the policy* (by the HRDPs and HR leadership)*, did you do it according to that* (HRD policy or procedures)*?"*

For the sake of completeness, the themes, main categories and sub-categories that emerged from the semi-structured interviews are summarised below.

THEME 1: EXPERIENCES WITH THE CHARACTERISTICS OF STRATEGIC HUMAN RESOURCE DEVELOPMENT

MAIN CATEGORY 1: ALIGNING HUMAN RESOURCE DEVELOPMENT WITH THE ORGANISATION'S VISION, MISSION STATEMENT AND GOALS

1.1 Conducting a training needs analysis (TNA)
1.2 The alignment of individual development needs with the organisational objectives
1.3 Growing with passionate people
1.4 Approval of workplace transformation and training plans

MAIN CATEGORY 2: SENIOR MANAGEMENT SUPPORT FOR HUMAN RESOURCE DEVELOPMENT

2.1 No real buy-in from top management for non-nursing functions
2.2 Good support received from hospital Exco team
2.3 Unequal approval of training budgets

MAIN CATEGORY 3: SCANNING OF THE EXTERNAL ENVIRONMENT TO IDENTIFY OPPORTUNITIES FOR HUMAN RESOURCE DEVELOPMENT

3.1 Understanding the nursing industry and qualifications

3.2 Lack of environmental analysis for non-nursing functions

3.3 No benchmarking trends with HRMs at private hospitals

3.4 Driven from a head office level

MAIN CATEGORY 4: ALIGNING HUMAN RESOURCE DEVELOPMENT WITH THE NATIONAL SKILLS DEVELOPMENT AGENDA

4.1 Scarcity of qualified registered nurses

4.2 Scarcity of suitably qualified technical professionals

4.3 Removing absolute barriers to accessing HRD

MAIN CATEGORY 5: ESTABLISHING STRATEGIC PARTNERSHIPS WITH LINE MANAGERS

5.1 Taking accountability for learning and development of employees

5.2 Open lines of communication regarding people development

5.3 Empowerment of line managers to drive HRD in their departments

5.4 Fear of raising expectations of employees

MAIN CATEGORY 6: BUILDING RELATIONS WITH THE HUMAN RESOURCE DEVELOPMENT PRACTITIONERS

6.1 Easy access to the HRDPs at head office

6.2 Opportunities exist for further interaction with the HRDPs

MAIN CATEGORY 7: EXPANDED ROLES OF THE TRAINING FACILITATORS BEYOND THE CLASSROOM

7.1 Good communication between the faculty of nursing education and hospital clinical facilitators

7.2 Lack of understanding the organisational needs

7.3 Bridging the gap between nursing education and nursing practice

MAIN CATEGORY 8: USING HUMAN RESOURCE DEVELOPMENT TO INFLUENCE ORGANISATION CULTURE

8.1 Co-creating learning and development with the doctors

8.2 Using a customised orientation programme to introduce the organisation’s culture

8.3 Education, training and development linked to excellence and motivated staff

8.4 Training and development linked to improved patient experiences

8.5 Employees attitude to education, training and development

MAIN CATEGORY 9: USING EFFICIENCIES AND RETURN ON INVESTMENT TO PROMOTE HUMAN RESOURCE DEVELOPMENT

9.1 Absence of a clearly defined HRD measurement tool

9.2 Use of monthly reports to track planned versus actual training programmes per employee

9.3 Opportunities to negotiate costs of training on national scale

THEME 2: STRATEGIC HUMAN RESOURCE DEVELOPMENT MODELS

MAIN CATEGORY 10: EXPERIENCES USING STRATEGIC HUMAN RESOURCE DEVELOPMENT MODELS

10.1 Limited exposure to HRD models

10.2 The model includes the need to adopt a learning culture

MAIN CATEGORY 11: CONSIDERING THE INTERNATIONAL AND NATIONAL ENVIRONMENTS

11.1 Prioritising the legislated training requirements

11.2 Developing local registered nurses

11.3 Meeting the objectives of the Employment Equity Act and broad-based black economic empowerment (B-BBEE) targets

MAIN CATEGORY 12: RECOGNISING THE ORGANISATIONAL, FUNCTIONAL AND EMPLOYEES NEEDS

12.1 Understanding the bigger picture

12.2 Seen as an administratively laden process

MAIN CATEGORY 13: ALIGNMENTS WITH HUMAN RESOURCE DEVELOPMENT FOCUS, ORIENTATION, STRATEGIES, SYSTEMS AND PRACTICES

13.1 HRD forms part of the HRM function

13.2 Lack of innovation in learning and development

13.3 HRD is competing with other HR priorities

13.4 Positive impact of training on change management

MAIN CATEGORY 14: THE IMPORTANCE OF STAKEHOLDER SATISFACTION

14.1 Use of employee engagement surveys

14.2 Use of patient feedback surveys

MAIN CATEGORY 15: THE IMPORTANCE OF HUMAN RESOURCE DEVELOPMENT PRACTITIONERS

15.1 Sharing the HRD strategy with hospital leadership teams

15.2 Fear of making private hospital-specific SHRD decisions

5.4 SUMMARY

In this chapter, the analysed data were presented. Two (2) themes, fifteen (15) main categories and forty-six (46) sub-categories were identified and presented. Some of the key themes that emerged from this chapter included the following:

- HRD is perceived to be competing with other HRM priorities at the private hospital organisation (cf 5.3.4.3)
- There appears to be no real buy-in and support from top management for non-nursing related HRD interventions (cf 5.2.2.1). The unequal approval of training budgets which favour nursing related education and training illustrates the inadequate support from top management (cf 5.2.2.3).
- The lack of a clearly defined human resource development measurement tool made it difficult for top management to support HRD at the private hospital organisation (cf 5.2.9.1).
- The participants and HRDPs did not have a clear understanding of the organisational HRD needs (cf 5.2.7.2).
- The participants demonstrated limited exposure to HRD and SHRD models (cf 5.3.1.1).
- Top management viewing HRD as an administratively laden process (cf 5.3.2.2).

The interpretations and discussions of the findings stated in Chapter 5 will be provided in Chapter 6. Additionally, the summary of previous chapters, discussion of findings, recommendations ensuing from the study and recommendations for future research in SHRD will be presented in Chapter 6. The final chapter will conclude with the limitations of the study and final concluding remarks.

CHAPTER 6: SUMMARY, DISCUSSION, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This concluding chapter commences with a summary of the findings from the previous chapters concerning the *extent* to which human resource managers (HRMs) implemented the characteristics and models of strategic human resource development (SHRD) *at a private hospital organisation* (cf 6.2). An interpretation of the findings discussed in Chapter 5 is presented next (cf 6.2). The recommendations that ensued from this study will be discussed, followed by areas for future research required in the field of SHRD within a local context (cf 6.4). The section will conclude with the limitations identified (cf 6.5) and an overall conclusion drawn from the study.

6.2 SUMMARY OF CHAPTERS

In order for SHRD to contribute towards the domestic economic recovery and reacting to the current unequal socio-economic challenges, all sectors of the South African economy have a pivotal role to play in contributing to the national human resource development (NHRD) agenda (cf Chapter 1). Garavan's (2007) SHRD model seeks to respond to the aforementioned challenges by aligning the multinational, organisational and individual learning and development needs to human resource (HR) practices and systems. Albeit empirical research on SHRD among multinational and indigent organisations are limited, the limitations of empirical studies are more profound for South African hospitals (cf 1.9). The literature study conducted revealed that limited studies have been conducted in the international healthcare industry, with no evidence of SHRD studied in a local private hospital organisation (cf 1.9).

The advent of globalisation brought about an influx of multinational corporations into the South African market since the democratic dispensation, which necessitated a change in the workforce skills sets (cf Chapter 1). More specifically, in the local public and private healthcare industry, organisational leaders are concerned about the current mismatch in the availability of suitably skilled mid-level and registered professionals to service the ever-growing need for affordable healthcare (cf 1.2). It was argued that SHRD solutions are required to address the aforementioned mismatch and to address long-term national challenges of the industry (cf 1.2). Human resource development (HRD) scholars are required more than ever before to understand how HRD can play an active role in preparing the global workforce to meet the multi-faceted skills required in the rapidly changing socio-economic and geo-political conditions (cf Chapter 1). A review of the

literature *per se* could not shed light on whether HRD approaches are adopted at private hospitals to respond to these multiple intersecting strategic priorities (cf 1.4). A review of the current body of scholarship in SHRD also revealed that limited studies have been conducted within a South African context (cf 1.4; 4.2). It also became evident that one of the limitations in the field of SHRD as a means to integrate HRD strategy as a precursor to strategic management is that the field is not empirically tested widely enough to build on the existing SHRD theories, characteristics and models (cf 1.2). This study therefore sought to add to the existing body of scholarship in the field of SHRD by exploring the use of SHRD practices and models by human resource managers (HRMs) at a private hospital organisation.

In Chapter 2, the first secondary research question, namely: *How are the field of human resources (HR) and subfields of human resource development (HRD) and human resource management (HRM) conceptualised in the literature?* was addressed. This research question was answered by discussing the concepts of HR, HRD and HRM through the review of literature. The literature review included the emergence of HRD from traditional training and development and understanding the differences between the fields of HRD and HRM (cf 2.1). The secondary research question was answered by discussing the theories supporting the field of HRD, followed by the field of international HRD (IHRD), HRD within a South African context and the contextualisation of HRD for practice (cf 2.2.1; 2.2.2; 2.2.3; 2.2.4; 2.2.5; 2.2.6; 2.2.7; 2.2.8).

It became evident from the literature of local HRD studies that the extent to which human resource development practitioners (HRDPs) experienced challenges in implementing the Human Resource Development Strategy South Africa 2010-2030 (South Africa, 2009b:8) (HRD-SA) (cf 2.2.8.5). The findings from the local HRD studies align with some of the characteristics of SHRD, particularly within multinational contexts (external environmental factors) (cf 1.4; 2.3). The literature reviewed in Chapter 2 revealed a need for the substantial transformation of HRD to reflect the demands and realities faced by organisations and individuals operating in the 21st century (cf 2.3). The literature on local HRD practices revealed that the NSDS and HRD-SA seek to align demand-side labour requirements with the supply of education, training and development provided by higher education institutions and training providers. Based on the literature reviewed in Chapter 2, a more strategic outlook on HRD to leverage employee-related skills, abilities and knowledge as a source of maintaining competitive advantages is now required if the field is to remain relevant for practice (cf 2.3.2). The outcomes of the literature reviewed in Chapter 2 gave rise to the emergence of the field of SHRD, including the characteristics and models of SHRD.

In Chapter 3, the second secondary research question, namely: *How are the characteristics and models of SHRD conceptualised in the literature?* was addressed. Three particular theoretical lenses, namely human capital theory, resource-based theory and behavioural theory have been used to understand the contributions of SHRD to both employees and organisations (Garavan & Carbery, 2012:25-28). The theoretical perspectives gave rise to the nine characteristics of SHRD (cf 3.6.1) and Garavan's (2007) model of SHRD (cf 3.7; 3.8). Through the literature, I explored the characteristics of SHRD that serve as the guidelines for practitioners.

It became evident from the literature reviewed in Chapter 3 that those HRDPs that could integrate HRD with the organisational mission, vision and goals would empower them to become part of the executive decision-making bodies (McCracken & Wallace, 2000:281-290). Moreover, it has become essential for the executives and senior management to take ownership by leading discussions around HRD (cf 3.6.1). It was argued that top management needs to scan the environment and understand the HRD implications thereof brought about by the changes in the organisational environment (cf 3.6.1).

