

**COLLECTIVE DECISION-MAKING IN THE HEALTH NON-GOVERNMENTAL
ORGANISATION (NGO) SECTOR IN SOUTH AFRICA: A GROUNDED THEORY
STUDY**

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ABSTRACT

This thesis investigates the dynamics of collective decision-making within the health non-governmental organisation (NGO) sector in South Africa. Although NGOs play an essential role in bridging gaps in healthcare service delivery, limited attention has been given to how strategic decisions are made within these organisations, particularly under conditions of funding volatility, donor dependency, regulatory compliance, and organisational complexity. To address this gap, the study employs a qualitative research design grounded in Strauss and Corbin's (1990) version of grounded theory, generating a contextually embedded understanding of collective decision-making in health NGOs.

Empirical data were gathered through in-depth interviews with strategic leaders across five diverse health NGOs. The data was analysed using open, axial, and selective coding to develop categories, relationships, and conceptual linkages. The findings reveal three typologies of strategic collective decision-making: *Simple*, *Conventional*, and *Onerous*. The Simple typology reflects participatory, trust-based, and consensus-driven strategic collective decision-making processes that are agile and responsive. The Conventional typology represents hierarchical and formalised governance, strategic collective decision-making processes that provide structure and predictability but may restrict adaptability. The Onerous typology captures strategic collective decision-making processes complicated by donor pressures, contested mandates, and interpersonal tensions, often resulting in protracted and fragmented outcomes.

By situating these findings within established decision-making theories; encompassing rational, intuitive, and political perspectives, as well as the Cynefin framework; this study demonstrates how South African health NGOs navigate between order and complexity in their strategic collective decision-making processes. The analysis further integrates social capital and stakeholder perspectives to highlight how trust, networks, and external actors shape decision outcomes.

The thesis advances the substantive theory of *strategic collective decision-making as an interactive mode of organisational alignment*, explaining how strategic leaders move fluidly between the three interconnected modes; Simple, Conventional, and Onerous; in response to contextual pressures, cultural norms, and organisational

dynamics. This grounded typology provides new insights into how collective strategic decisions emerge through negotiation, relational trust, and compromise, rather than relying on linear or prescriptive logic. Beyond theoretical contribution, the study offers significant policy insights for strengthening governance and strategic collective decision-making in South Africa's health NGO sector. It recommends embedding participatory and collective governance principles within the relevant governmental stakeholders, aligning accountability with inclusivity and relational engagement. Furthermore, the findings support shifts in national policy frameworks and health implementation frameworks toward collaborative governance that values cultural norms, relational capacity, and adaptive flexibility. By recognising health NGOs as strategic partners rather than implementers, this study contributes to building a responsive, community-centred, and resilient public health ecosystem in South Africa.

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CHAPTER 1: THE CONTEXT OF THE STUDY

1.1 Opening vignette

Picture a rural community in Lusikisiki, Eastern Cape, South Africa, where access to healthcare is a daily struggle. In the same village, imagine a health NGO–run clinic where an 80-year-old grandmother has walked five kilometres to collect her blood pressure medication and the life-saving antiretroviral treatment (ARVs) for her three-year-old grandchild, whose parents were lost to HIV and AIDS. On arrival, she finds the clinic doors closed, permanently. This is because the strategic leadership team of the health NGO operating the clinic made a strategic collective decision to shut it down after the withdrawal of donor funding that kept the clinic running.

This author-crafted imaginary, but realistic, vignette illustrates the very real consequences of strategic collective decision-making in health NGOs, where choices shaped by funding shifts and governance pressures directly or indirectly determine whether vulnerable communities receive or are denied essential health care. Such moments reveal that strategic collective decision-making in NGOs is never abstract; it carries profound human consequences, where the survival of the most vulnerable hinges on how strategic leaders deliberate, negotiate, and respond to shifting organisational context. Against this backdrop, the present study turns to the background of health NGOs in South Africa to explore the contexts that shape critical strategic collective decisions, seeking to examine how such decisions are made, and sustained.

1.2 Background to the study

Non-Governmental Organisations (NGOs) play a pivotal role in delivering essential services, advocating for marginalised communities, and filling gaps left by the state, corporates and society. In South Africa, health NGOs have been particularly prominent in addressing the country's complex public health challenges, including HIV/AIDS, tuberculosis, and maternal and child health (Swilling and Russell, 2002; Habib, 2013). These organisations are often deeply embedded within local and global health governance structures, relying heavily on both local and international donor funding. Their ability to make effective strategic collective decisions is therefore vital not only for organisational survival but also for advancing broader health outcomes in the communities they serve.

Strategic collective decision-making within NGOs is inherently complex. Unlike corporate organisations, NGOs operate in contexts marked by resource scarcity, donor dependency, and

competing stakeholder expectations (Ebrahim, 2003; Lewis, 2009). Decision-making processes are rarely confined to individual strategic leaders but typically indirectly involve or are influenced by boards of directors, donors, communities, and government departments and or agencies. At the strategic level, collective decision-making engages multiple departmental leaders or subject matter experts, ensuring that diverse perspectives are considered and that outcomes are inclusive and sustainable. The effectiveness of these processes can determine whether health NGOs remain resilient in the face of external shocks, such as the withdrawal of donor funding, or become vulnerable and unstable.

In the South African health sector, the centrality of strategic collective decision-making is amplified by volatile funding environments, shifting public health priorities, and growing demands for accountability to both internal and external stakeholders. Within this context, collective decision-making, where strategic choices are collaboratively interactive among multiple participants, has been widely promoted as a participatory and democratic approach to governance. However, the ways in which collective decision-making unfolds in practice vary significantly. They are shaped by factors such as organisational culture, leadership style, institutional history, and external pressures (Wilkof, 1989; Teagarden, 2004). While collective decision-making processes are often assumed to promote inclusivity, transparency, and cohesion, they can also become protracted, conflict-laden, or onerous (Leach, 2016). Understanding the nature of strategic collective decision-making and the conditions under which it fosters or hinders organisational effectiveness is thus a critical area of inquiry for South African health NGOs. This study addresses this gap by examining how health NGOs negotiate and enact strategic decisions, thereby generating a grounded theory of collective decision-making rooted in empirical evidence.

1.3 The context in which NGOs operate

The challenges outlined above are not unique to South Africa but resonate across the global NGO sector. Internationally, NGOs operate in environments of uncertainty and rapid change (Cooley and Ron, 2002a; Parks, 2008; Springer, 2021; Abiddin, Ibrahim, and Aziz, 2022), where leaders must make difficult strategic, programmatic, and administrative choices (Renz and Herman, 2016). They must often navigate areas outside their traditional expertise (Cooley and Ron, 2002b), balance the competing expectations of diverse stakeholders (Andrews, 2014; Banks, Hulme and Edwards, 2015), and operate with hybrid business models underpinned by fragmented and inconsistent funding streams (Renz and Herman, 2016). These challenges make

leadership in health NGOs uniquely demanding, as leaders must pursue social missions while contending with volatile external environments.

A particularly acute challenge is financial sustainability. NGOs consistently face difficulties in securing sufficient, reliable, and flexible funding to support their work (Souba, 2007; Never, 2010; Collinson, 2014; Hashim et al., 2020). Donor dependence constrains autonomy, with external funding often accompanied by restrictive conditions that limit organisational flexibility and require alignment with donor priorities (Bebbington, 2005; Andrews, 2014). As Hailey and James (2004) note, this exposes NGOs to environments that change rapidly and often remain outside their direct control.

For South African health NGOs, these global challenges are compounded by local complexities. These organisations operate in an environment shaped by the legacies of inequality, the burden of communicable and non-communicable diseases, and the state's reliance on civil society to complement public health services (Lewis, Kanji and Themudo, 2020). At the same time, they must meet the expectations of local funders, international donors, government agencies, and local communities, often with competing or even conflicting priorities (Banks, Hulme and Edwards, 2015). Within this dynamic environment, collective decision-making becomes a crucial organisational process for balancing competing pressures, maintaining accountability, and fostering adaptability. Yet little is known about how such processes are enacted in practice within the South African health NGO sector. This study addresses this gap by examining the conditions under which strategic collective decision-making succeeds or fails, providing insights for theory, policy, and practice.

1.4 Definition of terms

To ensure conceptual clarity, this study defines several key terms that are central to its focus on strategic collective decision-making in South African health NGOs.

The definition of collective decision-making used in this study is detailed in Chapter 3, Section 3.6, and was developed from a variety of definitions. It refers to a participatory process in which multiple individuals contribute their knowledge, perspectives, and preferences to reach a decision (Carmeli et al., 2009). Collective decision-making is a process in which multiple individuals come together to analyse a situation, generate alternative courses of action, and select the best alternative to solve a problem (Goswami et al., 2021). In this study, it specifically

denotes strategic-level collective decisions within health NGOs, where the leadership team or departmental leaders engage to address organisational challenges.

Health NGOs are non-profit organisations operating in the healthcare sector, providing services such as but not limited to clinical care, health education, prevention programmes, or policy advocacy (Gellert, 1996; Doshmangir et al., 2025).

The leadership team refers to individuals in senior positions who are responsible for shaping organisational strategy and direction (Samimi et al., 2022). This typically includes executive directors, programme directors, department heads, subject matter experts and other decision-makers occupying strategic roles (Cannella, Finkelstein and Hambrick, 2008).

Stakeholders are individuals, groups, or organisations that affect or are affected by an organisation's strategic decisions (Freeman, 1984). For health NGOs, this category encompasses both internal stakeholders (boards, staff, and volunteers) and external stakeholders (donors, government partners, beneficiaries, sub-recipients, and communities) (Tampio, Haapasalo, and Ali, 2022). These stakeholders exert varying degrees of influence on collective decision-making processes.

1.5 Research problem

Strategic collective decision-making is widely recognised as central to organisational effectiveness, yet little is known about how these processes unfold within the South African NGO sector. In health NGOs, strategic decisions are rarely the prerogative of a single leader; rather, they emerge through collaborative engagements among department heads, subject-matter experts, and stakeholders. Such collective processes are expected to enhance inclusivity and alignment with organisational missions (Msokera et al., 2023). However, while collective decision-making is often promoted as a normative ideal, there is limited empirical knowledge of how it takes place in practice within health NGOs.

Existing scholarship on organisational decision-making has largely drawn from corporate and public-sector contexts (Eisenhardt and Zbaracki, 1992; Langley et al., 1995), where assumptions of hierarchical authority, managerial rationality, and performance efficiency do not fully translate to the NGO environment. Within NGO studies, researchers have examined issues of governance and accountability (Edwards and Hulme, 1996; Ebrahim, 2003), but few have explored the micro-processes of how decisions are collectively enacted and experienced by practitioners. As a result, much of the literature on NGOs has privileged structures and outputs

such as planning or reporting over the lived dynamics of decision-making (Renz and Herman, 2016; Md Isa et al., 2021).

This gap is both theoretical and practical. Theoretically, there is a limited understanding of how multiple participants within health NGOs negotiate meaning, resolve conflicts, and pursue consensus under conditions of uncertainty, resource dependency, and scarcity. Practically, NGO leaders must balance donor requirements, community needs, and internal governance demands with limited guidance on effective collective decision-making practices. The lack of context-specific knowledge constrains the capacity of health NGOs to strengthen their governance and limits the efforts of donors and governments to build a sustainable civil society sector. This literature gap is discussed in detail in Chapters 2 and 3. Addressing this gap requires close attention to the processes, challenges, and cultural underpinnings of collective decision-making within health NGOs. Adopting Strauss and Corbin's (1990) grounded theory methodology, the research develops a substantive theory rooted in empirical data from senior leaders across five health NGOs. The findings aim to enrich academic discourse on strategic collective decision-making while offering actionable insights for improving health organisational resilience in the sector.

1.6 Research gap in the Health NGO sector

Existing research on decision-making within NGOs consistently highlights the value of participatory approaches, wherein diverse stakeholders are actively engaged in decision-making processes. These approaches are widely credited with fostering transparency, accountability, and a sense of ownership, which collectively contribute to more inclusive and sustainable outcomes (Hailey and James, 2004). A growing body of scholarship has examined factors influencing decision-making in NGOs, such as organisational culture, leadership styles, and external pressures, particularly from donors and regulatory bodies (Ebrahim, 2003; Hailey and James, 2004). Donor-driven priorities have been shown to conflict with local needs, sometimes undermining programmatic relevance and impact (Banks, Hulme and Edwards, 2015). Moreover, the informal and often decentralised structures characteristic of NGOs can give rise to ambiguous decision-making processes and obscure lines of accountability (Lewis, 2007). Despite the increasing prominence of partnerships involving NGOs, government entities, donors, and community-based stakeholders, there is a dearth of empirical evidence on how collective decision-making is enacted within South African NGOs (Brinkerhoff, 2002).

Although the literature acknowledges the critical role of decision-making in NGO effectiveness, collective decision-making processes remain under-theorised, particularly in the South African context. Previous studies have identified a constellation of factors that influence decision-making in NGOs, including organisational culture, values, strategy, structure, donor conditions, practitioner experience, technical skills, and adaptability (Renz and Herman, 2016; Noor, Isa and Muhammad, 2021). Yet, the interaction between these factors, and how they manifest in practice, has not been sufficiently explored, especially within health NGOs operating in environments characterised by systemic inequality, resource shortages, and complex public health challenges. Furthermore, existing research tends to place greater emphasis on planning functions rather than the actual processes through which decisions are made collectively (Renz and Herman, 2016). While studies such as those by Md Isa et al. (2021) and Noor, Isa, and Muhammad (2021) acknowledge the importance of collective decision-making, they provide limited insights into its operational dynamics such as the roles of various team members, particularly those at strategic level in health NGOs in South Africa, the sequence of decision steps, and the mechanisms through which collective decisions are made. Crucially, questions surrounding who ultimately holds decision-making authority within collective frameworks and how these decisions are implemented also remain largely unanswered.

Despite recognition of the potential of collective decision-making to address complex societal issues (McHugh et al., 2016), empirical investigations into its implementation in resource-constrained health NGOs remain limited. While recent scholarship (Noor, Isa and Muhammad, 2021) has recommended improving decision-making competencies among NGO leaders through training, mentorship, and lifelong learning, such efforts may be insufficient without a deeper, context-specific understanding of collective decision-making practices. Unlike sectors such as science, healthcare, or technology, where theoretical models of decision-making have been more extensively developed (Slovic et al., 1988; Bose et al., 2017; Prasetyo et al., 2019), the NGO sector, and particularly health NGOs in South Africa, remains underexplored in this regard. In the South African health NGO landscape, the significance of collective decision-making is magnified by the sector's operational complexity. Decision-making processes are rarely linear or conflict-free. Instead, they are shaped by intersecting forces including organisational structure, competing stakeholder interests, scarce resources, and socio-political dynamics. While the literature recognises factors such as communication, collaboration, leadership, and diversity as central to effective decision-making (Storey and Salaman, 2009;

Collinson, 2014), these dimensions have not been adequately theorised within the context of South African health NGOs.

This study seeks to address this critical gap by developing a substantive grounded theory of collective decision-making within the South African health NGO sector. The proposed theory will be empirically grounded in data drawn from the lived experiences of leadership individuals directly involved in strategic collective decision-making processes. It will illuminate the practical complexities, tensions, and power dynamics that shape collective decision-making in this unique context. Ultimately, the study aims to contribute to both theoretical understanding and practice, offering a nuanced framework that can enhance strategic collective decision-making in a sector pivotal to addressing South Africa's enduring public health challenges.

1.7 Research aim and objectives

The main goal of this research is to develop a substantive grounded theory that describes and explains the collective decision-making process within the health NGO sector in South Africa.

To achieve this goal, the study pursues the following objectives:

- To describe and analyse the collective decision-making process in the health NGO sector organisations in South Africa.
- To explore how the characteristics of NGOs and/or their environmental opportunities and constraints influence collective decision-making.
- To develop a substantive grounded theory on collective decision-making in the health NGO sector in South Africa.

1.8 Significance of the study

This study makes significant contributions at the theoretical and methodological levels, as well as in terms of practical applications and policy implications.

Theoretically, it advances scholarship on organisational decision-making by shifting attention to the NGO sector, which has often been overshadowed by studies in private and public-sector contexts (Eisenhardt and Zbaracki, 1992; Langley et al., 1995). By focusing specifically on South African health NGOs, the study extends debates in organisational theory to mission-driven, resource-constrained environments. It addresses a longstanding gap in the literature, where decision-making in NGOs has often been treated as a normative ideal rather than a lived

organisational process (Renz and Herman, 2016; Md Isa et al., 2021). Through the development of a substantive grounded theory, the research offers an empirically based model of collective strategic decision-making that captures the realities of practice in this sector.

Methodologically, the study contributes by applying Strauss and Corbin's (1990) grounded theory approach to an under-researched domain. This design allows theory to emerge from leaders' experiences. In doing so, it demonstrates the value of grounded theory in unpacking complex social processes, particularly in the Global South contexts where imported theories may inadequately capture local dynamics.

Practically, the findings provide actionable insights for NGO leaders, managers, and boards who must navigate complex strategic collective decision-making environments shaped by donor pressures, community needs, and internal governance challenges. By identifying patterns of strategic collective decision-making and the cultural assumptions that enable or constrain them, the study offers guidance for leadership training, board development, and organisational strengthening. It highlights how transparency, inclusivity, and shared responsibility can be fostered through collective processes, thereby enhancing organisational resilience.

From a policy perspective, the study informs donors, regulators, and policymakers concerned with the accountability and sustainability of NGOs. As NGOs assume greater roles in public service delivery, understanding their internal strategic collective decision-making processes is critical for shaping supportive funding policies and governance frameworks. By revealing how structural conditions and cultural norms interact in shaping strategic collective decision-making, the study offers insights that can help align external accountability demands with internal organisational realities. This dual focus on micro interactions and macro structures enriches the global NGO literature, providing a nuanced perspective from the African context that has historically been underrepresented.

1.9 Scope and delimitations of this study

This study is delimited to health NGOs operating within South Africa. Other types of NGOs, such as those focused on education, human rights, or environmental causes, fall outside the scope of this research. Within the health NGO sector, the inquiry specifically examines *strategic collective decision-making processes*, that is, decisions related to long-term organisational direction, sustainability, and strategic alignment. Routine or tactical operational decisions are therefore excluded. The study further delimits its participant group to individuals occupying

leadership roles within these organisations, including executive and programme directors, department heads, and other senior managers directly involved in strategic decision-making. Participants operating solely at the operational, tactical, or board levels were excluded. While the theoretical insights generated may resonate with NGOs in other sectors or geographical contexts, the study does not seek statistical generalisability. Rather, its purpose is to generate a contextually grounded theory that offers conceptual transferability and a foundation for comparative and future research across diverse NGO environments.

1.10 Structure of the thesis

This thesis is organised into ten chapters, each building toward the development of a grounded theory of collective decision-making in South African health NGOs.

Chapter 1 has introduced the study by outlining its background, research problem, noting the sectoral research gaps, research objectives, significance, and limitations. Chapter 2 contextualises the research by analysing NGO environment first and then bringing the context to the South African health NGO environment, highlighting the sector's challenges, and its strategic importance. Chapter 2 also focusses on factors influencing collective decision making in the sector and discusses *culture* in detail. Chapter 3 reviews the literature on collective decision-making, identifying theoretical foundations, empirical insights, and literature gaps that motivate this study.

Chapter 4 presents the research methodology, explaining the grounded theory design, data collection and analysis procedures, and ethical considerations. Chapters 5 to 7 detail the empirical findings across three distinct contexts of strategic decision-making: Simple, Conventional, and Onerous Strategic Collective Decision-Making, illustrating how strategic leaders experience and negotiate these processes. Chapter 8 integrates these findings, comparing their properties and consolidating them into an emergent theoretical framework.

Chapter 9 discusses the study's contributions by relating the emergent theory to existing scholarship, drawing out practical and policy implications. Finally, Chapter 10 concludes the thesis with key reflections on the study's limitations and provides recommendations for future research directions.

1.11 Conclusion

This chapter has introduced the study by situating it within the broader context of South Africa's health NGO sector, where collective decision-making is central to organisational resilience and impact. It outlined the summarised challenges posed by volatile funding landscapes, complex governance arrangements, and competing stakeholder demands, and articulated the research problem as a lack of theoretical and empirical knowledge about how collective decisions are made in this sector.

The chapter also set out the study's aim and objectives, positioning it as an endeavour to generate a grounded theory of collective decision-making using Strauss and Corbin's (1990) qualitative methodology. In doing so, it highlighted the potential contributions of the study across theoretical, practical, and policy domains. The study's scope and delimitations were clarified, and the thesis's structure was mapped out to provide a clear roadmap for the reader. Chapter 1 establishes the foundation for a study that is both academically rigorous and practically relevant, aiming to illuminate the often-opaque processes of strategic collective decision-making in health NGOs. The next chapter turns to the South African NGO environment, providing the historical, political, and socio-economic context within which these strategic collective decision-making processes unfold.

CHAPTER 2: OVERVIEW OF NGO ENVIRONMENT

2.1 Introduction

This chapter examines the NGO sector in South Africa, with particular attention given to the strategic difficulties encountered by leaders within health-focused organisations. By framing these challenges within the broader discourse on decision-making, the discussion highlights how external and internal factors, such as regulatory constraints, funding instability, and socio-political dynamics, shape leadership approaches and organisational behaviour in decision-making. The next chapter explores the complexities of collective decision-making in organisational settings, while this chapter forms the foundational basis, focusing on the health NGO sector in South Africa, a context deeply shaped by the country's post-apartheid transition, persistent health inequities, and a fragmented healthcare system (Habib and Taylor, 1999; Swilling and Russell, 2002). Historically, NGOs in South Africa have played a critical role in supplementing state healthcare provision, particularly in underserved communities (Padayachee and van Niekerk, 2019). However, their ability to function effectively is increasingly constrained by financial volatility, regulatory burdens, and capacity limitations (Wyngaard, 2015; Ataguba et al., 2023), all of which complicate decision-making processes at the strategic leadership level. The South African health NGO sector operates within a complex ecosystem of stakeholders, including government agencies, local and international donors, local communities, and private sector actors, each exerting distinct pressures on organisational governance (Banks et al., 2020). Funding models, heavily reliant on donor grants and project-based financing, often create tensions between short-term deliverables and long-term sustainability (Ebrahim, 2003). Additionally, regulatory frameworks, although designed to ensure accountability, can inadvertently stifle innovation and flexibility, forcing NGOs to focus on bureaucratic compliance rather than adaptive problem-solving (Heywood, 2021). These structural challenges are compounded by internal dynamics, such as power asymmetries within leadership teams and competing stakeholder expectations, which further complicate collective decision-making (Lewis, Kanji and Themudo, 2020). Understanding this environment is essential for analysing how collective decision-making functions and sometimes falters within health NGOs, which will be explored in Chapter 3. The sector's reliance on participatory approaches is both a strength and a vulnerability. While inclusive decision-making can enhance legitimacy and community buy-in (Mansuri and Rao, 2012), it can also slow responses to urgent health crises and create inefficiencies in resource allocation (Gilson et al.,

2020). This chapter thus sets the stage for subsequent empirical analysis by demonstrating how the environmental pressures of the South African health NGO landscape, financial precarity, regulatory complexity, and stakeholder multiplicity intersect with internal governance challenges to shape collective decision-making processes. By contextualising these dynamics, the chapter not only clarifies the strategic realities of health NGOs but also underscores the need for adaptive collective decision-making processes at the strategic leadership level in the sector.