McCracken and Wallace (2000: 283-284) posit that in order for SHRD to flourish in organisations, HRD policies, procedures and plans must be reinforced by a global HRD strategy that, in turn, is aligned with the overarching strategy. It could be inferred from the thoughts of these prominent SHRD authors that, without the formation of strategic partnerships with top management and HRMs, the implementation of HRD strategies would be impossible (cf 3.6.1). HRDPs must transition into change agents to influence cultural change in a proactive manner to promote a learning philosophy. It can be deduced from the literature review regarding the characteristics of SHRD to enforce the need for HRD to be seen as value adding and results oriented in order to be widely accepted by decision-makers.

The most prominent SHRD models were discussed in Chapter 3 (cf 3.7); however, Garavan's (2007) SHRD model was elaborated on in detail due to its wide acceptance by HRD scholars and authors. Moreover, the ability of the model to incorporate the HRD policies, procedures and practices to the individual (employee), organisational culture, mission, vision and goals has warranted the model's rise to the fore (cf 3.7.4). The vertical integration of the model included the alignment of the local, national and multinational external environments with the organisational context (strategy, structure, culture and leadership, job context and individual expectations, employment and career development) (cf 3.7.4; 3.8).

It can be inferred that Garavan's (2007) SHRD model illustrates the horizontal alignment of organisational structures with HR systems, practices and policies; through strategic organisational partners required to deliver innovative learning solutions to meet organisational performance through change. The HRDP is, at the centre of the model, expected to possess the requisite values, competencies, reputation and integrity to partner with leadership in delivering value-adding solutions to fulfil stakeholder expectations (Garavan, 2007:11-30).

In Chapter 4, the qualitative research design, research strategy and phenomenological research adopted for this study were described (cf 4.1). The study adopted a qualitative research design to explore the HRMs' experiences with the characteristics and models of SHRD at a private hospital organisation. The rationale for adopting a qualitative research design was to gain a deep understanding of the phenomenon studied (cf 4.2.1). The interpretivist approach allowed me to understand the use of the characteristics and models of SHRD through the meanings that the HRMs at the private hospital organisation assigned to them (Nieuwenhuis, 2016a:60-62). The advantages and disadvantages of using qualitative studies were tabulated and discussed in the chapter (cf 4.2.2). I also indicated how I would address some of these disadvantages inherent to this qualitative study (cf 4.2.2).

The research method included a discussion on the research setting, and the researcher's role in the study (cf 4.3.2; 4.3.3). The research design included a discussion of the configuration of the study population and the sampling of this study (cf 4.4). The study population consisted of HRMs employed at a private hospital organisation (cf 4.4.1). Therefore, I selected five HRMs from a private hospital organisation in the Gauteng province. It emerged that this sample was sufficient, as data saturation was reached. Clear identification and formulation of pre-selected criteria for the selection of the participants were outlined and adopted as part of the research method as suggested by Nieuwenhuis (2016b:83).

The data collection methods included using semi-structured interviews with interview schedules to assist me as a novice researcher (cf 4.5.1; 4.5.2). Observation and field notes were used to note the non-verbal cues observed during the interviews, as well as record observations as they occurred. Permission was obtained before using a tape recorder for fuller records to support the notes taken during the interview (cf 4.5.1 to 4.5.4). The qualitative approach to data collection, synthesis and analysis of the raw data was discussed before implementation of the empirical research (cf 4.6). The reliability, validity and trustworthiness, as well as ethical considerations and reporting applicable to this qualitative study were presented in Chapter 4 (cf 4.7 to 4.9).

In Chapter 5, the data of five (5) transcribed individual semi-structured interviews with five HRMs, who were employed at a private hospital organisation at the time of conducting the interviews (cf 4.4; 5.1), was presented (cf 4.2.2; Annexure 1; 5.1). The raw data was analysed resulting in two (2) themes, fifteen (15) main categories and forty-six (46) subcategories (cf 5.1; 5.5). The semi-structured individual interviews were conducted in English and the original verbatim quotes were also presented in English (cf 5.1).

In line with the literature reviewed of prominent European academics, namely Horwitz (1999), Walton (1999), McCracken and Wallace (2000), Harrison (2004), Maxwell *et al*. (2004) and Sadler-Smith (2006), as well as contributions by two American authors, namely Gilley and Maycunich-Gilley (2002), it also became apparent from the findings ensuing from the qualitative interviews (cf 4.5) that the field of HRD needs to evolve to become more strategic in supplying value-added solutions to organisations (cf 2.6.1). HRD scholars argued that a more strategic approach to HRD should include designing and implementing policies and practices to allow HRDPs to contribute towards the achievement of organisational goals (Garavan, 2007:11-30; Rainbird, 1995:72-90; Zula & Chermack, 2007:245-262) (cf 2.3.2; 3.4.2). It became apparent from the findings that HRMs at the private hospital organisation partially implemented the nine (9) characteristics of SHRD (cf 3.6.1; 5.2). The HRMs in this study confirmed that no formal HRD or SHRD models were adopted at the private hospitals sampled and relied on the HRDPs to guide them on HRD matters (cf 5.2; 5.5). The findings presented in Chapter 5 will be discussed next.

6.3 DISCUSSION OF FINDINGS

In this section, I interpret and discuss the findings of this study as presented by the HRMs at a private hospital organisation. The findings were compared to the literature on SHRD presented in Chapters 1 to 3, where applicable. The experiences with the characteristics and models of SHRD by the HRMs are identified and used as sub-headings below the research questions. The findings are compared to that of previous empirical studies in SHRD, where applicable, and new findings will also be discussed.

The following research questions are answered in this section:

- To what extent, if any, do HRMs at a private hospital organisation implement the characteristics of SHRD as part of their HRD practices? (cf 1.5.2.3; 5.5). The nine characteristics of SHRD listed below, as theoretical basis against which the findings can be interpreted, were discussed as a response to this research question:

- Organisational vision, mission and goals
- Top management support for HRD
- Scanning the environment
- HRD strategy, plans and policies
- Establishing partnerships with management
- Forming partnerships with HR managers
- The expanded role of HRD practitioners
- Influencing organisation culture
- Measuring cost efficiencies of HRD

- To what extent, if any, do the HRD models implemented by HRMs at a private hospital organisation align with Garavan's (2007) SHRD model (cf 1.5.2.4; 5.5)? The following categories of the characteristics of SHRD form the theoretical basis against which the findings can be interpreted:

  - Experiences with SHRD models
  - The global environment
  - The organisational context
  - SHRD focus, orientation, systems, policies and procedures
  - Stakeholder satisfaction
  - The need for HRD practitioners

6.3.1 To what extent, if any, do human resource managers implement the characteristics of strategic human resource development at the hospitals to which they are employed as part of their human resource development practices?

It became apparent that the HRMs implemented the characteristics of SHRD; however, these were carried out in a piecemeal and inconsistent manner rather than in holistic and interrelated ways as prescribed by McCracken and Wallace (cf 3.6.1; 5.2.1; 5.2.2; 5.2.3; 5.2.5; 5.2.6; 5.2.7; 5.2.8; 5.2.9).

6.3.1.1 Integration of strategic human resource development with organisational mission, vision and goals

Some HRMs' experiences illustrated a genuine attempt by the line managers to identify and implement HRD solutions geared towards achieving strategic targets (cf 5.2.2; 5.2.4; 5.2.5). Even though HRD processes and systems are structured and entrenched in the organisation, other

HRMs' experiences indicated that HRD processes are administratively laden, leading to a 'tick box' approach towards identifying education and training solutions (cf 5.3.3.2). In this regard, Sthapit (2010:4) confirms that, based on the empirical studies conducted on the characteristics of SHRD, many organisations are not aligning their HRD strategies with the organisational vision, mission and strategic goals (cf 1.4; 1.8). McCracken and Wallace (2000:82), considered as the pioneers of the characteristics of SHRD, posit that HRD strategies and subsequent policies and procedures must be co-created with top management within organisations (cf 3.6.1). The HRMs' experiences at the private hospital organisation denote that the HRD interventions are indeed aligned with the needs, the vision, mission and strategic objectives thereof (cf 3.8.1.2; 5.2.1.2). The HRMs make use of commonly used HRD tools such as the organisational and training needs analysis and individual development plans to align individual and job-specific education, training and development needs to that of the strategic priorities of the organisation (cf 5.2.1).

Additionally, the HRMs' experiences revealed an appetite for management to conduct individual development plans through active engagement via formal institutionalised systems and processes (cf 5.2.1.2). In doing so, the HRMs believed that the organisational context was aligned with that of the job function and individuals (cf 3.8.1.2; 5.2.1.2).

Lastly, the HRMs confirmed that the people development investment was geared towards formal education in accordance with the strategic pillar of "growing with passionate people" and aligned with the national qualifications framework in accordance with the requirements for higher education institutions prescribed by the Department of Higher Education and Training (cf 5.2.1.3). Given that one of the strategic pillars at the private hospital organisation is accelerating transformation, the HRMs stated that HRD practices target the development of talent across the designated groups to ensure an equitable and representative workforce (cf 5.2.1.3; 5.3.6.1).

6.3.1.2 Top management support for human resource development

Alagaraja (2013) (cf 3.6.1) purports that the co-creation of an HRD strategy with management aligned with the organisation is essential if HRD is to be taken seriously enough to be discussed among the executive decision-makers. Strategically-focused HRD relies on the commitment of management to participate, become more involved with and support HRD (Garavan *et al*., 2006:171-175). Garavan *et al*. (2006:82-83) found, through their case study of the Dublin Dental School and Hospital (DDS&H), that HRDPs perceived that management supported training activities in accordance with the 'department's' needs through the facilitation of transfer of learning into the workplace to maximise the impact of HRD. In line with the views of Alagaraja (2013:117-

118) and Garavan *et al*. (2006:171-175), the HRMs in this study confirmed that they receive good support for HRD from their hospital's executive teams (cf 1.4, 3.6.1; 5.2.2.2).

The HRMs' responses also revealed that there was no real buy-in and support from top management for non-nursing-related education, training and development, which translated into unequal allocation of training budgets to other departments at the private hospitals (cf 5.2.2.1; 5.2.2.3). This variation of commitment to HRD by management was similarly evident in a qualitative case study conducted by Wang (2006:114-116) on strategic employee training and development in Chinese luxury hotels. Based on the findings of the aforementioned study, it had been suggested that, although HRD was increasingly regarded as important by top management at the Chinese luxury hotels, their commitment was inconsistent and varied from case to case (Wang, 2006:114-116).

6.3.1.3 Scanning the environment

In this study, HRMs confirmed that environmental scanning was evident for formal nursing-related education, training and development qualifications (cf 5.2.3.1). The senior organisational managers forged relations with the academic staff to scan the healthcare industry to firstly understand the resourcing challenges facing nursing, and secondly to address these skills shortages through formal education and training (cf 5.2.3.1). Likewise, Garavan's (2007) SHRD model considers the global environmental factors such as local conditions, national conditions and multinational conditions as the external environmental factors that impact SHRD (cf 3.4.2; 3.8). McCracken and Wallace (2000:283) posit that a continuous update on the environmental risk factors is essential in order to identify opportunities and threats for the organisation in general, and HRD specifically.

Additionally, HRMs at the private hospital organisation confirmed that the environmental scanning processes were driven from a head office level by the HRD manager and that they had opportunities to consult with their executive and senior managers to finalise the training needs analysis in response to the business needs (cf 5.2.3.4). Maxwell *et al*., (2004:173) suggest that HRDPs, together with the senior managers, should analyse the external environment in terms of opportunities and threats for the organisation in HRD terms in order to adopt a strategic approach (cf 1.4).

On the other hand, a majority of the HRMs in this study confirmed that limited scanning of the external environment took place for non-nursing functions when conducting the training needs analysis at the private hospitals (cf 5.2.3.2). An opportunity to benchmark against other private

hospitals to identify opportunities for HRD was mentioned (cf 5.2.3.3). The lack of environmental scanning for non-nursing functions (cf 5.2.3.2) concurred with the findings of a strategic HRD case study of an international hotel organisation conducted by Maxwell *et al.* (2004:174), whereby an analysis of documentation and interviews conducted, also confirmed that there was no evidence that environmental scanning in HRD terms was conducted. Similarly, a study commissioned by the University of Mauritius, and conducted by Vencatachellum and Munusami (2006), regarding the state of SHRD in Mauritian organisations concluded that environmental scanning was not conducted by the majority of the senior managers (cf 1.4).

6.3.1.4 Human resource development strategy, plans and policies

HRMs in this study identified the scarcity of suitably qualified registered or professional nurses and a lack of readily available artisans at the private hospital organisation as opportunities for the development of an integrated HRD strategy required to address these strategic objectives (cf 5.2.4.1; 5.2.4.2). Likewise, Alagaraja and Egan (2013:22) observed that the capability of implementing superior strategic outcomes was greater when HRD efforts integrated and utilised HRD policies, practices and systems. The expectation of HRDPs are to build HRD strategies that are coherent with organisational plans and policies (cf 3.6.1). The successful integration of an overarching HRD strategy will put the emphasis on an organisational-driven approach to learning and development, rather than a 'menu'-driven approach adopted by many HRDPs (Maxwell *et al*., 2004:175). Similarly, the HRMs in this study revealed that the HRD strategies and activities should be geared towards addressing the human and financial resource constraints applied to the specific private hospitals as a result of the lack of a readily available pool of talent to recruit from (cf 5.2.4). The findings by Šiugždinienė (2008:37), in his study of the characteristics of SHRD in the civil service, support the views of the HRMs at the private hospital organisation in that only the most strategically mature civil service departments had HRD processes in place that actually enhanced the nature and quality of organisational strategy.

A few HRMs in this study confirmed that the HRD approach was aligned with the private hospital organisation's transformation strategy and employment equity plan (2015-2020) and that access to education, training and development created no barriers to entry (cf 5.2.4.3). An HRM at a specific private hospital stated that he had to consult with employees from non-designated (whites) groups from time to time who felt that it was unfair to allocate the majority of the people development opportunities to designated groups (Africans, Indians and Coloureds) (cf 3.4.3; 5.2.4.4). In support of the SHRD approach to HRD, a case study conducted by Maxwell *et al*. (2004:182) on a leading international hotel chain revealed that 'Espirit' programmes were implemented to bridge the gap between customer service quality and those performers of service

at the hotels (cf 1.4). The successes of the 'Espirit' programme were that it responded to the 'Equilibrium' strategy of achieving customer excellence in the hotel industry (Maxwell *et al*., 2004:182). Similarly, Wognum and Lam (2000:109) concluded in their study of the impact of SHRD in 40 four large Dutch organisations that even though Dutch-based organisations are aware of the need to integrate HRD processes into the work situations, they have not gone very far in achieving this result.

6.3.1.5 Establishing partnerships with management

All the HRMs in this study agreed that the accountability of HRD resides with the line managers in order to deliver impactful and value-adding learning and development solutions (cf 5.2.5.1). Similarly, McCracken and Wallace (2000:281-290) require that the HRDPs should consult with management to identify their education, training and development needs to align with the organisational vision, mission and strategy (cf 3.6.1). Garavan *et al*. (2006:174-175) indicated in this regard that the concept of a strategic partner requires HRDPs to assist managers in resolving organisational-related issues towards achieving issues. Maxwell *et al.* (2004:176) argued that line managers are crucial stakeholders whose role in HRD is often underestimated for a variety of reasons, including attitudinal and cultural behaviours (cf 1.2, 1.4; 2.2.9.4). Some HRMs, however, felt that the management at their private hospitals was not empowered enough to actively partner with them to drive HRD (cf 5.2.5.3). An HRM, in particular, stated that it was difficult for him to empower line managers to become active members in driving HRD in their teams as he did not feel empowered enough to do so (cf 5.2.5.1).

Two HRMs stated that two-way communications between them and the hospital management regarding employee development was critical for buy-in and accountability in driving SHRD at the organisational context level (cf 5.2.5.2). The organisational context of the SHRD model includes the strategy, structure, culture and leadership, job value and uniqueness, and employee expectations regarding employability and career development (cf 3.8.1.2). Wognum and Lam (2000:108-109) found that low levels of cooperation with key stakeholders involved in HRD hinder the realisation of effective HRD programmes and learning activities. According to Wognum (2001:409), co-operation between top, middle, and lower executive management, employees and HRDPs is necessary to arrive at strategically aligned HRD programmes and is referred to as a 'strategic partnership'. Similarly, if HRMs at the private hospital organisation forged strategic partnerships with key stakeholders where buy-in for HRD was attained by employees in line with their expectations and line managers took accountability for developing their teams, the fear of raising expectations regarding strategically aligned learning and development interventions would be dissipated (cf 5.2.5.4).

6.3.1.6 Establishing partnerships with human resource managers

Sthapit (2010:2) implied that the emergence of strategic management within global organisations has brought about an ever-increasing need to integrate HRD policy and practices with organisational strategy while aligning it with human resource management (cf 3.10.1). Alagaraja (2013:118-119) suggested that HRD and HRM are regarded as independent fields in academic terms although, in practice, these lines have become blurred (cf 2.2.1; 2.2.4).Accordingly, the HRMs in this study stated that they had direct and easy access to the HRDPs based at the corporate office (cf 5.2.6.1). Similarly, a quantitative investigation on the state of SHRD in Mauritian companies revealed that there was evidence that HRD was integrated with HRM activities. The participants in the aforementioned study indicated that the organisations allow employees to attend training during working hours, where some organisations provide flexible hours arrangements to permit employees to undertake personal development aligned with individual development plans (IDPs) (cf 1.4). Additionally, many Mauritian organisations admitted to providing financial support and sponsorships to employees attending courses, which demonstrates linkages between HRD and HRM departments (cf 1.4).

The HRMs in this study stated that opportunities existed for further engagement with the HRDPs and that support was primarily provided from the corporate office, but that support at the hospital level would be more valuable to them (cf 5.2.6.1; 5.2.6.2). The direct and frequent face-to-face interaction with the HRD department would result in contextual and value-adding HRD solutions delivered at the private hospital organisation (cf 5.2.6.1). The responses from the HRMs in this study indicate that opportunities exist to further the strategic partnerships with HRDPs (cf 5.2.6.1; 5.2.6.2). In the study at Mauritian organisations, it was found that even though some complementary HRM and HRD activities existed, this was not enough evidence to determine whether these departments (HRD & HRM) are strategically aligned with each other (cf 1.4). Similarly, at an international hotel organisation, it became apparent that HRM rather than HRD was perceived as the driving force of the above-mentioned ‘Espirit’ programme designed to embrace the principles of employee recognition, respect and reward (Maxwell *et al*., 2004:176-177; cf 1.4). The perception was epitomised by a statement that strategic HRM was fundamental in delivering the promise of a service quality organisational culture (cf 1.4). Alagaraja (2013:135-136) suggests that both HRD and HRM draw from each other’s strengths, acknowledge their respective contributions in furthering the field of HR service delivery and its impact on organisational performance. She adds that the benefits of the strategic partnership of the two disciplines will translate the current rhetoric that “people are the most valuable assets” in organisations into reality (Alagaraja, 2013:136).

6.3.1.7 The expanded role of human resource development practitioners to become more strategic

SHRD requires HRDPs to become innovators and change agents rather than simply training or managing the training functions (McCracken & Wallace, 2000:284). Alagaraja (2013:439) states that HRD roles and responsibilities can be categorised as the administrative expert, strategic partner, change agent and employee advocate. Each role is significant and enhances the role of HRD contributions, but has differing levels of importance and value for different stakeholders (cf 2.2.8.4). The HRMs stated that the clinical facilitators (CFs) whose responsibility it is to ensure transfer of learning from the classroom into the workplace, stated that they have a limited understanding of the organisational needs (cf 5.2.7.2).

The limited understanding of the organisation prohibits the CFs from acting as strong strategic partners and change agents and often struggle balancing key priorities with just-in-time transactional demands of the workplace. Similarly, Alagaraja (2013:444-445) found in a qualitative case study of internal customers' perspectives of SHRD that HRD performed an administrative role by implementing HRD policies and procedures at a site level, while the strategic HRD role was performed at a centralised corporate head office. This trend was also evident at an international hotel chain whereby the HRDP at the head office displayed evidence of adopting the mantle of a change agent, yet the trainers at the hotels emphasised the traditional role of training and coaching rather than that of change agents and employee advocates (Maxwell *et al.,* 2004:177).

Even though the CFs in this study have maintained good communication with the nursing college (cf 5.2.7.1), the HRMs in this study believe that they do not have the liberty of being more involved in the nursing function at their private hospitals (cf 5.2.7.2). There is hope though, as the nursing college is reviewing the current CF model and structures that will improve their levels of service to the internal customers (cf 5.2.7.2). The new model will consequently bridge the gap between the education and training rolled out at the nursing college to meet the demands of nursing practices at the private hospital organisation (cf 5.2.7.3).

6.3.1.8 Ability of human resource development to influence organisation culture

In order for HRD to become more strategic, it is important for the organisational leaders to embrace a learning culture (cf 3.6.1; 3.8.1.2). IDPs are used to identify employees' learning and development needs to meet the professional requirements for the job or for career progression

reasons (Beausaert *et al*., 2011:231). In organisations where positive perceptions are held by senior management regarding education, training and development, their actions have the potential to positively influence the participation in HRD interventions (Gubbins *et al*., 2006:179).

HRMs at the private hospital organisation confirmed that HRD played a role in shaping the culture of employees through structured on-boarding and orientation programmes (cf 5.2.8.2). For example, the 'Espirit' programme at an international hospital organisation was implemented to build the 'Equilibrium' organisational culture to shape and influence the organisational customer service quality goals (Maxwell *et al*., 2004:174; cf 1.4). Likewise, in this study, an *Awesome Campaign*, co-created by key stakeholders, was implemented to improve the patient experiences through an awesome culture of patient care and concern (cf 5.2.8.2). HRMs in this study also confessed that sending a nurse on clinical in-service training assisted in improving the patient care experience and culture at the private hospital organisation (cf 5.2.8.4). Memon (2014:30-31) found that the Pakistani manufacturing sector-developed in-house training and development played a part in uplifting the corporate image and stakeholder satisfaction. A poor HRD-related experience by an employee at the private hospital organisation led to a grievance being laid against the line manager with the HRM, which nearly derailed the learning culture of the hospital (cf 5.2.8.5).

A few HRMs at the private hospital organisation partnered with the doctors in co-creating in-service continuous professional development, which was successful in building the doctor and nurse relations and ensured that knowledge was relevant and that case knowledge was shared among them (cf 5.2.8.1).In this regard, Gubbins *et al.* (2006:200-202) found that, in order for SHRD to succeed at a Dublin Dental School and private hospital, the decentralisation of HRD was crucial to allow management to increasingly fulfil HRD activities. Additionally, the authors found that the HRDPs did not view management as barriers to creating a culture of learning and development, but found that they did not drive HRD processes either (Gubbins *et al.,* 2006:200-202).

Two HRMs stated that the education, training and development of their employees led to improved levels of motivation, attitude in the workplace and positive patient experiences (cf 5.2.8.3; 5.2.8.5). It was revealed by the HRMs that employees who did not attend any training had lower levels of confidence, which had a negative impact on their levels of motivation (cf 5.2.8.3).