2.2 NGO environment

Health non-governmental organisations in South Africa occupy a critical space in addressing systemic health disparities, particularly in under-resourced communities where state capacity often falls short (Habib and Taylor, 1999). The sector operates within a complex ecosystem shaped by historical inequities, post-apartheid transformation policies, and persistent funding challenges (Swilling and Russell, 2002). This environment creates unique pressures for health NGO strategic decision-makers, who must navigate resource constraints, donor dependency, and competing stakeholder interests while maintaining organisational mission integrity (Lewis, 2009; Banks, Hulme and Edwards, 2015). The decision-making landscape for NGOs differs fundamentally from for-profit entities due to their social mission orientation and complex accountability structures (Edwards and Hulme, 1996). Unlike commercial organisations that can measure success primarily through financial metrics, NGOs must balance programmatic effectiveness with donor expectations, beneficiary needs, and regulatory compliance (Lewis, 2009). This multi-stakeholder environment creates inherent tensions in decision-making processes, where choices about resource allocation, program design, and strategic direction often involve difficult trade-offs between immediate operational needs and long-term organisational sustainability (Bryson, Crosby and Stone, 2006).

The South African NGO context presents challenges, including operating in uncertain environments with rapidly changing conditions (Cooley and Ron, 2002a; Springer, 2021). Sometimes, strategic leaders must frequently make high-stakes decisions with incomplete information, often in unfamiliar programmatic areas (Cooley and Ron, 2002b), while managing diverse stakeholder expectations (Banks, Hulme, and Edwards, 2015). The funding landscape exacerbates these challenges, with NGOs facing persistent difficulties in securing appropriate and sustainable financing (Never, 2010; Hashim et al., 2020). This financial precarity creates

additional pressure to align with donor priorities, which may not always correspond with community needs or organisational missions (Bebbington, 2005; Andrews, 2014). Resource constraints significantly shape NGO decision-making, limiting options and forcing suboptimal choices in both strategic and operational domains (Noor, Isa and Muhammad, 2021). The scarcity of reliable, timely information further complicates decision-making processes (Kruke and Olsen, 2011), necessitating strategic leaders to develop flexible and adaptive strategies to meet community needs (Karsu, Kara, and Selvi, 2019). External pressures from donors, public expectations, and regulatory bodies create additional layers of complexity (Elbers and Arts, 2011), while competition for funding influences governance structures and decision-making approaches (Diaz and Rees, 2020).

In this challenging environment, collective decision-making emerges as both a necessity and a challenge. The complexity of issues facing NGOs often requires collaborative approaches to ensure comprehensive consideration of all factors (Sagie and Aycan, 2003). However, the need for rapid responses in dynamic situations can create tension with participatory processes (Wen, Qiang, and Gloor, 2018). Effective NGO strategic leaders must therefore balance the benefits of collective wisdom against the imperative for timely action, while remaining responsive to sector dynamics and stakeholder expectations (Halpin, 2005; Luo, Zhuo and Xu, 2023).

However, in the South African context, the legacy of apartheid, combined with contemporary economic pressures and health system fragmentation, creates a uniquely demanding environment for health NGOs (Padayachee and van Niekerk, 2019). Decision-makers must navigate not only the universal challenges of the NGO sector, but also the specific complexities of South Africa's transitional democracy and unequal healthcare landscape (Ataguba et al., 2023). The decision-making processes of NGOs can be complex, influenced by various organisational determinants and factors that shape their choices (Heyse, 2012). These processes may reflect intervening factors that impact decision-making outcomes (Berkovich and Foldes, 2012). Understanding these contextual factors is essential for analysing how decision-making functions in practice, and how it might be strengthened to improve organisational effectiveness and health service delivery. The following sections will explore these challenges in greater depth, examining how they manifest in the South African health NGO sector and their implications for collective decision-making processes.

2.3 The Health NGO environment

Health-focused NGOs in South Africa play a vital role in bridging the gap between national health initiatives and the needs of marginalised communities. They often operate as critical intermediaries, supplementing government service delivery where public sector capacity is either limited or overstretched (Ataguba et al, 2023). Despite their importance, health NGOs operate under considerable and often persistent challenges. Leadership teams, particularly the Executive Committee (Exco), which is the focus of this study, are frequently required to make strategic decisions in complex, uncertain, and resource-constrained environments. Effective decision-making becomes imperative not only for organisational survival but also for achieving public health outcomes and maintaining stakeholder trust. To contextualise the environment in which health NGO leadership functions, this section outlines five prominent challenges faced by the sector in South Africa. While numerous issues impact the long-term sustainability of these organisations, the following challenges are particularly critical in shaping leadership decision-making: (1) funding instability, (2) stakeholder complexity, (3) the enduring impact of the COVID-19 pandemic, (4) staff retention difficulties, and (5) team dynamics. Each of these challenges will be examined in detail in the subsequent sections to illuminate how they influence collective decision-making processes and affect organisational effectiveness within the health NGO sector.

2.3.1 Funding challenges

Health NGOs in South Africa operate within environments characterised by significant resource limitations, where available funding is predominantly directed toward project-specific delivery rather than broader organisational development (Souba, 2007; Abiddin, Ibrahim and Aziz, 2022). These financial constraints contribute to a range of leadership and institutional development challenges, impeding long-term strategic planning and weakening organisational resilience (Hashim et al., 2020). The funding landscape for NGOs is largely shaped by short-term, time-bound project grants, which intensify resource scarcity and complicate sustainable operations (Souba, 2007; Never, 2010; Collinson, 2014). Many health NGOs manage multiple donor-funded projects simultaneously, often with varying timelines and reporting requirements. As a result, projects frequently become more prominent than the organisation itself, skewing priorities and undermining holistic institutional development (Sreenivasan, 2007). A critical tension arises between the long-term goals, such as organisational sustainability or growth and the short-term, outcome-driven priorities of funders. In most cases, donor interests, particularly

those tied to narrowly defined project outputs, take precedence over broader strategic or community-focused goals (Hailey and James, 2004). This dynamic underscores a prevailing reality in the sector: no matter how well-intentioned a donor may be, their strategic priorities tend to dominate funding relationships (Hilhorst, 2003). This imbalance often leads NGOs to align more closely with funders' agendas than with their own missions or the needs of their target communities, thereby compromising the integrity and long-term impact of their work (Hilhorst, 2003). Persistent funding uncertainty further exacerbates the pressure on NGO leadership to demonstrate tangible success, often measured through rigid project outcomes and performance indicators (Springer, 2021). Although NGOs operate within an ecosystem governed by shared norms and developmental objectives, the interplay of donor competition, funding volatility, and principal-agent dilemmas perpetuates organisational insecurity (Cooley and Ron, 2002a). In some instances, NGOs are compelled to pursue funding opportunities outside their areas of expertise or interest simply to ensure organisational survival (Cooley and Ron, 2002b). Simultaneously, shifting donor priorities mean that organisations are increasingly required to compete for shrinking funding pools while meeting heightened demands for quantifiable, short-term impacts (Parks, 2008). As the imperative to secure new funding intensifies, core values such as ethics, project effectiveness, and critical self-reflection risk being deprioritised, as organisations become more focused on satisfying donor requirements than achieving sustainable development outcomes (Cooley and Ron, 2002b).

2.3.2 Competing stakeholders' priorities

The health NGO sector in South Africa operates within a multifaceted stakeholder environment characterised by intersecting interests, varying degrees of influence, and competing priorities. This complexity profoundly shapes collective decision-making processes, as NGOs must continually navigate a landscape in which diverse stakeholders exert strategic and operational pressure. Government departments, particularly the Department of Health (DoH) and the Department of Social Development (DSD), play pivotal roles in the South African national health ecosystem. The DoH is primarily responsible for health policy formulation, regulation, and public healthcare service delivery (Department of Health, 2020), while the DSD oversees welfare-related programs that intersect with public health and broader social determinants of health (Constitution of the Republic of South Africa, 1996, s. 27(1)(c)). Health NGOs often act as implementing partners or service delivery agents for these departments, which subjects them to both regulatory oversight and operational dependence.

In parallel, local and international donors and global funding mechanisms, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, are influential stakeholders, providing critical financial support to the health sector (State.gov, 2024; Theglobalfund.org, 2022). These stakeholders often set funding conditions and performance expectations that shape project design, implementation timelines, and evaluation metrics. Local stakeholders such as civil society organisations play crucial roles in mobilising public opinion, holding government accountable, and ensuring marginalised voices are represented in policy discussions. Several health NGOs work in partnership with sub-recipients, community-based organisations (CBOs), and support groups to implement essential services and promote community advocacy. This collaborative approach ensures that health interventions are both inclusive and tailored to the local context (Swendeman et al., 2019). However, these stakeholders often bring their own priorities and agendas to the decision-making process. Other stakeholders are academic and research institutions that serve as knowledge hubs, generating evidence that informs policy, supports program design, and enhances monitoring and evaluation capacities. The presence of these numerous stakeholders creates a dense web of power dynamics and expectations that health NGOs must engage with. The pursuit of alignment among stakeholder interests is often constrained by differing mandates, accountability structures, and institutional cultures. NGOs are frequently required to balance upward accountability to funders and government agencies with downward accountability to the communities and beneficiaries they serve. Understanding the complexity of stakeholder interactions is essential to any examination of collective decision-making in the health NGO sector. As Brinkerhoff (2002) highlights, successful health interventions and sustainable outcomes rely heavily on effective collaboration and mutual accountability among stakeholders. Moreover, as Lai and Hamilton (2020) argue, NGOs are not merely passive recipients of policy directives but are active agents in shaping health policy and advocating for marginalised populations. Therefore, collective decision-making within health NGOs must be situated within this broader stakeholder ecosystem. Strategic leaders are required to mediate between competing agendas, negotiate partnerships, and make decisions that both align with donor expectations and uphold the organisation's mission and ethical obligations to the communities they serve.

2.3.3 Effects of COVID-19

The COVID-19 pandemic profoundly reshaped the operating environment of health NGOs in South Africa, altering both strategic priorities and day-to-day decision-making processes. This unprecedented health crisis demanded rapid adaptation, placing new pressures on organisations already grappling with limited resources and complex stakeholder dynamics. As a result, the pandemic not only disrupted established modes of operation but also catalysed lasting changes in the way decisions are made within health NGOs. One of the most immediate and visible effects of the pandemic was the shift toward remote working, driven by the need for physical distancing and lockdown measures. This transformation in organisational operations required health NGOs to adopt digital communication platforms and virtual meeting technologies to maintain continuity of decision-making processes (Lacity and Krohn, 2020). While remote work enabled greater flexibility and broadened access to geographically dispersed teams, it also introduced significant challenges related to communication efficacy, digital access disparities, and maintaining participatory inclusivity (McPhail et al., 2023). These dynamics may have weakened traditional face-to-face meetings, potentially marginalising voices less able to engage through digital platforms.

Health NGOs have struggled to maintain a focus on long-term strategies; compounding this challenge, the pandemic forced them to shift their priorities from strategic planning to immediate crisis response. As the urgency of pandemic-related needs intensified, health NGOs shifted towards reactive modes of operation, prioritising rapid interventions and short-term solutions over carefully deliberated, future-oriented strategies (Gilson et al., 2021). This shift likely impacted collective decision-making processes by compressing timelines for deliberation, limiting stakeholder consultation, and increasing the reliance on centralised executive decision-making. At the same time, the public health crisis underscored the necessity of evidence-based decision-making. The rapidly evolving nature of the pandemic placed a premium on accurate, real-time data, prompting health NGOs to strengthen their reliance on empirical evidence and epidemiological modelling when planning interventions and allocating resources (Oxman et al., 2020). This emphasis may have enhanced the quality and responsiveness of decision-making but also introduced new challenges related to data access, interpretation, and the integration of evidence into organisational workflows. Moreover, the pandemic exposed and exacerbated pre-existing health inequities, particularly among marginalised and underserved populations. In response, many health NGOs increasingly

incorporated equity considerations into their decision-making frameworks, striving to ensure that their responses addressed the needs of the most vulnerable communities (Marmot and Allen, 2020). Overall, the COVID-19 pandemic served as a stress test for collective decision-making within South Africa's health NGO sector. It exposed structural vulnerabilities, accelerated organisational innovation, and revealed the critical importance of flexibility, inclusivity, and evidence-based practice in navigating crises. Understanding these shifts is vital to interpreting how collective decisions are made and how health NGOs can build greater resilience in the face of future health shocks.