6.3.1.9 Emphasis on cost efficiencies and evaluation of human resource development solutions

Ellinger *et al*. (2002:6-7) acknowledge the difficulties for HRDPs to link learning and development to return on investment (ROI); however, this required convincing 'hard-headed' leaders to invest in HRD. The authors (Ellinger *et al*., 2002:7) go on to attest that one of the major challenges to SHRD is to establish a relationship between the characteristics associated with a learning organisation with organisational performance.

The HRMs confirmed that they do not use a formal ROI tool to measure the impact of HRD at their private hospitals (cf 5.2.9.1). Likewise, Jordanian universities were found to only evaluate their training programmes through post-training questionnaires, but did not evaluate the 'outcomes' of these training programmes (Ensour *et al*., 2012:7; cf 1.4). One HRM in this study stated that it was difficult to measure ROI on HRD due to the challenging environmental conditions (cf 5.2.9.1). This was also evident at Jordanian public and private universities that stated that it was difficult to measure ROI in training programmes due to the difficulties in separating training outcomes form other activities and a lack of quantitative techniques for the evaluation of HRD (Ensour *et al*., 2012:7). The HRMs at the private hospital organisation do monitor progress of actual training against the planned training throughout the year and communicate these with line managers (cf 5.2.9.2); however, they felt that they needed additional support in negotiating the costs of training through economies of scale (cf 5.2.9.3).

In summary, it can be concluded from this section that SHRD empowers HRDPs to implement value-adding HRD solutions that are value adding (cost efficiencies) and can be measurable through ROI. In summary, it can be concluded from this section that SHRD empowers HRDPs to implement value-adding HRD solutions that are value adding (cost efficiencies) and can be measurable through ROI. Now that the extent to which the HRMs in this study implemented the nine characteristics of SHRD, the levels of implementation of SHRD models at the private hospitals are discussed in the next section.

6.3.1.10 Summary and synthesis of findings pertaining to research question three

Synthesising the findings of the first research question that related to the HRMs' experiences with McCracken and Wallace's (2000) characteristics of SHRD as part of their HRD practices (cf 6.3), it became evident that the HRMs implemented the characteristics of SHRD at their private hospitals in a fragmented and inconsistent manner – which contradicts the holistic approach advocated by McCracken and Wallace (cf 3.6.1).

Even though HRMs' experiences indicated that HRD interventions are aligned with the private hospital organisation's mission, vision and goals, some HRMs stated that the processes are administratively cumbersome, which led to line managers adopting a 'tick box' approach to HRD (cf 6.3.1.1). The findings reflected that no real buy-in and support by management were evident for non-nursing-related HRD interventions. This non-commitment was reflected in the unequal allocation of training budgets at the private hospitals sampled within the organisation (cf 6.3.1.2). On the other hand, the findings indeed did reflect that management and academic staff collaborated in scanning the healthcare industry to understand the demand (skills shortages of registered nurses) and supply challenges (accreditation of private and public higher education nursing institutions) facing nursing within a South African context (cf 6.3.1.3).

It became evident that HRD strategies, plans and policies were aligned with the private hospital organisation's transformation and employment equity objectives (cf 6.3.1.4). All HRMs agreed that the accountability of HRD should reside with top management; however, their experiences reflected that the lack of empowerment of the hospital executives resulted in limited opportunities available to deliver impactful learning and development solutions aligned with individual and organisational objectives (cf 6.3.1.5).

The HRMs stated that, even though they had established good relations with the HRDPs from the corporate office, opportunities existed for further engagement rather than at the annual HR roadshows (cf 6.1.3.6). Therefore, it became evident (cf 5.2.6.1; 5.2.6.2) that direct and more frequent face-to-face meetings with HRDPs from the corporate office were needed to discuss contextual and value-adding HRD solutions to assist in meeting the private hospitals' objectives (cf 6.1.3.6). Based on the evidence presented (cf Chapter 5) and the findings (cf 6.3.1.7), the role of the clinical facilitators (CFs) was stifled due to them having limited insights and opportunities to understand the organisation better. This challenge resulted in the CFs focusing on transfer of learning from the classroom into the hospitals rather than partnering with HRMs and nursing management to deliver value-adding HRD solutions to the organisation (thereby acting as change agents).

The evidence presented in Chapter 5 (cf 5.2.8.2; 5.2.8.4) illustrated a few good examples of HRD being used to influence organisational culture; however, this was not consistent among all the private hospitals sampled in this study (cf 6.3.1.8). In some instances, the HRMs stated that inconsistent HRD experiences by employees led to poor perceptions, which had adverse effects on the learning culture at the private hospitals. It became evident from the HRMs' experiences that they do not make use of any formal return on investment (ROI) tools to measure the impact of their HRD practices (cf 6.3.1.9). The HRMs stated that more support was required from the

HRDPs in measuring the impact of training and achieving economies of scale through centrally negotiated training costs (cf 6.3.1.9).

6.3.2 To what extent, if any, do the human resource models implemented by human resource managers at the private hospital organisation align with Garavan's (2007) strategic human resource development model? (cf 4.4).

The major SHRD models tend to be either prescriptive (cf 3.7.1, 3.7.2; 3.7.3) or explanatory (cf 3.7.1; 3.7.4) in nature. The prescriptive models incorporated the nine characteristics of SHRD, which were useful in explaining the concept of SHRD (Wilson, 2012:27-28). The limitations of the prescriptive models were that they assumed a one-size-fits-all approach (cf 3.7.1). Garavan's 2007 explanatory model of SHRD gained prominence as it proposes that HRD operates in dynamic and changing environments, which include the global environment, the organisation, the job function and the individual expectations regarding employability and career development (cf 3.7.4).

In addition to theoretical SHRD models explored in HRD literature, Garavan and Carbery (2012:33) observed that there are variants of SHRD models adopted in practice that are non-existent in the literature. Four variants of the practice models of SHRD include a traditional HRD function that recognises the need to become more strategic; an HRD function that supports strategy implementation; an HRD function where the HRDPs are recognised as experts and drivers of HRD; and a fully-fledged SHRD function led by strategic partners (Garavan & Carbery, 2012:33). In this section, I explore the extent to which HRMs implemented SHRD models at the private hospital organisation, which is similar to Garavan's (2007) widely accepted (cf 3.7) explanatory model of SHRD.

6.3.2.1 Experiences with strategic human resource development models

All the HRMs in this study confirmed that they have no working knowledge regarding the implementation of an SHRD model at their respective private hospitals (cf 5.3.1.1). Only one HRM stated, after reviewing some literature on SHRD models, that she would consider adopting Peterson's (2008) explanatory SHRD model due to the importance of adopting a learning culture (cf 5.3.1.2). The particular HRM explained that a good learning culture enforced by senior hospital management will ensure that the learning and development solutions implemented by the higher education institution/college (HEI) will be strategically aligned with the objectives of the organisation (cf 5.3.1.2). In this regard, McCracken and Garavan (2015:42-43) state that when organisations do not adopt an SHRD model, the learning and development activities become

fragmented, are not driven by senior management and subsequently do not add any value to stakeholders. In today's ever-changing and challenging global economies, organisations strive to reduce employee turnover, restructure the operations and reduce payroll costs in an attempt to avoid being placed under administration (McCracken & Garavan, 2015:42).

Likewise, Woolworths in the United Kingdom (UK) faced such difficulties when it was placed under administration in 2009 and it was identified that among some of the deficiencies in the organisation, a strategic approach to HRD had not been adopted (MacCracken & Garavan, 2015:43). Executives and senior leadership were not enrolled in management development programmes to build requisite skills to scan the environments it operated within, and to understand its consumer tastes to make effective market-related decisions that contributed to the decline of store performances (MacCracken & Garavan, 2015:43). Additionally, employees were not trained appropriately on stock control and internal procurement procedures, which translated in many of the products that were advertised not being available on shelves – which frustrated their customers. Many of the problems experienced by Woolworths employees and customers could have been averted if an SHRD approach/model had been adopted (MacCracken & Garavan, 2015:44). Likewise, HRMs at the private hospital organisation face the challenge of implementing HRD interventions that are not perceived as value-adding by key stakeholders – which impacts negatively on the credibility of the HRD function. The global environment context of Garavan's (2007) SHRD model in the private hospital group will be explored next.

6.3.2.2 The global environment

The constant change in environmental factors that influence and affect organisations requires them to become flexible in responding to these changes (Garavan, 2007:17). The global context of Garavan's (2007) SHRD model is made up of local, national and multinational conditions. These conditions may include economic conditions, political situations, technological advancements, labour market characteristics, cultural differences and international laws and regulations (cf 5.3.2.3). Within the context of this study, the laws and regulations instituted by the National Department of Health (NDOH), Department of Higher Education and Training (DHET), National Department of Labour (DoL) and Health and Welfare Sector Education and Training Authority (HWSETA) as discussed in Chapters 1 to 3 influence all SHRD decisions implemented by HRMs at the private hospital organisation (cf 1.2; 2.2.8; 2.2.8.1; 2.2.8.2; 2.2.8.3; 3.8.1.2).

Consulting the global environment context was indicated by one HRM who shared his experiences of adopting SHRD to develop local registered nurses (cf 5.3.2.2). A common practice at the private hospital organisation was to recruit internationally qualified and experienced

registered nurses due to the local scarcity of these skills (cf 5.3.2.2). A strategic decision taken by the organisation's executive to stop this trend resulted in collaboration with the national higher education structures, nursing professional association, HWSETA and the HEI (college) to invest in the development of local registered nurses to fill this void.

The HRMs at the private hospital organisation confirmed that the hospital training plans are closely aligned with the national and regional transformation agenda (cf 5.3.2.3). Within a South African context, HRD legislation has been developed to ensure access to previously disadvantaged people (cf 2.8.1; 3.6.1; 3.8.1.2). Meeting the objectives of the Employment Equity Act and B-BBEE targets as described in Chapter 2 is a key strategic objective of the private hospital organisation (cf 2.2.8.2). The HRMs in his study ensured that the HRD interventions were aligned with this strategic organisational objective to ensure that sufficient career and learning pathways were available to produce opportunities for marginalised groups of people who did not have access to formal education and training and employment due to the previous apartheid regime (cf 3.6.1; 3.7.4; 3.8; 5.3.2.3). Garavan (2007:17-18) suggests that HRDPs must engage in continuous environmental scanning to understand how these elements affect the HRD practices of organisations. In doing so, these HRD professionals are likely to identify, co-create and implement value-adding learning and development solutions that assist the organisations to respond to the changing environmental conditions (Garavan, 2007:18).

On a different note, the HRMs felt that although investing in the development of clinical professionals was required to provide quality healthcare to patients at their private hospitals, this came at a cost to the development of support staff due to the limited availability of resources and budgets (cf 5.3.2.1). Those HRMs who understand the impact of developing inclusive SHRD strategies, systems, policies and practices that respond to the global environmental context will be in a position to build a business case for the development of support staff at private the hospital organisation. Continuous scanning of the external environment is essential for an organisation to ensure it remains competitive, effective and efficient within today's global environment. Garavan's (2007) SHRD model includes the organisational context, which focuses on the structure, strategy, culture and leadership of the organisation, the job/function, and individual employee contexts, respectively. These levels of the SHRD model are discussed in the section below.

6.3.2.3 The organisational context

The organisational level of Garavan's (2007) SHRD model refers predominantly to the internal context of the organisation. In order for HRD interventions to be strategic, it must align with the organisation's objectives that impact goods and services in relation to cost orientation,

differentiation and focus (Garavan & Carbery, 2015:28). In addition to the organisation strategy, SHRD requires an alignment with organisational structure (domestic vs. multinationals), organisational culture and leadership style in implementing the vision and mission to reinforce the culture (Garavan & Carbery, 2015:28). Garavan's (2007) SHRD model requires HRD interventions to meet the requirements of the job/function and meet individual expectations related to employment and career aspirations (Garavan & Carbery, 2015:28-29).

A few HRMs at the private hospital organisation stated that they need to ensure that line managers at their private hospitals are empowered enough to drive HRD in their departments (cf 5.3.3.1). The training plans included learning and development interventions to meet the strategic objectives of the private hospital organisation (cf 5.3.3.1). The HRMs had created a culture of ownership of HRD by the line managers at their private hospitals that forms part of the 'bigger picture' in achieving organisational targets and standards (cf 5.3.3.1). Likewise, General Electric (GE) used SHRD to build a strong culture of learning and innovation (Garavan & Carbery, 2015:33). GE placed an emphasis on upskilling HRD professionals on non-HRD functions to gain knowledge about aspects such as finance, operations and change management skills, and the abilities to develop relationships across the organisation. In doing so, HRDPs are well positioned and equipped to work with line managers to help them understand that HRD is available to implement organisational strategy (Garavan & Carbery, 2015:33).

Regarding the job and individual contexts of the SHRD model, the HRMs at the private hospital organisation had implemented robust performance management processes and individual development plans for their employees to inform functional and employee learning and development interventions to be recorded on their private hospital workplace skills plans (cf 1.1; 1.11.1; 2.2.3; 3.4.2; 5.2.5.1; 5.3.3.2). The HRMs in this study, however, stated that this is currently an administratively laden process that requires them to intervene to assist the line managers in capturing the performance reviews and development plans. This administration detracts from the intentions of implementing value-adding HRD solutions at the private hospital organisation (cf 5.3.3.2). Similarly, Procter and Gamble (P&G) adopted a "promote from within" philosophy, supporting the belief that its people are a major source of competitive advantage and central to the organisational culture (Garavan & Carbery, 2015:35). In practice, the SHRD strategy at P&G supports the mobility of its employees through personal development plans, work assignments and the use of open job postings. In the case of managers, an emphasis is placed on learning and growth opportunities, internal mobility, job rotation, and broadening assignments for career moves. A corporate university was also established with the purpose of perpetuating the organisational culture (Garavan & Carbery, 2015:35).

In order for the HRMs at the private hospital organisation to implement SHRD interventions at an organisational level, managers need to be involved in training and development, promoting learning within and across networks, aligning HRD efforts with organisational values and constantly learning from experience (cf 3.8.1.2). Additionally, the HRD interventions implemented by HRMs must align with jobs with a higher value of uniqueness to assist the private hospital organisation to derive a competitive advantage (cf 3.8.1.3). HRMs must understand that the SHRD practices adopted at the private hospital organisation will be influenced by employees' ambitions and career aspirations, their willingness to upskill and their commitment to achieve the strategic objectives (Garavan & Carbery, 2015:30). Consultative processes, including performance review outcomes, IDPs and training plans, will assist in meeting the functional and employee development needs. The next section explores the horizontal integration of HRD with HRM systems, policies and practices through the implementation of Garavan's (2007) SHRD model in the private hospital organisation.

6.3.2.4 Strategic human resource development focus, orientation, systems, policies and procedures

The SHRD focus suggests that organisations need to focus on the implementation of a mix of exploration- and exploitation-related HRD practices (Garavan, 2007:23). Exploitation-related HRD practices are short term in nature and focus on the internal development of employees such as orientation training or skills training to improve performance (Garavan, 2007:23). Exploration-related HRD practices tend to be longer in nature with transformational change as the focus such as tacit learning and knowledge management initiatives that include learning from experience, which facilitates experimentation and some risk taking (Garavan, 2007:23). The HRMs at the private hospital organisation stated that they do innovate to some extent regarding the implementation of learning and development at their private hospitals; however, this is limited due to budget and resource constraints (cf 5.3.4.2). Additionally, the little innovation that took place was for training identified on the WSP, which focused on the short-term efficiency or exploitation practices geared at improving employee performance or complying with legislated requirements (cf 5.3.4.2). An HRM in this study stated that he had limited opportunities to innovate with learning and development as he followed the processes and structures provided by head office (cf 5.3.4.2).

In addition to the exploration- and exploitation-focused systems, an SHRD focus includes the degree to which SHRD activities align with SHRM activities (Garavan, 2007:23-24). In order for this horizontal alignment between the two functions to take place, it is essential to have functional and process integration (Garavan, 2007:24). Functional integration refers to a high performing HRD department producing high quality solutions, while process integration refers to the delivery

of the HRD solutions with a high level of customer focus (Garavan, 2007:24). The HRMs confirmed that HRD forms part of the HR function and HRD acts as an enabler to HR-related roles such as talent acquisition, staff retention and organisational development (cf 5.3.4.1). The experiences of HRMs at a private hospital organisation confirmed the horizontal integration of HRD with the HRM function to some extent; however, it was noted by all the HRMs in this study that HRD is competing with HRM. The HRMs provide a generalist service to their private hospitals and due to resource constraints, little time was allocated to HRD in comparison to HRM (cf 5.3.4.3). The HRD activities provided at the private hospital organisation indicated low levels of functional and process integration with HRM due to the greater focus placed on HRM-related roles.

SHRD orientation refers to the abilities of the HRDP to play the role of strategic partner to leaders and act as an active change agent in co-creating organisational learning, organisational change and transformational performance through SHRD strategies, systems and practices (Garavan, 2007:24-26). This change role requires the HRD professional to engage with organisational leaders that enable the organisation to be ready for a major change in response to environmental uncertainties (Garavan, 2007:24; cf 3.8.3). All HRMs in this study confirmed the important role that HRD needs to play in change management at the private hospital organisation (cf 5.3.4.4). The HRD efforts involved in change management and organisational development processes resulted in positive change results achieved at the private hospital organisation (cf 5.3.4.4). The restructuring at the private hospital organisation required consultation and collaboration with internal and external stakeholders, which included transformational training, such as resilience training, diversity management and coaching training (cf 5.3.4.4). The HRD solutions were positively received and assisted in the smooth change management process experienced at the private hospital organisation (cf 5.3.4.4). Stakeholder satisfaction is a key component of Garavan's (2007) SHRD model, and as such, the findings from HRMs in this study are presented in the next section.

6.3.2.5 Stakeholder satisfaction

The HRMs in this study confirmed that the outcomes of online patient feedback surveys are used to identify essential HRD needs from these external stakeholders to improve competencies and productivity of staff, which ultimately will lead to improved patient satisfaction (cf 5.3.5.1). Additionally, compliments and recognition are awarded to those departments and staff that have scored well, based on the feedback from patients (cf 5.3.5.1). Likewise, Garavan (2007:9-11) added that, in order for SHRD to be impactful in organisations, it is critical that the HRD solutions meet the expectations of the key stakeholders (cf 3.9.4). It is the role of all HRDPs to collate

feedback from key internal stakeholders (employees and line managers) and external stakeholders (students, patients, doctors, HWSETA and unions) regarding HRD needs, as well as the outcomes of HRD (cf 3.9.4). HRDPs, in general, then need to present these findings to a 'dominant coalition' to make key decisions regarding HRD. The dominant coalition will vary between organisations and are usually made up of key parties involved in HRD partnerships (cf 3.9.4).

HRMs at the private hospital organisation also indicated that employee engagement surveys are conducted to create a conducive organisational culture and to advance levels of engagement with employees (internal stakeholders) (cf 5.3.5.2). A section of the engagement survey covers employee experiences with training and development and whether it had met their individual expectations (cf 5.3.5.2). The HRMs confirmed that employees use the survey to identify opportunities for further training and development (cf 5.3.5.2). However, it was not evident from the interviews conducted whether the HRD interventions identified through the employee engagement surveys correlate with the interventions identified through the performance management reviews, IDPs and workplace skills plans (WSPs) at the private hospital organisation. The HRMs did not indicate the scores received from employees for the training and development section of the surveys. In the next section, I discuss the feedback from HRMs in this study regarding the need for HRDPs at the private hospital organisation to guide them in implementing HRD solutions.

6.3.2.6 The need for human resource development practitioners

The HRMs in this study felt that opportunities existed for HRDPs at the private hospital organisation to share organisational and HRD strategies with them (cf 5.3.6.1). By partnering with key decision-makers, HRDPs would be in a position to receive buy-in for, and transfer accountability of, HRD from a centralised function towards the HRMs and senior management at the private hospital organisation (cf 5.2.5.1). In order for HRD to become more strategic, HRDPs need to take up the mantle to move away from traditional HRD practices of addressing reactive learning and development interventions to improve employee performance and to become strategic partners and strategic players in the organisation in order to rather deliver on value-adding change management solutions to proactively respond to the changing environment (cf 1.2; 1.4; 2.2.8.5; 3.9.6). In order to achieve these transformational results, HRDPs must become credible change activists with the skills, knowledge and ethics to build business acumen, drive a change culture and become strategic architects to achieve key organisational objectives (cf 1.4; 3.9.6). Only once the HRDP has a proven track record with key decision-makers, will he/she become part of the 'dominant coalition' (cf 3.9.6). Garavan (2007:27) suggests that building

strategic partnerships with key stakeholders through collaboration and networking capabilities is essential to implement SHRD practices in organisations.

The HRMs confirmed that leadership development programmes were developed where the private hospital executive committee (Exco) teams were empowered to develop and implement hospital-specific strategies (cf 5.3.6.1). The leadership programme brought about opportunities for HRDPs to partner with these Exco teams via the HRMs in co-opting SHRD strategies to support key organisational objectives to respond to the changing environmental conditions. This approach would assist one HRM's concerns regarding the lack of buy-in from senior management, which resulted in a weak HRD strategy at the private hospital organisation (cf 5.3.6.1).

Another HRM stated that they (HRMs) feared making any decisions at the private hospitals, which led to a negative culture towards any HR-related roles (including HRD) (cf 5.3.6.2). HRMs had to await decisions from the 'top' for too long, which often resulted in employees leaving before a decision was relayed back to the HRMs (cf 5.3.6.2). SHRD practices empower the line managers to take accountability for the development of their employees aligned to key organisational objectives and individual career development aspirations. Given the demands placed on the HRD function, there is a need for line managers who are equipped, empowered and willing to create and develop a committed, flexible, quality workforce required to transform the organisation – in this case the private hospital organisation (cf 1.4; 2.2.9.4; 3.6.1; 3.10; 3.10.1).

It is evident from the responses provided by the HRMs in this study that there is a need to partner with HRDPs in the organisation to deliver value-adding HRD solutions for top management and employees at the specific private hospitals. In the next section, I discuss the recommendations ensuing from the research findings.

6.3.2.7 Summary and synthesis of findings pertaining to research question four

The HRMs sampled in this study revealed a lack of knowledge or experience with SHRD models (cf 5.3.1). None of the HRMs sampled in this study implemented Garavan's (2007) SHRD model or any other exploratory SHRD model at their specific private hospitals (cf 5.3.1.1; 6.3.2.1). While the HRMs in this study had limited experiences with SHRD models, the HRD processes and practices advocated by the HRD manager from the head office demonstrated elements of Garavan's (2007) SHRD model, albeit in a fragmented and disorganised manner (cf 6.3.2.2; 6.3.2.3; 6.3.2.4; 6.3.2.5; 6.3.2.6). The HRD practices are driven by the HRDPs at the corporate office, which feeds into the narrative that HRD is the responsibility of HR professionals and not

management. This approach to HRD is often not perceived as value-adding by top management and key stakeholders, which negatively affects the credibility of the HRD function (cf 5.3.1; 5.3.1.1; 5.3.1.2; 6.3.2.1).