2.3.4 Staff retention

Staff retention is a critical issue in the health NGO sector in South Africa, with significant implications for organisational stability and the effectiveness of collective decision-making. High staff turnover, which is common in this sector, undermines institutional memory, disrupts team cohesion, and challenges continuity in leadership and decision-making processes. The unique operating environment, characterised by high workloads, limited career advancement opportunities, and short-term project funding, often contributes to challenges in retaining skilled professionals. As discussed in Section 2.3.1, the short-term focus on projects driven by unstable funding structures often results in personnel being hired on contracts tied to the funding cycle. This employment model also contributes to high staff turnover. One of the most direct consequences of high turnover is the loss of institutional knowledge. When experienced staff leave, they take with them not only technical expertise, but also tacit knowledge, historical context, and relational capital developed over time (Phaladi and Ngulube, 2024). This erosion of institutional memory can result in gaps in understanding organisational priorities, precedents, and community dynamics, ultimately compromising the quality of decisions made by leadership teams (Yanelisa Ndatshe, Mosekama Osia Mokhele and Jakoet-Salie, 2024). Additionally, frequent changes in personnel can negatively affect team dynamics, which are foundational to effective collective decision-making. Stable teams foster the trust, shared understanding, and open communication necessary for deliberative and collaborative processes (Hackman, 2002; Cobb and Hackman, 2003). Conversely, constant team restructuring, which is the norm in the sector, can hinder the development of interpersonal trust and mutual accountability, making it more difficult to reach conclusive decisions or implement shared strategies.

New team members often bring diverse perspectives and work styles, which can be both a strength and a challenge. While fresh perspectives may stimulate innovation, they can also result in inconsistent decision-making processes, particularly if newcomers are unfamiliar with organisational norms or strategic direction (Hambrick and Mason, 1984). The transition period during which new staff are acclimating to organisational culture and operations can disrupt the flow of information and slow down collective decision-making processes. Moreover, staff turnover imposes an administrative and financial burden on health NGOs. The need for continuous recruitment, onboarding, and training diverts time and resources away from core programmatic functions (Becker, 2004). In the resource-constrained environments typical of health NGOs, this diversion can diminish operational effectiveness and reduce the time and energy available for strategic decision-making. In summary, staff retention is not merely an operational concern but a strategic one that deeply influences how decisions are made within health NGOs. The continuity, cohesion, and knowledge required for effective collective decision-making depend on a stable and well-supported workforce. Addressing staff retention challenges is therefore essential to strengthening leadership capacity, programmatic success, and long-term organisational resilience.

2.3.5 Team dynamics

Team dynamics play a pivotal role in shaping the quality and effectiveness of collective decision-making within health NGOs in South Africa. Given the sector's collaborative and resource-dependent nature, as previously discussed, the internal functioning of teams, particularly strategic leadership teams, is crucial in ensuring that decisions are inclusive, strategic, and contextually appropriate. However, several challenges can undermine healthy team dynamics and impede decision-making processes. One major challenge is the presence of power imbalances within teams. Power asymmetries may emerge from differences in professional hierarchy, control of funding, tenure, or expertise, often resulting in dominant voices overshadowing those of less powerful members (French and Raven, 1959). This imbalance can lead to unequal participation, where certain team members are marginalised, and critical insights or alternative viewpoints are left unexpressed. In such contexts, collective decision-making may become less transparent and more top-down, potentially compromising the inclusiveness and effectiveness of the outcomes.

Communication barriers also present a substantial challenge to team dynamics. Cultural norms and professional backgrounds can hinder mutual understanding, reduce the quality of dialogue, and lead to misinterpretations (Hofstede, 2001). In the South African context, where teams often comprise individuals from diverse linguistic and socio-cultural backgrounds, these barriers can significantly impact the depth and clarity of deliberations. Conflicting priorities and values among team members can further strain team interactions. Health NGOs often bring together professionals from clinical, social, administrative, and donor-facing domains, each with distinct mandates and value systems. Such diversity, while enriching, can also lead to conflict, especially when there is no structured process to navigate competing interests (Jehn, 1995). These tensions can stall decision-making or result in compromises that do not optimally serve organisational goals.

Low trust levels can hinder open communication, decrease the willingness to share information, and foster increased interpersonal suspicion (Mayer et al., 1995). In environments where staff turnover is high or where prior conflict has eroded collegiality, rebuilding trust becomes essential for effective teamwork and collective decision-making. Apart from that, leadership teams composed of individuals with varied expertise, work styles, and experiences must work harder to bridge cognitive and operational differences (Page, 2007). Without clear mechanisms for incorporating diverse input, strategic collective decision-making may become fragmented or inefficient. On the other hand, unclear or poorly structured decision-making processes can exacerbate frustrations within teams. When roles are ambiguous or when decision-making lacks transparency and consistency, team members may disengage or resist implementation (Eisenhardt and Martin, 2000). This can further compound the challenges already posed by limited resources and external deadlines.

Emotional dynamics within teams, such as interpersonal tensions, stress, or emotional contagion, also shape team functionality and decision outcomes. These dynamics can be subtle yet powerful, influencing how individuals respond to one another and whether they feel psychologically safe to contribute (Barsade, 2002). Moreover, leadership style plays a critical moderating role in team dynamics. Empowering, facilitative, and communicative leadership can foster inclusive decision-making, whereas authoritarian or opaque leadership may suppress engagement and inhibit collaboration (Bass, 1985). Leaders also mediate external pressures such as donor expectations, organisational politics, and compliance demands, which can significantly influence team cohesion and decision-making processes (Pfeffer, 1992).

Therefore, effective team dynamics are not only essential for functional decision-making but are also a reflection of organisational health within these NGOs. Navigating the complexities of interpersonal relationships, power structures, and external influences is crucial to cultivating a decision-making environment that is both inclusive and impactful.

2.4 Factors influencing collective decision-making in the NGO environment

Collective decision-making processes in NGOs are influenced by a multitude of factors, each playing a significant role in shaping the organisation's strategic direction and operational effectiveness. Among the numerous influences, several key factors emerge as particularly salient in determining how decisions are formulated and implemented within these organisations, as portrayed in Figure 2.1. Understanding these factors is crucial for health NGOs to navigate the complex environment in which they operate and to make informed strategic collective decisions that align with their mission and objectives. The following sub-sections explore the influence of organisational culture, values, strategy, structure, donor conditions, past experiences, skills and expertise, and adaptability on decision-making processes within South African health NGOs.

2.4.1 Culture

Organisational culture, values, and historical legacies significantly shape decision-making processes in non-profit health organisations by embedding normative frameworks that guide choices in alignment with mission-driven objectives (Suárez and Marshall, 2012; Maletzky and Grosskopf, 2020). A clearly articulated mission statement, reinforced through a strong organisational culture, serves as a heuristic for resolving tensions between competing priorities, such as innovation versus tradition (Fu, 2021; Kasekende, Nasiima and Byamukama, 2022). For the South African health NGOs, this dynamic is particularly salient, as many health NGOs must navigate post-apartheid societal expectations while advocating for transformative health equity (Coovadia et al., 2009; Hofman and Madhi, 2020).

Cultural norms also influence conflict resolution styles and stakeholder engagement. Participatory cultures foster inclusive decision-making by legitimising diverse perspectives (Mikołajczak, 2023; Zada et al., 2023), whereas hierarchical cultures may centralise authority around leadership (Sagie and Aycan, 2003). NGOs with collectivist cultural orientations often employ consensus-based deliberation, whereas those with utilitarian values may prioritise

efficiency (Cadman, MacDonald and Soomai, 2020). However, cultural cohesion can also constrain decisions; excessive adherence to traditional norms may hinder adaptive responses to crises (Walsh and Lannon, 2020), as observed in South African NGOs addressing HIV/AIDS amid stigmatisation (Swidler and Watkins, 2017).

2.4.1.1 Cross-cultural perspectives: Ubuntu communalism and Western NGO models in decision making

To expand on culture, it is imperative to note that the decision-making processes of South African health NGOs operate at the intersection of indigenous African philosophies and Western organisational models, creating both tensions and opportunities for hybrid approaches. At the heart of this dynamic lies *Ubuntu*, an African worldview emphasising communal interdependence, captured in the principle "I am because we are" (Mbigi, 2005, p. 16). Nkomo (2011) argues that African leadership paradigms emphasise collective well-being over individualism, aligning with *Ubuntu's* communal ethos. This philosophy fosters decision-making processes rooted in collective deliberation, consensus-building, and relational accountability, where community voices carry equal weight alongside technical expertise. In contrast, Western NGO models typically prioritise hierarchical governance structures, efficiency-driven timelines, and individual accountability mechanisms (Ebrahim, 2003; Lewis, Kanji and Themudo, 2020). These differing cultural paradigms shape how organisations navigate power, conflict, and stakeholder engagement in their daily strategic collective decision-making, given that some health NGOs are funded by Western donors while they operate in the South African context.

The *Ubuntu* approach to decision-making emphasises participatory dialogue, ensuring decisions emerge from shared ownership rather than top-down authority (Mangaliso, 2001). This process may require extended time for consensus-building, as relationship maintenance is valued alongside tangible outcomes. In conflict resolution, *Ubuntu* principles favour restorative justice and reconciliation practices that align with South Africa's post-apartheid transitional justice legacy (Tutu, 1999), whereas Western models often rely on formal arbitration or contractual dispute resolution mechanisms (Suárez and Marshall, 2012). The contrast becomes particularly evident in health NGOs, where Western-funded programs may impose rapid results frameworks that clash with communal decision-making rhythms. However, many organisations face pressure to adopt participatory approaches superficially while maintaining donor-driven accountability, resulting in "ceremonial inclusivity" that fails to redistribute actual decision-

making power (Ebrahim, 2003). Critics note that romanticised notions of *Ubuntu* collectivism can also mask internal hierarchies related to gender, race, age, or education (Cornell and Kessi, 2016), just as Western managerialism can silence marginalised voices through bureaucratic procedures.

2.4.2 Values

The humanistic values of leaders and organisational stakeholders play a pivotal role in shaping strategic decision-making within health NGOs, influencing both operational priorities and long-term sustainability (Scherer, 2017; Dahan, 2020). The ethical and ideological orientations of key strategic decision makers often determine whether an NGO prioritises survival-driven pragmatism or mission-driven advocacy, significantly impacting organisational success (Gbadegesin et al., 2020; Mikołajczak, 2023). For instance, leaders who emphasise participatory values may institutionalise inclusive deliberation processes, whereas those prioritising efficiency might centralise authority (Pesqueira, Glasbergen, and Leroy, 2019). Organisational values also function as a moral compass, guiding trade-offs between competing demands such as service quality, donor compliance, and community accountability (Mikołajczak, 2023). In South Africa, where health NGOs operate amid systemic inequities, values like equity and social justice often clash with resource constraints, requiring leaders to navigate ethical dilemmas (Coovadia et al., 2009). Furthermore, philanthropic institutions with aligned values tend to adopt similar decision-making behaviours, reinforcing sector-wide norms (Scherer, 2017). However, divergent values among stakeholders, such as donors advocating for quantifiable outcomes versus staff emphasising grassroots empowerment, may lead to strategic paralysis (Ebrahim, 2003).