6.4 RECOMMENDATIONS

6.4.1 Recommendations ensuing from research findings

The following recommendations are suggested to address the research findings:

- The HRMs in this study confirmed that the implementation of McCracken and Wallace's (2000) nine characteristics of SHRD at the specific private hospitals were inconsistent and disjointed (cf 3.6.1; 6.3.1.10). It is recommended that the organisation's HRD manager develop guidelines, processes and templates for the HRMs to implement all nine characteristics of SHRD at their specific private hospitals.
- All HRMs stated that they have little theoretical and practical knowledge of the field of SHRD and SHRD models (cf 6.3.2.1). One HRM in this study had briefly read up about SHRD and SHRD models before the interview and was keen on Peterson's (2008) explanatory SHRD model (cf 5.3.1.1; 6.3.2.1). It is recommended that HRDPs and the HR leadership (General Manager: Human Resources, Regional HR managers, Division HR managers) identify a suitable SHRD model before co-opting the 'dominant coalition' towards co-creating SHRD focus, orientation, systems, policies and practices for the hospital group (cf 6.3.2.1, 6.3.1.2; 6.3.1.5).
- The HRMs in this study confirmed that the organisation's HRDPs communicated with HRMs at the private hospitals; however, this was done annually and was at an organisational level failing to take into consideration individual hospital needs that differed between regions (coastal and inland) and divisions (primary healthcare, hospital division and ambulance services) (cf 5.2.6.2; 6.3.1.6). It is important for HRDPs at the private hospital organisation to develop relations with the HRMs in order to understand their HRD needs before suggesting learning and development solutions in order to respond to these organisational needs (cf 5.2.6.2; 6.3.1.6).
- The HRMs confirmed that the CFs had limited understanding of the organisational needs and therefore found it difficult to facilitate the transfer of learning from the classroom into the private hospitals (cf 5.2.7.2; 5.3.4.4; 6.3.1.7). SHRD requires all HRDPs (HRDPs at head office, CFs, and academic and programme managers at the nursing and emergency services colleges) to become change agents and strategic partners rather than managing transactional HRD roles

(cf 5.2.7.3; 5.3.4; 6.3.1.7). It is therefore recommended that all HRDPs attend a strategic leadership programme with HR leaders and organisational leaders to build business acumen and co-create potential HRD strategies to assist the private hospital organisation respond to the changing environmental conditions. The aforementioned strategic leadership programme should be designed to build the competencies related to that of an HRD consultant, a transformational change agent and a strategic partner, rather than that of a facilitator or programme designer (academic staff). Additionally, this SHRD approach will educate and empower top management to partner with HRD and HRM leaders to collectively drive HRD practices to address key organisational objectives and respond to environmental changes facing the private hospital organisation (cf 5.2.5; 5.2.5.3; 5.2.7.3; 6.3.1.5).

- Even though the HRMs in this study confirmed that HRD is an integral part of the HRM function, their experiences indicated that HRD often competes with the HRM function (cf 5.3.4.1; 6.3.2.4). The HRMs in this study reiterated this comment by stating that they perform a generalist role at their private hospitals and, due to limited resources available to them, the HRM-related roles take precedence and the HRD functions are more seasonal, depending on the deadlines prescribed from head office by the HRD manager (cf 5.3.4.3; 6.3.2.4). These seasonal HRD activities conducted at the private hospital organisation indicate low levels of functional and process integration with HRM due to the greater focus placed on HRM related roles (cf 5.3.4.3; 6.3.2.4). Therefore, it is recommended that the HRD manager and the HR leadership co-create an organisational SHRD strategy incorporating the global context; the organisational context, i.e. strategy, structure, culture and leadership; job value and uniqueness and employee expectations regarding employability and career advancements; integrating HRD strategy with the organisation's HR strategy, focus, orientation, systems, policies and practices to meet internal and external stakeholder expectations (cf 5.3.4.1; 5.3.4.2; 5.3.4.3; 6.3.2.4).
- HRMs indicated that there was no genuine buy-in and support from top management for non-nursing-related education, training and development, which translated into unequal allocation of training budgets to other departments at the private hospital organisation (technical and engineering, finance, information technology, porters and administration departments) (cf 5.2.2.1; 5.2.2.2; 6.1.3.2). The involvement of line managers is crucial in getting their support for SHRD and the buy-in of employees for HRD programmes (cf 5.2.2.1; 5.2.2.2; 6.1.3.2; 6.1.3.5). One HRM stated that he had limited opportunities to innovate and just followed the instructions from head office (cf 5.3.4.2; 6.3.2.4). It is recommended that HRDPs work with HRMs and senior management to build a business case for the development of non-nursing employees by aligning SHRD programmes with the key objectives at the private hospital organisation. In doing so, this strategic and collaborative approach towards HRD will result in value-adding innovative HRD solutions. Additionally, once management have been

empowered to drive HRD within their divisions and are in a position to develop employees against the objectives identified through the performance management and development reviews, they would no longer view HRD as an administratively laden or a 'tick box' exercise (cf 5.3.3.2; 6.3.1.1).

- All the HRMs in this study confirmed that they are not aware of any formal ROI measure of HRD and do not use a formal tool to measure the impact of HRD at the private hospital organisation (cf 5.2.9.1; 6.3.1.9). The evaluation of SHRD goes beyond post-training evaluations regarding the logistics, learning materials and facilitation skills exhibited during training. Even though the HRMs tracked the progress of actual learning and development recorded against the training plans (WSP), this approach did not measure the impact of the HRD interventions (cf 3.6.1; 5.2.9.2; 6.3.1.9). It is recommended that the HRD manager should identify a credible HRD measurement tool that measures the impact of HRD solutions towards growth and financial returns for investors, long-term employability and career advancements for employees, delivering quality of HRD in a timeous and cost effective manner to line managers and HRMs, and delivering quality products/services against predetermined standards that positively impact the external stakeholders at the specific private hospitals (doctors, patients and suppliers). This strategic approach will assist HRMs and the HRD manager in achieving cost efficiencies/economies of scale for training conducted by external training providers due to nationally agreed rates for corporate clients (cf 5.2.4.2; 5.2.9.3).
- An HRM in this study shared the outcomes of the 'Awesome Campaign' programme implemented at the specific private hospital, which was co-created by key stakeholders to improve the patient experiences through an awesome culture of patient care and concern (cf 5.2.8.2; 6.3.1.8). It is important that HRD interventions influence the culture of organisations and in doing so create a learning culture at the private hospital organisation (cf 6.3.1.8). Positive HRD results will go a long way to building credibility and the brand of a strategic HRD function at the private hospital organisation. It is therefore recommended that successes of HRD interventions be communicated to the broader and wider audience than a few private hospitals within the organisation. The outcomes of this HRD initiative (the 'Awesome Campaign' programme), which had been developed to positively influence the culture of care and concern at the private hospital sampled, should be rolled out to all hospitals within the organisation. The improved levels of patient care can be used as a measure of success of the programme through patient feedback surveys.
- An HRM in this study stated that by granting access to opportunities for learning and development according to the private hospital organisation's employment equity plans (2015-2020) and the transformation strategy, a perception was being created that 'whites' were

being excluded from career development and advancement (cf 5.2.4.2; 6.3.1.4). It is important for HRD strategies, policies and practices to align with the strategic objectives of the organisation in order to deliver value-adding HRD solutions (cf 6.3.1.4). The HRD strategies are already aligned with the organisation's transformation strategy to ensure an equitable and diverse representation of designated groups across all occupational levels (cf 2.2.8; 2.2.8.1, 2.2.8.2; 5.2.4.4; 5.3.2.3; 6.3.1.4). Additionally, these HRD strategies have been implemented to address the economic and political trends, labour market conditions and national HRD systems related to requirements of the national environmental conditions as illustrated in Garavan's (2007) SHRD model (cf 3.7.4; 3.8; 5.3.2.3). It is therefore recommended that the HRD manager, together with the HRMs, should facilitate diversity and inclusion workshops with the management teams to discuss a transformation strategy, the current under-representation of designated groups at the organisation, particularly at supervisor and management levels, and the reasons for adopting a transformational approach to HRD, which is required to achieve the transformation and inclusion objectives. It is also recommended that these consultative workshops should be followed up with diversity and inclusion training at the private hospitals.

6.4.2 Recommendations for future research

The following recommendations are suggested for future research:

- Prior to this study, previous literature had not explored SHRD and SHRD models within a South African context. Due to the limited empirical studies in the field of SHRD and as a direction for future research, it is therefore recommended that similar studies on SHRD and the implementation of SHRD models are conducted in other industries of the South African public and private sectors. This is envisaged to promote a thorough understanding of how a strategic approach to HRD can impact on learning, change and organisational performance. It is therefore essential that HRD researchers conduct empirical studies and collect both qualitative and quantitative data to validate the synthesis and analysis of SHRD and SHRD models of this study.
- HRD researchers need to find out what SHRD interventions have been implemented by South African HRD professionals and the degree of effectiveness of these strategies in practice.
- In order for strategic HRD to improve, there needs to be a supportive national policy in the field of HRD. Researchers could also investigate the impact of the national HRD frameworks (National Skills Development Strategy, Sector Skills Plans (SSP)) developed by the various

SETAs, and the Human Resource Development strategy (HRD-SA) in delivering strategic HRD solutions to achieve the objectives of the National Development Plan (NDP).

- Further research is required regarding the role of SHRD in achieving the national transformation objectives highlighted in the annual Commission for Employment Equity (CEE) reports.
- Since the level of the job and individual employees form an essential part of explanatory SHRD models, future research is needed to explore the voices of employees regarding the culture of learning and its linkages to organisational and individual performance.
- Given that HRDPs are required to drive SHRD in their organisations, the investigation of the current roles being performed by HRDPs is required. It is recommended that HRD researchers investigate how HRDPs are able to meet the requirements and expectations of key stakeholders (internal and external) through SHRD. The investigation should explore the current levels of competencies of HRDPs to act as employee champions, change agents and strategic partners in driving SHRD in South African organisations. The studies could include the extent to which HRDPs form part of the 'dominant coalition' in their organisations in making key decisions regarding HRD.
- A key characteristic of SHRD is the emphasis on cost efficiencies and the evaluation of HRD solutions (cf 3.6.1). This study provided limited insights regarding the evaluation of HRD practices and interventions carried out by HRDPs. It is recommended that HRD scholars should explore the extent to which South African organisations are quantitatively measuring the impact of HRD from an economic perspective (cost efficiencies and return on investment).

6.5 LIMITATIONS OF THE STUDY

The following aspects had a limiting effect on this study:

- I had limited experience in conducting a formal qualitative phenomenological study. I therefore had to read widely on phenomenology to carry out the empirical research, which was time-consuming.
- Due to limited time, funds and my geographic location, I elected to interview HRMs who represented the highest concentration of private hospitals (Gauteng province) from a healthcare organisation. HRMs selected nationally from the other private hospitals may have provided more diverse experiences with SHRD.
- I had good working relations with the particular HRMs prior to conducting the study, which could have resulted in the researcher being too enmeshed with the HRMs. I therefore declared my bias early in the study to address this limitation (cf 4.3.3; 4.7.2.2).

- All the HRMs were at a lower occupational level than the researcher, which may have caused them to hold back and be less open regarding their experiences concerning the research topic at the private hospital organisation.

6.6 FINAL CONCLUSION

From the responses of the HRMs (sampled in this study), it became evident that the nine (9) characteristics of SHRD are only partially implemented at the private hospital organisation. Additionally, none of the HRMs stated that formal HRD or SHRD models were adopted at the private hospital organisation. It also transpired that skills development practices adopted are aligned with the South African HRD legislative frameworks and guidelines as required by the HWSETA (cf 2.2.8; 2.2.8.1; 2.2.8.2).

This study revealed a strong case for the holistic implementation of McCracken and Wallace's (2000) characteristics of SHRD, and Garavan's (2007) SHRD model at the private hospital organisation. International empirical studies (cf 1.4) support this view regarding the positive impact of SHRD on organisations, yet it remains an underdeveloped field in practice. Garavan's (2007) SHRD model advocates for the horizontal integration of the currently separate fields of HRD and HRM by HRD managers and HRMs alike to collectively progress the role, position and impact of HR by meeting multiple stakeholder expectations. Instead of competing against each other, this approach is necessary to enhance the reputation of HRD managers (if SHRD is to be in force) and HR managers (if SHRM is to be in force) to become valued as strategic partners in 'organisational boardrooms'. HRDPs are required to become more deliberate in their intentions towards partnering with leaders in delivering value adding SHRD solutions for organisations.

6.7 SUMMARY

A summary of earlier chapters was provided above (cf 6.2). The research findings were interpreted and discussed based on the data presented in Chapter 5 (cf 6.3). Recommendations were made regarding the implementation of the nine characteristics of SHRD and Garavan's (2007) SHRD model by HRMs at the private hospital organisation (cf 6.4). The limitations of this study were provided (cf 6.5). Final conclusions have been provided to wrap up the study regarding the implementation of the characteristics of SHRD and Garavan's (2007) SHRD model at the private hospital organisation (cf 6.6).

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ANNEXURES

Annexure 1: Interview schedule

Research protocol and interview schedule

Exploring strategic human resource development at the private hospitals sampled

Conducted by: Sanjay Khoosal

Reason: Dissertation for master's degree

1. Research protocol

The researcher will visit the organisation's website prior to the scheduled date of interviews with the HR managers at private hospitals. The purpose is to explore publicly available documents pertaining to the organisation's vision, mission, goals, human resources (HR) strategy, human resource development (HRD) strategy, broad-based black economic employment (B-BBEE) certification and reports, workplace skills plan (WSP), annual training report (ATR) and employment equity (EE) report.

2. Open the meeting (notes to researcher)

- Introduction of the researcher and the participant (establish rapport)
- Thank the participant for participating on study
- Introduce the purpose of the study to the participant
- Ask the participant if he/she has any questions/points of clarity about the study
- Outline the process of data collection and reporting
- Ensure that the consent form has been completed and that the participant is aware of the his/her rights
- Ask for permission to record the interview with a voice recorder
- Ensure batteries of the recorder are fully charged with spare batteries
- Invite the participant to ask questions
- Probe the participant by asking follow-up questions to collect rich and detailed information
- Note paralinguistic as well
- Be cognisant of time

3. Biographical data for analysis purposes

<table>
<tr><td>Name of organisation</td><td colspan="3"></td></tr>
<tr><td rowspan="3">Street address</td><td colspan="3"></td></tr>
<tr><td colspan="3"></td></tr>
<tr><td></td><td>Postal code</td><td></td></tr>
<tr><td>Postal address</td><td colspan="3"></td></tr>
</table>

		Postal code	
Telephone number			
Fax number			
E-mail address of participant/s			
Title, name and surname of participant/s			
Position of participant/s			
Experience as an HRM manager			
Age			
Gender			
Race			

4. Opening questions

4.1 Kindly share with me what your current role is in this organisation.

4.2 Briefly explain to me what your role entails.

4.3 How long have you served in this role?

Notes:

5. Interview schedule

In order for me to respond to the research questions, the following open-ended questions will be posed to the HRMs during the semi-structured interviews:

Objective 1: Exploring the experiences of HRMs in using SHRD practices at South African private hospitals.

5.1. How would you describe the nature of the HRD practices carried out at the private hospital that you are attached to?

5.2. To what extent have you incorporated the following characteristics into your HRD practices?

Note: Explain the reason for asking questions on the characteristics of their current HRD practices.

- To what extent do you integrate your HRD efforts with organisational mission, vision and goals?
- To what extent do top management support your HRD initiatives at the hospital?
- To what extent have you scanned the environment in which your organisation operates?
- To what extent do your HRD strategies, plans and policies align with the national skills development agenda?
- To what extent have you formed strategic partnerships with line management at your hospital?
- To what extent have you formed strategic partnerships with HRD practitioners?
- To what extent have you expanded the current role of your trainers?
- To what extent do your HRD interventions influence your organisational culture?
- To what extent do you emphasise economies of scale and ROI included your HRD interventions?

Notes:

Objective 2: Strategic or not: towards exploring HRD models used at South African private hospitals.

Note: Explain to the participant the reason for asking them questions about their current HRD model/s.

- What HRD model/s have you implemented to support your HRD strategy at your private hospital?
- To what extent does the model include the multinational (international and national) context?
- To what extent does the model include the organisational, function (Job) and individual (employee) context?
- To what extent does the model consider an HRD focus, orientation, strategies, systems and practices?
- To what extent does the model consider stakeholder satisfaction?
- To what extent does the model include HRD practitioners as a key component of the model?

Notes:

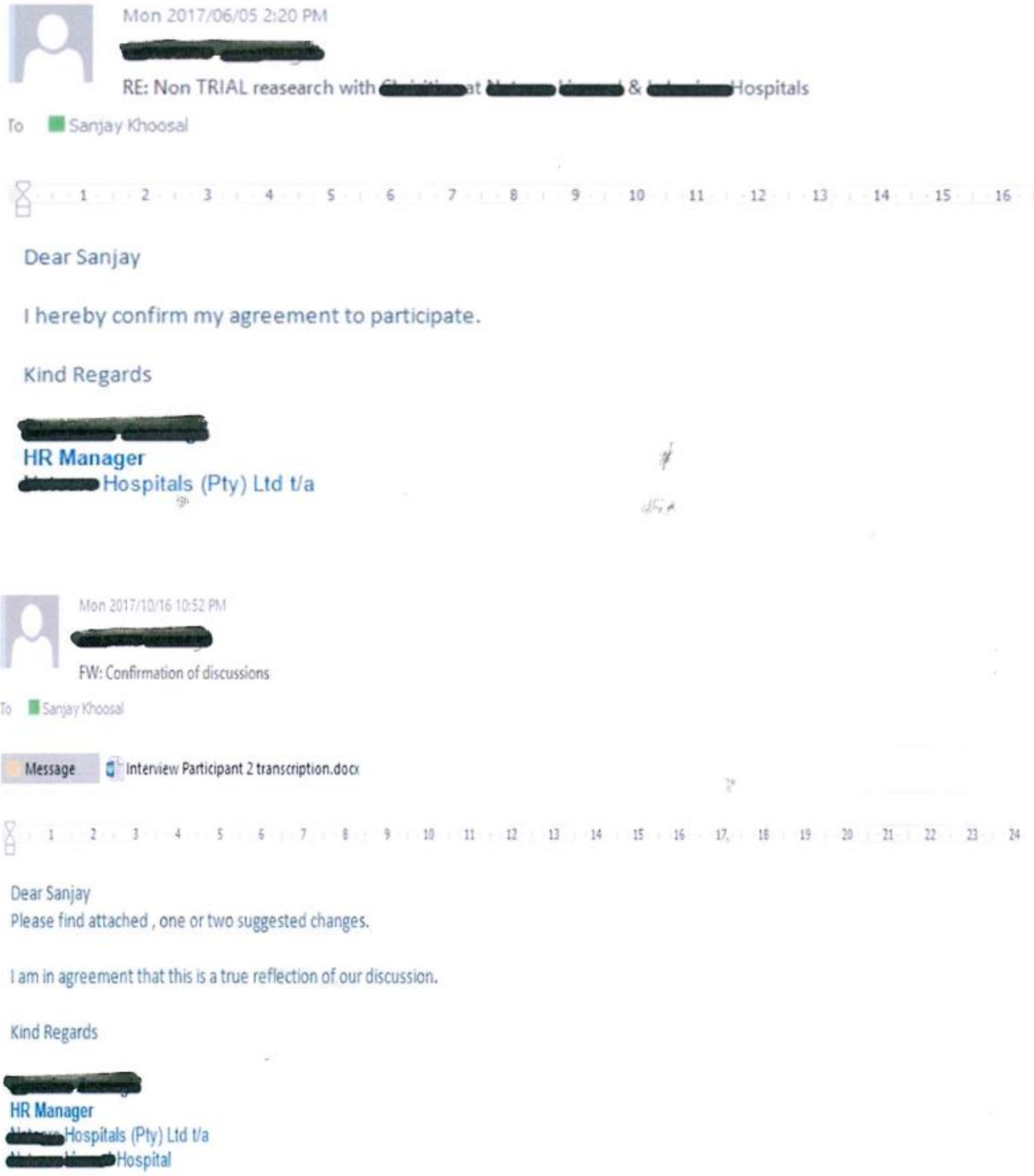
6. Close of meeting

Do you have any other information you would like to share?

Notes:

Thank the participant and confirm next steps.

Annexure 2: Permission from participants to conduct research



Mon 2017/06/05 2:20 PM

[redacted]

RE: Non TRIAL reasearch with [redacted] & [redacted] Hospitals

To Sanjay Khoosal

Dear Sanjay

I hereby confirm my agreement to participate.

Kind Regards

[redacted]

HR Manager

[redacted] Hospitals (Pty) Ltd t/a

Mon 2017/10/16 10:52 PM

[redacted]

FW: Confirmation of discussions

To Sanjay Khoosal

Message Interview Participant 2 transcription.docx

Dear Sanjay

Please find attached , one or two suggested changes.

I am in agreement that this is a true reflection of our discussion.

Kind Regards

[redacted]

HR Manager

[redacted] Hospitals (Pty) Ltd t/a

[redacted] Hospital

Annexure 3: Organisation's research operations committee approval

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2017-0014

Mr Sanjay Khoosal

E mail: Sanjay.Khoosal@netcare.co.za

Dear Mr Khoosal

RE: EXPLORING STRATEGIC HUMAN RESOURCES DEVELOPMENT AT SOUTH AFIRCAN PRIVATE HOSPITALS

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Hospital Group Regions, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Committee.

ii) All information regarding the Company will be treated as legally privileged and confidential.

iii) The Company's name will not be mentioned without written consent from the Committee.

iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.

v) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

vi) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date..

vii) The Company has the right to implement any recommendations from the research.

viii) The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval.

ix) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

7/5/17

Prof Dlo[illegible]u Plessis
Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Shannon Nell
Chairperson: Research Operations Committee
Date: 5/5/2017

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research

Anonymous

Annexure 4: Approval from organisation's directors to conduct research at private hospital

APPLICATION TO CONDUCT NON-TRIAL RESEARCH IN A NETCARE FACILITY

Name of Applicant Sanjay Khoosal

Contact details

Land line (011)217 9651 Cellular Phone 072 2042159

E-mail address sanjay.khoosal@netcare.co.za

ID Number 8102075067088

Gender M Race Indian

State the reason for the research (e.g. Masters, PhD, etc.) –Maters in Education: Training and Development

Name of company where employed Netcare: Human Resources

Title of the research applied for in this instance:

Exploring Strategic Human Resource Development at South African private hospitals

Netcare hospital(s)/site(s)/division(s) in which research may be undertaken Gauteng North East Region HR Managers

Date of application 13th February 2017

Signature of Applicant _____

DECLARATION BY RESEARCHER IN RESPECT OF NON-TRIAL RESEARCH TO BE CONDUCTED IN A NETCARE FACILITY

I, SANJAY KHOUSAL,

hereby confirm that I have applied to conduct research titled Exploring Strategic Human Resource Development (SHRD) at South African private hospitals at