2.4.3 Strategy

Strategic decision-making in nonprofit organisations is fundamentally shaped by mission alignment, adaptive capacity, and risk tolerance, all of which determine how NGOs navigate complex environments (Kirk and Nolan, 2010; Scherer, 2017). A clearly articulated mission statement serves as a guiding framework, ensuring that decisions align with long-term objectives rather than short-term exigencies (Marquardt Arévalo et al., 2009; Vanclay, 2010). However, NGOs must also engage in critical reflexivity, continuously evaluating their goals, values, and strategies to remain responsive to shifting stakeholder needs and external pressures (Walsh and Lannon, 2020). Philanthropic institutions and NGOs often exhibit strategic

isomorphism, where shared values lead to similar decision-making behaviours (Scherer, 2017). Yet, organisational identity also plays a role: mission-driven NGOs may prioritise social value creation, whereas those with a survivalist orientation may adopt more pragmatic strategies (Ramanath and Ebrahim, 2010). Health NGOs operating under survivalist governance due to funding constraints must adopt long-term strategies to ensure sustainability and impact. These strategies include diversifying funding sources, building organisational capacity, fostering strategic partnerships, institutionalising learning, and aligning programmes with core missions. Such approaches enable NGOs to move beyond reactive management toward resilience and innovation (Lewis, 2014). Risk tolerance further differentiates decision-making approaches, with some strategic leaders favouring innovative, high-risk initiatives and others preferring incremental, evidence-based interventions (Gbadegesin et al., 2020). Strategic decision-making is further complicated by the tension between immediate operational demands such as donor reporting, project execution and long-term systemic impact (Navarro-Flores, 2011). For instance, South African health NGOs addressing HIV/AIDS must balance donor expectations with community needs, often requiring adaptive strategic mixes (Walsh and Lannon, 2020). Additionally, communication strategies and high-profile advocacy can amplify organisational influence, shaping both internal decisions and external perceptions (Vanclay, 2010).

2.4.4 Structure

The organisational structure of an NGO fundamentally shapes its decision-making processes and outcomes, determining how authority is distributed, information is synthesised, and consensus is achieved (Halpin, 2005; Cadman MacDonald and Soomai, 2020). NGOs with formalised governance systems and hierarchical structures tend to employ more systematic and transparent decision-making processes, which can enhance accountability and strategic coherence (Suárez and Marshall, 2012; Diaz and Rees, 2020). However, such structures may also introduce bureaucratic delays, whereas flatter, less hierarchical organisations often demonstrate greater agility, though sometimes at the cost of consistency in implementation (Kruke and Olsen, 2011). Team composition, organisational structure, and diversity play a critical role in shaping decision-making dynamics within NGOs. Diverse teams, encompassing a range of expertise, gender identities, and cultural backgrounds, tend to produce more innovative and inclusive decisions by integrating multiple perspectives (Dennis, Rennecker, and Hansen, 2010; Jawad et al., 2023). Research suggests that a gender-diverse leadership team,

for instance, correlates with more participatory problem-solving approaches and greater responsiveness to community needs (Jawad et al., 2023). Furthermore, collective decision-making, which leverages team members' shared knowledge and experience, often yields more robust outcomes than individual decision-making, particularly in complex, uncertain environments (Dennis, Rennecker, and Hansen, 2010).

Cohesive teams, characterised by strong interpersonal trust and shared objectives, can mitigate the negative effects of job-related stress while amplifying the positive impact of emotional intelligence on decision outcomes (Malik et al., 2022). This is particularly relevant in high-pressure NGO contexts, where rapid yet informed decisions are often required. However, structural factors such as organisational size and resource availability introduce additional complexities. Smaller NGOs frequently rely on informal, decentralised decision-making processes that allow for quick adaptations, whereas larger NGOs tend to develop more institutionalised governance mechanisms to manage scale and stakeholder expectations (Luo, Zhuo and Xu, 2023). In South African health NGOs, structural decision-making challenges are further compounded by historical and socio-political factors. The legacy of apartheid has necessitated more participatory and decentralised governance models to ensure marginalised communities have a voice in health interventions (Hofman and Madhi, 2020). At the same time, external pressures such as donor-imposed reporting requirements can create tensions between accountability demands and locally responsive decision-making (Ebrahim, 2003). NGOs balancing immediate service delivery expectations with long-term advocacy goals must navigate structural trade-offs between operational efficiency and inclusive deliberation (Navarro-Flores, 2011). Ultimately, the relationship between organisational structure and decision-making is not deterministic but contingent on contextual factors, including mission, environment, and stakeholder dynamics. NGOs that strategically align their governance models with their operational realities, such as adopting hybrid structures that combine grassroots flexibility with institutional accountability, are often better positioned to achieve both short-term impact and long-term sustainability (Ramanath and Ebrahim, 2010).

2.4.5 Donor conditions

Donor conditions exert a profound influence on decision-making processes within NGOs, often shaping project design, implementation strategies, and organisational priorities (Marquardt Arévalo et al., 2009; Elbers and Arts, 2011). The nature of funding, whether restricted or flexible, along with its timing and scale, can significantly constrain an NGO's

ability to adapt interventions to local contexts, forcing trade-offs between donor compliance and community responsiveness (Navarro-Flores, 2011; Karsu, Kara and Selvi, 2019). For instance, short-term, output-focused grants may prioritise quantifiable results over long-term systemic impact, while earmarked funding can limit organisational autonomy in resource allocation (Maletzky and Grosskopf, 2020). These financial dependencies also intersect with reputational considerations, as NGOs must balance donor expectations with their credibility among beneficiaries and other stakeholders (Jawad et al., 2023). The pressure to secure sustained funding often leads to "mission drift," where organisations align their activities with donor priorities rather than their original mandates (Ebrahim, 2003). This dynamic is particularly salient in crisis response, where urgent donor demands may override participatory decision-making processes (Halpin, 2005). Strategic navigation of donor relationships is thus critical, as NGOs that invest in donor education, clarify local needs, and advocate for flexible funding mechanisms can mitigate some of these constraints. However, broader structural inequities in the funding ecosystem, such as power asymmetries between donors and implementers, often perpetuate top-down decision-making (Elbers and Arts, 2011). In South Africa, where health NGOs address entrenched inequities, these tensions are amplified. Organisations must reconcile donor-driven metrics such as HIV testing targets with community-defined priorities against stigma reduction, a challenge compounded by racial and economic legacies of apartheid (Coovadia et al., 2009).

2.4.6 Past Experiences

Past experiences serve as a critical foundation for decision-making in NGOs, shaping how organisations evaluate new ideas, assess risks, and prioritise strategies (Nutt, 2000; Wen et al., 2018). By drawing on historical successes and failures, NGOs can adopt a more reflective and evidence-based approach to decision-making, reducing uncertainty and improving outcomes (Marquardt Arévalo et al., 2009; Gbadegesin et al., 2020). For instance, organisations that systematically document and analyse past projects are better equipped to identify effective interventions, avoid previous pitfalls, and adapt strategies to evolving contexts (Kruke and Olsen, 2011). The role of experiential learning is particularly pronounced in decision-making. Short-term funding structures also limit opportunities for organisational learning, thereby undermining the long-term sustainability of health NGOs and constraining their capacity to innovate (Lewis, 2014). Teams with shared histories and strong interpersonal relationships can leverage collective memory to streamline deliberations, accelerating the decision-making

process without sacrificing thoroughness (Wen et al., 2018; Noor, Isa and Muhammad, 2021). This dynamic is especially valuable in time-sensitive scenarios, such as crisis response or rapidly changing policy environments, where rapid yet informed decisions are essential (Kruke and Olsen, 2011). Reputation and organisational identity also intersect with past experiences, as NGOs often make strategic choices to uphold or enhance their standing within their field (Maletzky and Grosskopf, 2020). For philanthropic institutions, learning orientations further influence decision-making as some foundations prioritise internal organisational learning, while others focus on generating knowledge for grantees and communities (Scherer, 2017). Information-sharing mechanisms, such as after-action reviews or participatory evaluations, can institutionalise these learning processes, ensuring that past insights inform future actions (Brunt, 2016).

Additionally, the lived experiences of staff and leadership play a pivotal role in shaping organisational decision-making. Hiring individuals with direct ties to the NGO's mission, such as former beneficiaries or community members, can deepen the team's commitment and contextual understanding, leading to more empathetic and impactful decisions (Beaton, 2021). Staff with personal or familial experiences of South African health challenges may bring invaluable perspectives to program design and advocacy strategies, ensuring that interventions resonate with local realities (Coovadia et al., 2009). Ultimately, past experiences function as both a guide and a constraint, enabling NGOs to build on proven practices while occasionally reinforcing path dependencies that limit innovation. Organisations that strike a balance between experiential learning and adaptive thinking are better positioned to navigate complex and dynamic environments (Ramanath and Ebrahim, 2010).

2.4.7 Skills and Expertise

The quality of decision-making in NGOs is profoundly shaped by the skills, expertise, and cognitive capacities of their leadership team. Highly educated personnel contribute to reflexivity in organisational culture, enabling critical evaluation of assumptions and fostering adaptive decision-making processes (Beaton, 2021). However, formal education alone is insufficient; the presence of technical, administrative, and managerial competencies is equally critical for effective problem-solving and strategic planning (Suárez and Marshall, 2012; Noor, Isa and Muhammad, 2021). For example, gaps in financial literacy or project management skills can undermine an NGO's ability to allocate resources efficiently or comply with donor reporting requirements, ultimately affecting program sustainability (Cadman, MacDonald and

Soomai, 2020). Beyond technical proficiencies, the personality traits and experiential knowledge of strategic decision-makers play a pivotal role in shaping outcomes. Leaders with strong emotional intelligence (EI) cultivate trust-based relationships, enhance collaborative decision-making, and mitigate conflict factors that significantly influence project success (Malik et al., 2022). Conversely, managers who lack awareness of their organisation's internal knowledge dynamics may overlook critical insights, leading to suboptimal or misinformed decisions (Walsh and Lannon, 2020). This is particularly relevant in complex environments like those in South African health NGOs, where contextual expertise, such as understanding local healthcare disparities or community resistance to medical interventions, can determine the feasibility and impact of programs (van Wijk et al., 2020).

Negotiation and persuasion skills are equally vital, enabling NGOs to navigate donor relationships, advocate for policy changes, and secure resource commitments (Elbers and Arts, 2011). Staff proficient in these "soft" competencies can reinterpret restrictive funding conditions, align donor priorities with grassroots needs, and mitigate power asymmetries in partnerships (Vanclay, 2010). Furthermore, networked individuals, those adept at bridging organisational silos and facilitating information flow, accelerate decision-making by ensuring timely access to relevant data (Wen et al., 2018). Internal knowledge-sharing mechanisms, such as cross-departmental briefings or digital platforms, enhance transparency and stakeholder engagement, thereby improving the quality of decisions (Brunt, 2016). However, skill disparities within teams can create tensions. For example, technocratic staff may prioritise data-driven solutions, while community-facing employees advocate for participatory approaches, a divergence that requires integrative leadership to reconcile (Ramanath and Ebrahim, 2010). NGOs that invest in continuous learning, such as training in adaptive management or decolonised evaluation methods, are better equipped to harmonise these perspectives (Beaton, 2021).

2.4.8 Adaptability

Adaptability is a critical determinant of effective decision-making in NGOs, enabling organisations to respond dynamically to shifting environments, stakeholder expectations, and operational challenges. The capacity to employ innovative techniques and flexible strategies enhances an NGO's ability to identify sustainable solutions, optimise resource use, and capitalise on emerging opportunities (Marquardt Arévalo et al., 2009; Noor, Isa and

Muhammad, 2021). NGOs that integrate adaptive management frameworks, such as iterative feedback loops and real-time data analysis, are better positioned to refine their interventions in response to contextual changes (Kruke and Olsen, 2011; Jawad et al., 2023). Central to adaptability is organisational reflexivity, the ability to critically assess and adjust strategies based on feedback from the intervention environment (van Wijk et al., 2020). Reflexive NGOs prioritise learning systems that capture insights from both successes and failures, ensuring continuous improvement in decision-making (Walsh and Lannon, 2020). This is particularly vital in complex settings, such as South African health NGOs, where historical inequities, cultural diversity, and evolving policy landscapes necessitate context-sensitive approaches (Hofman and Madhi, 2020). Conversely, organisations that lack mechanisms for information dissemination and interpretation risk making misinformed or rigid decisions, undermining their effectiveness (Gbadegesin et al., 2020). Creativity further bolsters adaptability by expanding the range of viable options during decision-making. NGOs that foster a culture of experimentation, such as piloting community-led monitoring systems or leveraging digital tools for stakeholder engagement, often achieve more impactful and scalable outcomes (Jawad et al., 2023). However, innovation must be balanced with feasibility; overly disruptive changes may strain limited resources or alienate traditional stakeholders (Ramanath and Ebrahim, 2010).