Netcare Human Resources Hospital(s)/site(s)/division(s)

Should permission be granted, I confirm that:

1. I will not commence with the research prior to receipt of FINAL APPROVAL LETTER from the Netcare Research Operations Committee.
2. All information will be treated as confidential.
3. Netcare's name will not be mentioned in the research without written consent from the Netcare Research Operations Committee.
4. Where Netcare's name is mentioned, the results will not be published without written permission from the Netcare Operations Committee.
5. I will comply with all legal requirements regarding patient / participant rights and confidentiality (if patients / participants are to be included in the research).
6. Netcare Research Operations Committee must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from Netcare Research Operations Committee.
7. A copy of the research report will be provided to Netcare Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
8. I confirm that Netcare has the right to implement any recommendations from the research.
9. I agree that Netcare reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the

Instructions: Please copy content onto hospital/site/division letter head

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS NETCARE FACILITY

Dear Sanjay Khoosal

Re Exploring Strategic Human Resource Development at South African Private Hospitals

We hereby confirm knowledge of the above named research application to be made to the Netcare Research Operations Committee and in principle agree to the research application for **Netcare Gauteng North East region HR Managers**, subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the Netcare Research Operations Committee.
2. A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. Netcare has the right to implement any recommendations from the research.
4. That the **Gauteng North East Region** Management reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

2017-03-31

Signed by Region/Division Management **Date**

REGIONAL DIRECTOR

(Specify designation)

Annexure 5: Letter from supervisor confirming study

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

19 January 2017

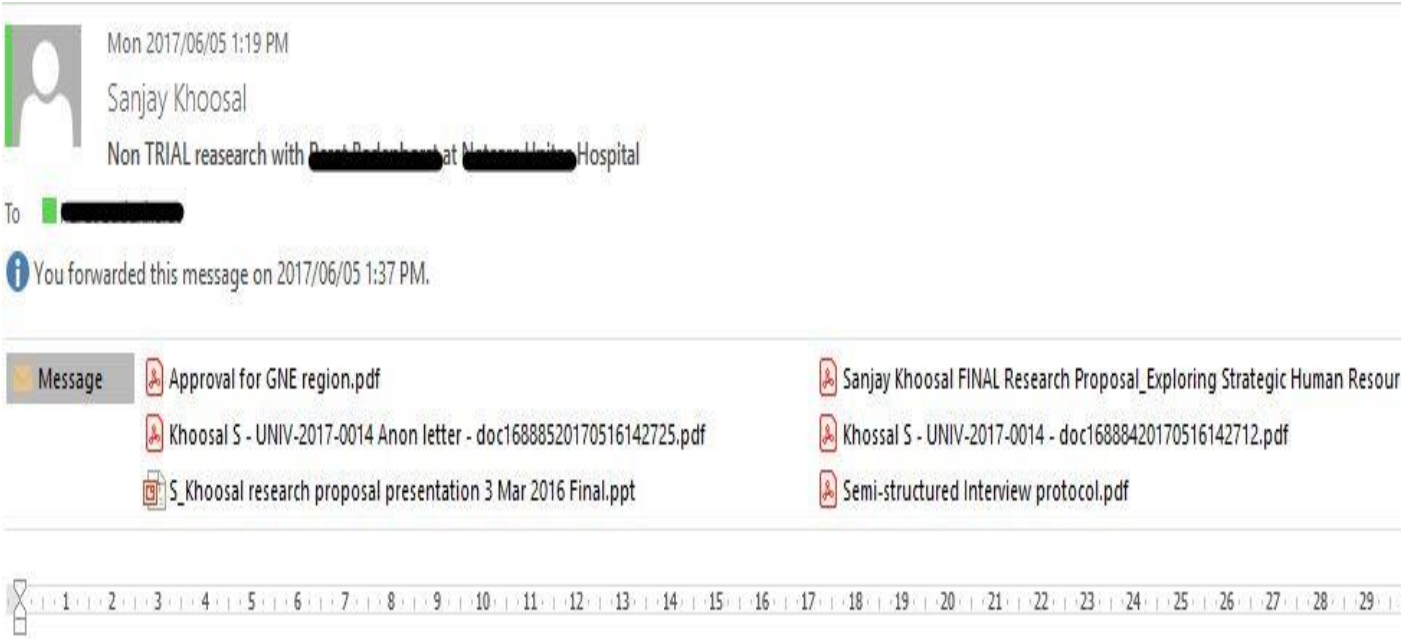
To whom it may concern

This is to confirm that Sanjay Khoosal, student number 24747327 is busy with a Master's dissertation (MEd in Training and Development). His research proposal was accepted and the title registered as *Exploring strategic human resource development at private hospitals*. The study also fulfills the ethical requirements specified by the North-West University.

Yours sincerely

Dr Helen Meyer (study leader)

Annexure 6: Request to conduct research with participant



Mon 2017/06/05 1:19 PM

Sanjay Khoosal

Non TRIAL reasearch with [redacted] at [redacted] Hospital

To [redacted]

You forwarded this message on 2017/06/05 1:37 PM.

Message

Approval for GNE region.pdf

Khoosal S - UNIV-2017-0014 Anon letter - doc16888520170516142725.pdf

S_Khoosal research proposal presentation 3 Mar 2016 Final.ppt

Sanjay Khoosal FINAL Research Proposal_Exploring Strategic Human Resour

Khossal S - UNIV-2017-0014 - doc16888420170516142712.pdf

Semi-structured Interview protocol.pdf

Hello [redacted]

Thanks for agreeing telephonically to assist me collect data for my Master's research work through NWU Potch Campus.

As discussed this semi-structured interview is voluntary and you are under no obligation to participate on this study. Moreover you may withdraw from the process at any given sta participant. Your identify will remain anonymous during the course of this study.

I have attached the following for your perusal:

1. Approval from Dr [redacted] to conduct research in the GNE region
2. My research proposal approved by the NWU Research and Ethics committee
3. Approval to conduct research from the [redacted] Research Operations Committee
4. A presentation on my Unit of Analysis: Exploring Strategic Human Resource Development (SHRD) in South African Private Hospitals
5. Semi-structure interview schedule which I would be using as a guide during the interview with you.

Once you have perused the request to participate on the interview and agree to participate on my study, you may respond to this email confirming your participation. As already a meeting request for Monday, 12th June 2017 to be confirmed upon receiving a formal acceptance to participate on the study.

Kind Regards

Sanjay Khoosal

Annexure 7: North West University ethics clearance letter

NWU®
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE-BOPHIRIMA

Private Bag X05, Noordbrug
South Africa 2522

Tel: 018 299-2000
Fax: 018 299-2999
Web: http://www.nwu.ac.za

Faculty of Economic and Management Sciences
Tel: 018 299-1369
Fax: 087 231-5396
Email: Pieter.Buys@nwu.ac.za

Mr S Khoosal
Unit 64
Greenstone Gate
Hereford Road
GREENSTONE HILL
1609

10 October 2018

Dear Mr Khoosal

ETHICAL CLEARANCE

This letter serves to confirm that the research project of Sanjay Khoosal, with the title **"Exploring strategic human resource development at a private hospital group"** has undergone ethical review. The proposal was presented at a Faculty Research Meeting and accepted. The Faculty Research Meeting assigned the project number EMS16/03/03-01/01. This acceptance deems the proposed research as being of minimal risk, granted that all requirements of anonymity, confidentiality and informed consent are met. This letter should form part or your dissertation manuscript submitted for examination purposes.

Yours sincerely

Pieter Buys

Digitally signed by Pieter Buys
DN: cn=Pieter Buys, o, ou=WorkWell Research Unit, email=pieter.buys@nwu.ac.za, c=ZA
Date: 2018.10.10 16:57:24 +02'00'

Prof Pieter Buys
Director: WorkWell Research Unit

Current details: (11930497) C:\Users\NWUUSER\Documents\2. BESTUUR\2.2.2.20_FEMS-WorkWell_Voorleggingsvergaderings\2016\Mensehulpbronbestuur\2016-03-03\Khoosal, S_Ethical clearance.docm
10 October 2018

Annexure 8: Student certified copy of identity document

JENNIFER ELIZABETH JONES
EX OFFICIO COMMISSIONER OF OATH (RSA)
HUMAN RESOURCES MANAGER
NETCARE HOSPITALS
76 MAUDE STREET
SANDTON
2196

I CERTIFY THAT THIS DOCUMENT IS A TRUE COPY OF THE ORIGINAL, WHICH WAS EXAMINED BY ME AND THAT FROM MY OBSERVATIONS, THE ORIGINAL HAS NOT BEEN ALTERED IN any MANNER.

4/4/2015

I.D.No. 8102075067 08 8

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
KHOOSAL

VOORNAME/FORENAMES
SANJAY

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1981-02-07

DATUM UITGEREIK
DATE ISSUED
2001-08-15

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket

2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in this pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest registrar's office of the DEPARTMENT OF HOME AFFAIRS.

GEBOORTEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u ons adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-kantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

Annexure 9: Language editor approval certificate

Dear Mr / Ms

To whom it may concern

Cecile van Zyl
Language editing and translation
Cell: 072 389 3450
Email: Cecile.vanZyl@nwu.ac.za

Re: Language editing of dissertation (Exploring strategic human resource development at a private hospital group)

I hereby declare that I language edited the above-mentioned dissertation by Mr S Khoosal (student number: 24747327).

Please feel free to contact me should you have any enquiries.

Kind regards

Cecile van Zyl

Language practitioner

BA (PU for CHE); BA honours (NWU); MA (NWU)
SATI number: 1002391

Annexure 10: Solemn declaration and permission to submit

Higher Degrees Administration

SOLEMN DECLARATION AND PERMISSION TO SUBMIT

1. Solemn declaration by student

I, Sanjay Khoosal

declare herewith that the thesis/dissertation/mini-dissertation/article entitled (**exactly as registered/approved title**),

Exploring strategic human resource development at a private hospital group

which I herewith submit to the North-West University is in compliance/partial compliance with the requirements set for the degree:

Master of Education in Training and Development

is my own work, has been text-edited in accordance with the requirements and has not already been submitted to any other university.

LATE SUBMISSION: If a thesis/dissertation/mini-dissertation/article of a student is submitted after the deadline for submission, the period available for examination is limited. No guarantee can therefore be given that (should the examiner reports be positive) the degree will be conferred at the next applicable graduation ceremony. It may also imply that the student would have to re-register for the following academic year.

Signature of Student: Sanjay — Digitally signed by Sanjay Date: 2018.11.20 15:53:01 +02'00'

University Number: 24747327

Signed on this 20 day of November of 20 18

2. Permission to submit and solemn declaration by supervisor/promoter

The undersigned declares that the thesis/dissertation/mini-dissertation complies with the specifications set out by the NWU and that:

- the student is hereby granted permission to submit his/her mini-dissertation/ dissertation/thesis:
  (•) Yes ( ) No
- that the student's work has been checked by me for plagiarism (by making use of Turnitin software for example) and a satisfactory report has been obtained:
  (•) Yes ( ) No

Signature of Supervisor/Promoter

Dr Helen Meyer
cn=Dr Helen Meyer, o, ou=NWU, email=Helen.Meyer@nwu.ac.za, c=ZA
2018.11.20 14:21:04 +02'00'

Date: 20/11/2018

Original details: Marietjie Ackermann(10512187) R:\RIS\support\docs\WORDS\RIS\DECLARATION AND PERMISSION TO SUBMIT docm 26 July 2017
File reference: T:\1.11.3.2(3)