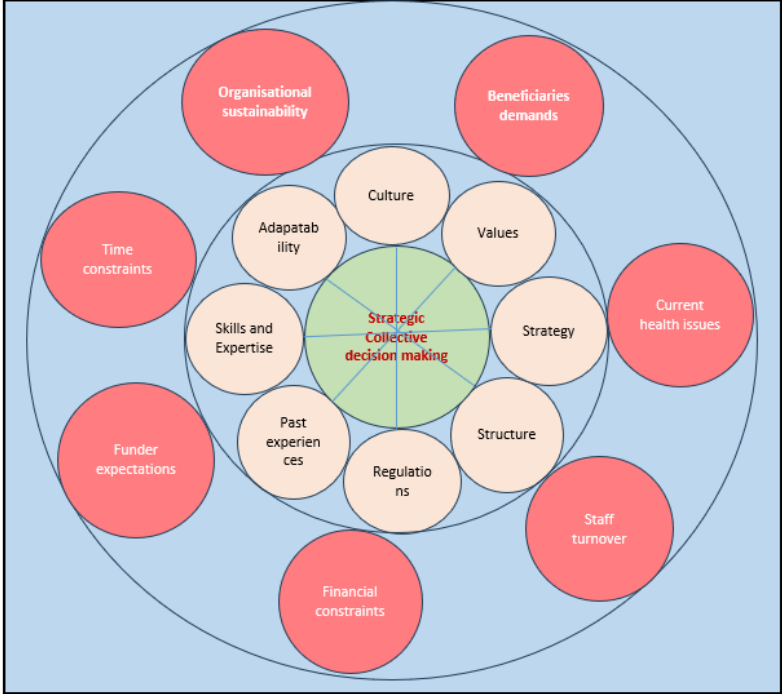


Figure 2.1 Complexities of the health NGO environment

Source: Author's construction

2.5 Strategic decision making

While decisions are made at multiple levels within an organisation, this study specifically examines decision-making at the strategic level in health NGOs operating in South Africa. Understanding the nature of decisions taken at this level is essential, as they play a pivotal role in shaping organisational effectiveness and long-term sustainability. Research suggests that distributing leadership and decision-making authority rather than centralising it in a single individual enhances resilience and sustainability (Odiorne, 1969; Greenberg and Baron, 1997). These decisions often revolve around determining programmatic priorities, allocating scarce resources, and establishing sustainable operations, all within a complex, policy- and funding-intensive environment. One key domain of strategic decision-making is program development, in which health NGOs prioritise health issues based on community needs assessments, donor interests, and national health priorities (Gilson et al., 2014). These choices directly affect the scope and direction of interventions, underscoring the importance of strategic alignment with both organisational goals and the evolving health landscape.

Resource allocation is another cornerstone of strategic decision-making. Health NGOs must decide how to distribute limited financial resources, human capital, and infrastructure among competing needs, often under conditions of financial precarity (Mankins and Steel, 2005). Contrary to the perception that NGOs operate with substantial and stable support, their sustainability is often fragile and heavily reliant on external donations, grants, and volunteerism (Laureane du Plessis, 2011). The unpredictability of donor funding not only introduces volatility into operational planning but also constrains the organisation's ability to pursue long-term goals and strategies (Olivier de Sardan and Ridde, 2015). The pursuit of organisational sustainability is thus a strategic imperative. In the context of non-profit organisations, sustainability is defined not merely as financial viability, but as the capacity to endure over time in pursuit of a social mission (Weerawardena et al., 2010). This entails maintaining accountability to various stakeholders, including communities, donors, and regulatory bodies, while continuously adapting to an ever-changing external environment.

Strategic decisions also involve forming partnerships and collaborations with government entities such as the DoH and DSD, private-sector actors, and other civil society organisations. Such alliances can enhance program reach, share resources, and foster mutual learning, contributing to improved outcomes and systemic change (Swilling and Russell, 2002). Alongside partnerships, community engagement is a vital strategic consideration. Health NGOs

must adopt inclusive strategies that involve community members in decision-making processes and program implementation, thereby enhancing the relevance, legitimacy, and sustainability of their interventions (Cornwall and Nyamu-Musembi, 2004). Moreover, many health NGOs engage in policy influence and advocacy, strategically positioning themselves to shape health policies that promote equity, access, and quality of care (Heywood, 2009). This requires careful deliberation and collective action, particularly when navigating complex political and institutional environments. Capacity building, through investments in staff development, technological infrastructure, and organisational systems, is another key strategic focus aimed at enhancing long-term resilience and effectiveness (Burger and Owens, 2010). These strategic decisions are made in the context of persistent challenges, including weaknesses in the healthcare system, socio-economic disparities, and ongoing public health burdens (Shisana et al., 2014). Given these strategic complexities, strategic collective decision-making processes become essential and the core of leading the organisation, as depicted in Figure 2.1. They allow for the pooling of expertise, the balancing of competing interests, and the co-creation of strategies that are both adaptive and inclusive.

2.6 An overview of leadership teams in the health NGO sector

The study focuses on the strategic leadership teams in health NGOs; it is essential to have an overview of who these teams are. This section will focus on understanding the strategic leadership team. Strategic executive leadership within health-focused NGOs is central to the effective governance, planning, and delivery of programs that align with both the organisational mission and broader health priorities. The leadership team, particularly the Exco play a pivotal role in translating strategy into action while navigating complex operational, financial, and contextual challenges. The Exco is composed of Program Directors or Managers, Financial Directors or Managers, Operations Directors or Managers, Chief of Party or CEO or COO, Human Resources Director or Manager, Monitoring and Evaluation Directors or Managers and other leadership team members, depending on the governance structure of the organisation. These roles serve as critical linkages between strategic intent and implementation. Their roles are multifaceted, encompassing leadership, management, financial oversight, stakeholder engagement, and monitoring and evaluation (Mankins and Steel, 2005). Beyond managing daily operations, they provide supervision and mentorship to program staff, volunteers, and field teams, ensuring that goals are clearly defined and that personnel are adequately equipped to meet program objectives (Herman and Renz, 2008).

This leadership team routinely utilise both qualitative and quantitative data to monitor progress, identify performance gaps, and make evidence-based adjustments to enhance outcomes (Patton, 2008). Through their executive lead, usually the CEO, COO or Chief of Party, they do regular reporting to the board members to ensure transparency and facilitate strategic alignment through informed updates on performance, challenges, and successes (Carman and Fredericks, 2008). By combining subject-matter expertise across different areas, it is necessary to ensure that programs are both responsive to community needs and grounded in technical proficiency. The Exco team contribute directly to strategic planning by offering operational insights during executive deliberations, ensuring that strategic decisions are informed by on-the-ground realities (Herman and Renz, 2008). They employ innovative approaches to resource management and long-term planning to ensure sustainability beyond initial funding cycles (Salamon, 2003; Carman and Fredericks, 2008). Members of the Exco also contribute not only to program execution but also to the strategic shaping of the NGO's future (Saqib, 2012). The Exco serves as the cornerstone of strategic leadership, operational oversight, and governance, with its primary function being to ensure that the NGO's vision, mission, and activities align with national and global health priorities. In addition, the strategic leadership team is responsible for formulating long-term strategies that balance immediate health interventions with broader developmental goals (Abdulridha Jabbar and Hussein, 2017).

A significant challenge faced by the Exco is financial governance, particularly given that many South African health NGOs rely on local and international donors such as the President's Emergency Plan for AIDS Relief (PEPFAR) or the Global Fund. The Exco must therefore ensure that financial management practices meet rigorous donor requirements while simultaneously maintaining internal transparency and accountability. However, the unpredictability of donor cycles and the possibility of abrupt funding discontinuations introduce strategic risk, often forcing the committee into crisis-mode decision-making (Molyneux et al., 2012). To mitigate such risks, the Exco engages in scenario planning and seeks to diversify revenue streams, ensuring organisational resilience in the face of funding volatility. Apart from that, the Exco grapples with crisis-driven decision fatigue, especially in response to emergencies such as the COVID-19 pandemic or HIV outbreaks. These scenarios demand urgent responses, often sidelining long-term planning and exacerbating strategic uncertainty (Bull et al., 2020). Furthermore, Exco faces internal dynamics, such as conflict avoidance, which can compromise the quality of collective decision-making, leading to superficial consensus at the expense of critical dialogue and the suppression of dissenting voices to

maintain harmony (Cornish et al., 2014). The executive leadership team is committed to regular executive interactions and dialogue, which play a crucial role in shaping strategy (Bonn, 2005). The Exco's role, therefore, occupies a complex intersection of governance, finance, community engagement, and organisational strategic leadership. While its functions are indispensable to the NGO's sustainability and effectiveness, structural and procedural constraints frequently hinder its capacity for robust decision-making. This underscores the need for reform in collective decision-making, an area this study seeks to explore and inform by proposing grounded, context-sensitive strategies that enhance collective decision-making processes within the executive leadership of health NGOs in South Africa.

2.7 Conclusion

This chapter provides an appreciation of the NGO environment and the importance of having clearly documented collective decision-making processes, contextualising the environment in which NGOs operate. In addition, this chapter has examined the distinctive characteristics of health NGOs in South Africa, including their leadership structures, operational challenges, and strategic opportunities. It has also outlined the complex and often volatile environment in which these organisations operate, highlighting the central role of collective decision-making in navigating uncertainty, managing competing demands, and enhancing organisational effectiveness. Although existing literature identifies several factors that influence decision-making in NGOs, a notable gap remains in understanding how collective decision-making unfolds in the specific context of South Africa's health NGO sector. By extending existing theoretical insights on decision-making and applying them to the South African health NGO landscape, this study seeks to develop a more contextually grounded understanding of how collective decision-making processes can be effectively harnessed to achieve organisational goals in a dynamic and resource-constrained environment. In doing so, this literature review not only contributes to the theoretical discourse on collective decision-making but also lays the groundwork for transformative organisational practices. The next chapter will explore the literature on decision-making within organisational settings in detail, focusing on collective decision-making and its theoretical underpinnings. The literature review justifies the use of grounded theory to explore the lived experiences of collective decision-makers in South African health NGOs. It will also highlight additional critical gaps in the literature, particularly the lack of empirical research on how NGOs, especially those in South Africa's health sector, navigate

the complexities of collective decision-making amidst resource constraints and power asymmetries.

CHAPTER 3: COLLECTIVE DECISION-MAKING

3.1 Introduction

The chapter presents a review of collective decision-making theory, guided by the grounded theory approach of Strauss and Corbin (1990), which prioritises emergent themes over preconceived frameworks (Chiovitti and Piran, 2003). Central to this chapter is the examination of collective decision-making within organisational settings, which is the study's core interest. The chapter begins by exploring the existing body of research on decision-making in organisations. It traces the transition from decision-making to collective decision-making processes. The analysis highlights gaps in the existing literature, particularly within the NGO sector, with a particular emphasis on South Africa's health sector, thereby justifying the study's relevance and the use of grounded theory as a methodology for studying collective decision-making organisational phenomena. By synthesising and critically engaging with this body of knowledge, the chapter not only deepens the understanding of the complexities of collective decision-making but also sets the stage for the empirical investigation that follows.

This study explores the phenomenon of collective decision-making in the health NGO sector in South Africa, seeking to understand how the strategic leadership team influence decision-making processes. Given the complex and dynamic nature of the health NGO sector, this research aims to generate a grounded theory that explains the intricacies of collective decision-making in this context (Charmaz, 2006). Guided by the principles of grounded theory methodology (Strauss and Corbin, 1990), this study adopts an inductive approach, generating theory from the data. While the analysis is data-driven, selective engagement with existing literature is used reflexively to inform conceptual sensitivity, without imposing deductive hypotheses on the study. In grounded theory research, literature is not used to predetermine the outcome, but rather to provide a sensitising framework for understanding the phenomenon (Glaser and Strauss, 1967). As such, the literature review is used to orient and familiarise the researcher with existing knowledge, without constraining the generation of theory from the data (Strauss and Corbin, 1990). This approach enables the researcher to approach the data with an open mind, allowing the theory to emerge from the data rather than being imposed by preconceived notions.

This study comprises two literature review chapters. Chapter 2 provided an overview of the NGO environment in South Africa, exploring the contextual factors that shape collective

decision-making in this sector (Habib and Taylor, 1999; Swilling and Russell, 2002). Whereas Chapter 3 focuses on collective decision-making, examining the theoretical underpinnings and empirical findings related to collective decision-making processes (Hardy and Phillips, 1998; Lawrence et al., 2002). These chapters serve as a background to the research domain, providing context and alerting the researcher to existing knowledge. The detailed review of relevant literature follows the generation of theory from the data, allowing for a more nuanced and informed discussion of the findings (Strauss and Corbin, 1990). By exploring the intersection of collective decision-making and the health NGO environment, this research provides valuable insights into the strategy and practice of decision-making in health NGOs in South Africa. The findings from the study contribute to a deeper understanding of how strategic leaders navigate the challenges they face to find common ground and make collective decisions that impact their organisations and the communities they serve (Kramer and Gray, 1990).

3.2 Organisational decision making

Organisational decision-making refers to the processes by which individuals or groups within an organisation make choices that affect the organisation's operations and future direction (Simon, 1976). Theoretical discussions of decision-making broadly define it as creating options and choosing one of those options as an appropriate action (Hallo, Nguyen, Gorod and Tran, 2020a), to reach organisational goals or objectives (Harvey-Jones and Thomas, 2008; Maletzky and Grosskopf, 2020). Scholars such as John (2002) and Gbadegesin et al. (2020) emphasise the goal-oriented nature of decision-making, while others highlight its procedural dimensions, including information gathering, analysis, and evaluation (Kruke and Olsen, 2011; Ayed and Kouki, 2021). Decision-making is inherently contextual, shaped by situational demands, whether in crisis management, project execution, or strategic planning (Halpin, 2005). It is also deeply influenced by the values and preferences of those involved (Fülöp, 2005), thereby formulating decision-making qualities as much as a social process as a cognitive one.

Decision-making is also referred to as a process of selecting a course of action from multiple alternatives to achieve organisational goals and objectives (Maletzky and Grosskopf, 2020; Gbadegesin et al. 2020), it involves gathering, analysing, and sharing information to make informed choices, which is crucial in complex project situations (Kruke and Olsen, 2011; Ayed and Kouki, 2021). Furthermore, decision-making involves the process of making choices or reaching conclusions (Cadman, MacDonald and Soomai, 2020). In addition, decision-making

involves gathering information, setting goals, exploring alternative solutions, selecting the most effective one, and then implementing that solution (Nutt, 2000; Mahmood and Ali, 2011). Decision-making improves when a diverse group of participants contribute information and expertise to the decision-making process (Cadman, MacDonald and Soomai, 2020).

One of the crucial aspects of organisational behaviour is decision-making which influences various outcomes within an organisation (Kasekende, Nasiima and Byamukama, 2022). In an organisation, decision-making could either keep the business on its path or ruin it (Hafezalkotob and Hafezalkotob, 2017) as decision-making errors are costly (Milkman, Chugh and Bazerman, 2009). There is pressure for leaders to make decisions very quickly under time constraints (Milkman, Chugh and Bazerman, 2009) and there can be expensive failures if the wrong option is pursued (Hallo et al., 2020b) which might be caused by differing opinions among the decision makers (House, Hanges, Javidan, Dorfman and Gupta, 2004; Ejimabo, 2015; Wen, Qiang and Gloor, 2018). Apart from that, the lack of experience and business knowledge may lead to mistakes or failure in decision-making (Noor, Isa and Muhammad, 2021) which can result in organisational governance and stakeholder trust challenges (Diaz and Rees, 2020). Additionally, organisations encounter difficulty in decision-making due to insufficient or excessive information availability (Ivlev, Kneppo and Barták, 2015; Jankelová, 2017; Mann, 2018; Gbadegesin et al. 2020). Building on this foundational understanding of decision-making, it is important to have an overview of organisational hierarchy and understanding of NGO structure, zooming on the strategic level of decision-making.

3.3 Overview of organisational hierarchy in NGOs

Decision-making in organisations is a layered and structured process that reflects the hierarchical nature of most institutions, including NGOs, as shown in Figure 3.1, which highlights a prototype of how a typical health NGO can be structured. According to Mintzberg (1979), organisations are composed of distinct parts which are: operational, tactical, strategic, and board, each with corresponding decision-making roles as highlighted in Table 3.1. In the South African health NGO sector, this structure often mirrors a traditional hierarchy where decisions cascade from strategic leaders to the tactical level, then to the operational level. Understanding how decision-making authority and information flow through different hierarchical levels is critical for analysing where and how decision-making processes are enabled or constrained. As Mintzberg and Simon (1977) articulated, decision-making is

bounded by cognitive limitations, role expectations, and organisational rules, all of which are mediated by hierarchical structure and access to varying types of information. These structural elements shape the environment in which collective decision-making unfolds, influencing both the process and the participants involved.

Table 3.1: Decision-making levels in health NGOs

Level	Type of decisions	Complexity	Examples
Operational	Routine, procedural, task-focused	Low	Daily outreach plans, data entry protocols, client referrals, appointment scheduling
Tactical	Programme implementation, resource allocation, local adaptation	Medium	Adjusting field team schedules, reallocating resources, coordinating with local clinics
Strategic	Long-term positioning, programmatic focus, funding strategy	Very High	Choosing between HIV, TB, Mental Health, GBV focus etc., responding to donor shifts, scaling to a new province
Board-Level	Governance, ethics, mission alignment, fiduciary oversight	Very High	Approving new strategic plan, changing the organisational mission, managing reputational risk

Source: Author's construction

3.3.1 Operational level

Operational decision-making focuses on executing everyday tasks and procedures. These decisions are highly structured and guided by formal procedures or donor compliance frameworks, reflecting the seminal planning and control systems framework developed by Anthony (1965), which emphasises alignment between organisational activities and strategic objectives. In NGOs, such structured approaches are crucial for ensuring accountability and effective resource management (Ebrahim, 2003; LeRoux and Feeney, 2015). In health NGOs, frontline staff and programme officers are often tasked with making real-time decisions in community outreach, data collection, client referrals, appointment scheduling, and service delivery (Gilson, 2014). These types of decisions are largely routine, procedural, and task-focused, and while generally made by individuals or team leaders, they carry relatively low complexity at this operational level (Anheier, 2014). Nevertheless, operational decisions often inform tactical planning, underscoring the interdependence between hierarchical levels (Bryson, Crosby, and Bloomberg, 2014).

3.3.2 Tactical level

Tactical decisions translate broad strategies into specific, mid-term plans and are usually the responsibility of middle managers. These include programme managers, finance managers or

regional coordinators who align operations with strategic directives. Quinn (1980) described this level as embodying a process of logical incrementalism, where strategic adjustments are made through a series of small decisions informed by feedback and stakeholder engagement. In the health NGO sector, tactical decisions involve resource reallocation, local stakeholder coordination, and adapting interventions to regional dynamics. Tactical decision-making serves as a bridge between operational execution and strategic planning, often channelling upward feedback while interpreting strategic intent at a regional or programmatic level.

3.3.3 Strategic level

Strategic decision-making pertains to the highest level of organisational planning and direction-setting. It involves long-term choices about organisational positioning, partnerships, funding priorities, and impact goals. Ansoff (1965) emphasises that strategic decisions are characterised by their complexity, uncertainty, and significance. In the context of NGOs, strategic decisions are often made under conditions of resource scarcity, shifting donor expectations, and evolving public health challenges. This study places strategic decision-making at the centre of inquiry, particularly the processes that shape decisions. Traditional models, such as the rational decision-making model (Form, March, and Simon, 1959), assume a linear, goal-driven process led by senior leadership. However, empirical studies, especially in the non-profit sector, highlight that strategic decisions are often nonlinear, politically negotiated, and influenced by power dynamics (Eisenhardt and Zbaracki, 1992; Hardy, 1996).

These decisions are embedded in relationships and require deliberation among diverse stakeholders, including staff, leadership, community representatives, government departments and funders. Strategic decisions are not isolated events but are socially constructed processes through which stakeholders interpret complex environments and co-create responses (Weick, 1995). In health NGOs, such decisions might include determining the organisation's thematic focus, such as HIV, TB, mental health or gender-based violence, shifting geographic priorities, or pursuing new funding models. Strategic decisions often escalate to the board level for ratification or broader governance input. The organisational organogram shown in Figure 3.1 shows the link between the tactical level, the strategic level and the board.

3.3.4 Board-level

Boards of directors serve as the strategic apex of NGOs, tasked with governance, oversight, and long-term sustainability (Cornforth, 2003). They are central actors in strategic decision-making

and play a critical role in framing the organisation’s mission, risk appetite, and ethical stance. Boards often comprise professionals from legal, financial, and public health sectors, offering diverse perspectives but also the potential for divergent interests. Board-level decisions are influenced by governance models ranging from agency theory, which emphasises control and accountability (Jensen and Meckling, 1976), to stewardship theory, which views board members as committed partners working collectively toward organisational goals (Davis, Schoorman and Donaldson, 1997). Boards are traditionally viewed as formal oversight bodies, with the interaction between the board and the strategic-level team further underscoring the multi-level, relational nature of strategic governance in NGOs. Building on this foundational understanding of the hierarchy of decision-making and an overview of the structure of NGOs, highlighting the strategic decision-making level, it is worth exploring what constitutes effective decision-making.

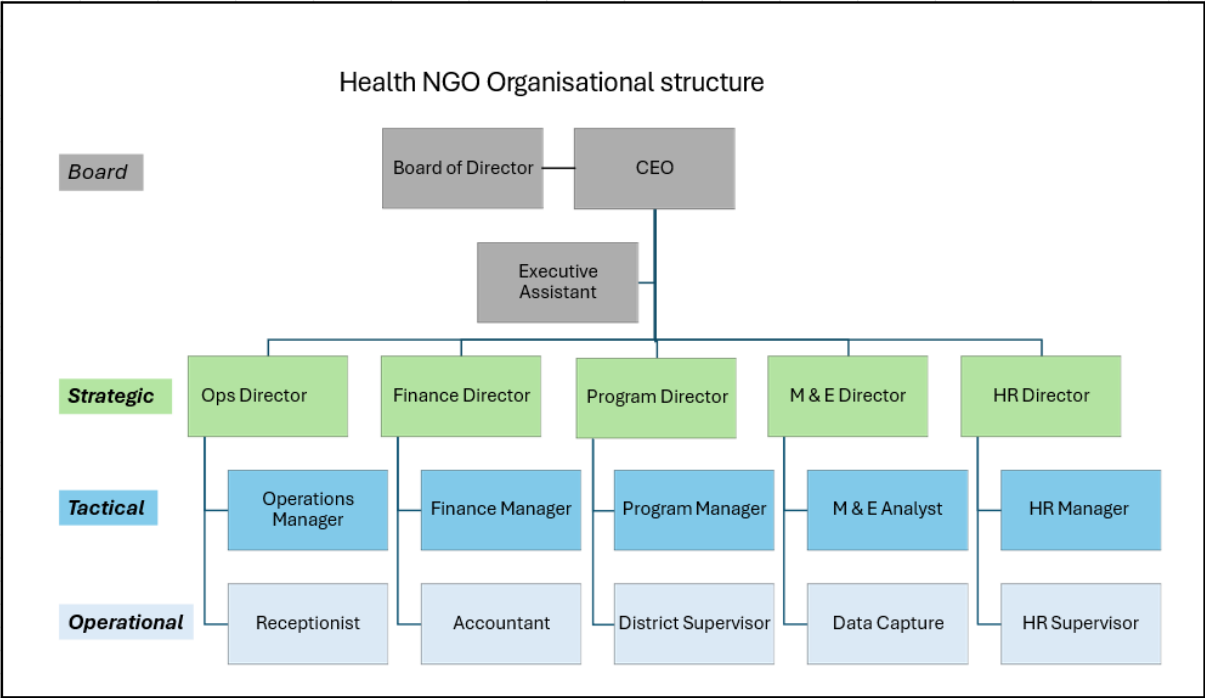


Figure 3.1: Health NGO typical structure

Source: Author’s construction

3.4 Effective decision-making in organisations

Effective decision-making is one of the crucial mechanisms of leadership strategies in an organisation (Yukl and Baker, 2006) helping the organisation reach its objectives by formulating how to overcome barriers and resolve challenges (Harvey-Jones and Thomas,

2008). It is not overstating the case to say that leadership is largely about decision-making (Afaq, 2013; Renz and Herman, 2016), and those in leadership roles encounter decision-making challenges daily (Ejimabo, 2015) caused by high levels of ambiguity and uncertainty (Hallo et al., 2020b). Decisions must be beneficial to the organisation (Collinson, 2014; Renz and Herman, 2016; Fazariah et al., 2017; Gbadegesin et al. 2020; Maletzky and Grosskopf, 2020; Kasekende, Nasiima and Byamukama, 2022) and aligned to the changing business environment (Snowden and Boone, 2007) by incorporating complex information (Halpin, 2005). As an organisation grows, so does the degree of uncertainty, and decision-making becomes more complicated and difficult (Mkombe and de Beer, 2020). On the other hand, working in an unconventional environment can assist leaders in approaching decision-making more innovatively (Nutt, 2000; Snowden and Boone, 2007; Wen, Qiang and Gloor, 2018; Gbadegesin et al., 2020) in choosing the most favourable alternative with less bias (Milkman, Chugh and Bazerman, 2009). Effective decision-making relies heavily on open communication, which facilitates the sharing of information and aligns perspectives (Thrane et al., 2019). For decision-making to be effective, collaboration is equally critical, as it creates an environment where the team members can build on one another's ideas, leading to more creative and robust solutions (Massari, Giannoccaro and Carbone, 2023).

Timeous and appropriate data determines effective decision-making (Wen, Qiang and Gloor, 2018; Habiyaemye, King and Tregenna, 2022) as organisations that are quicker in decision-making manage to perform better than those that are not (House, Hanges, Javidan, Dorfman and Gupta, 2004). In the process, there is pressure for leaders to make decisions hurriedly and there can be costly failures if the wrong decision is followed (Hallo et al., 2020b). When making decisions under uncertain circumstances (Sniazhko, 2019), caution must be exercised to avoid placing the organisation at unnecessary risk (Renz and Herman, 2016). Given these consequences of decision-making, a holistic approach should be adopted (Harvey-Jones and Thomas, 2008), as making no decision is not an option (Hallo et al., 2020b). Timely decisions based on relevant information can increase the likelihood of making more correct than incorrect choices, thereby enabling decision-makers to sustain and advance the organisation's mission (Ejimabo, 2015; Renz and Herman, 2016; Jankelová, 2017; Sniazhko, 2019). Moreover, there is an association between the speed of strategic decision-making and organisational performance, particularly in fast-paced and rapidly evolving environments (Eisenhardt, 1989; Baum and Wally, 2003).

3.5 Challenging dimensions of decision-making in organisations

Despite the benefits of decision-making highlighted in the previous discussion, it is not without risks and challenges. Errors in judgment, often intensified by time constraints or information overload, can lead to costly failures, undermining organisational credibility and eroding stakeholder trust (Milkman, Chugh and Bazerman, 2009; Diaz and Rees, 2020). Furthermore, a lack of experience and business acumen may contribute to poor decisions, resulting in governance challenges and diminished stakeholder confidence (Diaz and Rees, 2020; Noor, Isa, and Muhammad, 2021). Moreover, decision-making can take longer because people need to agree, and it becomes more challenging when more people are involved or when problems are more complex (Wen, Qiang, and Gloor, 2018). Diversity, while a strength, can also complicate decision-making, particularly when power imbalances or conflicting priorities exist (Martin, 2019). Resource constraints, such as limited time or funding, may force leadership teams into suboptimal compromises (Healey, Querbes, and Bleda, 2023), while psychological factors, like overconfidence, can amplify errors in judgment (Blanchard, Jackson, and Kleitman, 2020). Building on this overview of decision-making, the following discussion provides a closer examination of the concept, with a particular emphasis on collective decision-making.

3.6 Collective decision-making

For the purposes of this study, collective decision-making is defined as *a process in which multiple stakeholders with diverse perspectives and expertise engage in open communication, negotiation, and interaction to reach informed and inclusive choices that foster accountability, transparency, and shared ownership.*

This definition has been developed inductively from a synthesis of existing literature on decision-making processes as those from; (Carmeli et al., 2009; Dennis, Rennecker and Hansen, 2010; Huq, Reay and Chreim, 2017; Goswami et al., 2021; Awati and Nikolova, 2022), which highlights communication, collaboration, and diversity as central attributes. It also draws from scholarship that emphasises the benefits of pooling multiple viewpoints for more accurate, innovative, and accepted outcomes; (Koch, 2000; Blanchard, Jackson and Kleitman, 2020; Cheng et al., 2024). By integrating these perspectives, the study positions collective decision-making not simply as group choice-making, but as an interactive process that strengthens buy-in, creativity, and organisational effectiveness. This working definition provides the analytical foundation for the study, guiding the examination of collective decision-making within the health NGO sector in South Africa.

Collective decision-making is a process where multiple stakeholders with diverse perspectives and expertise come together to make informed, inclusive choices (Goswami et al., 2021). This approach ensures that decisions are comprehensive, thoughtful, and reflect the collective ideas of the group (Dennis, Rennecker and Hansen, 2010). At its core, collective decision-making involves incorporating individual judgments and viewpoints to form a collective decision, which requires developing a shared understanding among group members through negotiation and interaction (Huq, Reay and Chreim, 2017; Awati and Nikolova, 2022). The collective decision-making process is characterised by the active participation of multiple stakeholders, ensuring that diverse perspectives and expertise contribute to the outcome (Hardy and Phillips, 1998; Warren, 2017). By pooling diverse viewpoints and expertise, collective decision-making can lead to more accurate, informed decisions (Koch, 2000). This approach also promotes transparency, accountability, and inclusivity within the organisation, fostering a culture of collaboration and shared responsibility (Koch, 2000; Mosweunyane, 2009; Suárez and Marshall, 2012). Collectively made decisions tend to be more effective than decisions made by a single individual (Goswami et al., 2021) as collectively made decision can lead to more accurate judgments in complex situations (Blanchard, Jackson and Kleitman, 2020; Cheng et al., 2024). The approach of collective decision-making increases buy-in and commitment to implement chosen courses of action, fostering a sense of ownership and accountability within the team (Koch, 2000; Awati and Nikolova, 2022; Cheng et al., 2024). One of the key benefits of collective decision-making is its ability to enhance creativity and lead to more innovative solutions by combining diverse perspectives and expertise (Sagie and Aycan, 2003). The quality of collective decision-making is often measured by accuracy, ensuring that decisions align with the task's requirements and indicating a thorough, comprehensive approach (McHugh et al., 2016).

3.7 Challenging dimensions of collective decision-making

Collective decision-making can also present several challenges, including complexity and time-consuming processes, especially when dealing with conflicting interests or uncertain information (Martin, 2019). Furthermore, the process can be hindered by inadequate or excessive information, which can impact decision quality (Thrane et al., 2019). The scarcity of resources, such as time, money and human resources, can lead organisations to make specific collective decisions that may not always be the most effective (Renn et al., 2011; Healey,

Querbes and Bleda, 2023). Uncertainty and complexity in information can also increase the need for efficient communication and information sharing within the organisation (Thrane et al., 2019). Furthermore, expert influence can sometimes have a negative impact in challenging collective decision situations (De Vittoris, Lebrument and Bousquet, 2024). Overconfidence is another challenge that can impact collective decision-making, as overconfident individuals can amplify each other's confidence through discussion, potentially leading to higher error rates and incorrect judgments (Blanchard, Jackson, and Kleitman, 2020). Organisations often face challenges such as contradictory goals, varying opinions, alliances, and negotiations during decision-making, which can hinder the efficiency and speed of reaching a collective decision (Renn et al., 2011; Martin, 2019). Additionally, collective decision-making can lead to a loss of individual accountability, as the responsibility for the decision is distributed among the group (Renn et al., 2011). The process of collective decision-making can also be hindered by inefficient meetings, where off-topic conversations can distract participants and reduce decision-making efficiency (Dennis, Rennecker, and Hansen, 2010). In some cases, collective decision-making can lead to “paralysis by analysis”, where unresolved cognitive and normative conflicts can prevent the team from deciding, leading to a stalemate and the inability to move forward with a decision (Renn et al., 2011).

3.8 Attributes of collective decision-making

Collective decision-making is widely regarded as a process that leverages the strengths of multiple actors to arrive at inclusive and contextually relevant solutions. To identify the attributes that underpin this process, a review of organisational decision-making literature was undertaken, with reference to work done by (Nutt, 2000; Hämäläinen, Luoma and Saarinen, 2013; Suárez and Marshall, 2012; Collinson, 2014). From this review, three attributes consistently emerged as central: communication, collaboration, and diversity. Communication ensures clarity and open dialogue through the integration of different viewpoints; collaboration, which fosters teamwork, co-ownership of decisions, and shared responsibility; and diversity, which brings varied perspectives, knowledge bases, and experiences, thereby enriching decision quality and reducing blind spots for richer outcomes. While other attributes, such as trust, leadership, and mutual respect, are also emphasised in the literature (Denis, Langley, and Rouleau, 2010; Huxham and Vangen, 2013), communication, collaboration, and diversity were selected as the three key attributes because they directly operationalise the *collective* aspect of decision-making. In other words, without communication, perspectives remain siloed; without

collaboration, decision-making becomes fragmented; and without diversity, decisions risk being narrow and exclusionary. By foregrounding these three interdependent attributes, this study frames collective decision-making as a process that is not merely about making choices in groups but about creating conditions for inclusive participation, shared accountability, and integrative outcomes. This framing also informs the study's working definition of collective decision-making, which emphasises the dynamic interplay of communication, collaboration, and diversity in shaping decisions within NGOs. Each of these attributes plays a vital role in enhancing collective decisions, and they are discussed in detail below. By integrating effective communication, collaboration, and diversity, teams can achieve more innovative, equitable, and sustainable results.

3.8.1 Communication

Effective communication is essential for collective decision-making, as it enables team members to share accountability and coordinate activities (Thrane et al., 2019). Communication helps unpack and foster understanding in difficult scenarios, enhancing the efficiency of collective decision-making (De Vittoris, Lebrument, and Bousquet, 2024). It also facilitates a better understanding of how information is interconnected and how decisions are coordinated, which is crucial for collective decision-making processes (Thrane et al., 2019). Social interactions play a crucial role in shaping opinions, leading to their convergence over time within the team (Massari, Giannoccaro, and Carbone, 2023). Furthermore, the involvement of multiple stakeholders in collective decision-making enhances engagement and commitment, fostering a culture of innovation within the organisation (Awati and Nikolova, 2022; Healey, Querbes, and Bleda, 2023). Through effective communication, by valuing minority opinions and adopting participatory approaches, teams can foster a sense of ownership and accountability, leading to better decision-making outcomes (Carmeli et al., 2009; Park and Deshon, 2010; Verna and Škraba, 2010).

3.8.2 Collaboration

Collaboration is another critical attribute of collective decision-making. When team members work together, the importance of synergies in enhancing the problem-solving process is evident (Awati and Nikolova, 2022). Collaboration involves sharing accountability, verifying information, and engaging in open dialogue and discussions, all of which are crucial for collective decision-making (Thrane et al., 2019). Through collaboration, team members can

foster consensus-building and organisational alignment, leading to more effective decision-making outcomes (Awati and Nikolova, 2022). Individuals are also influenced by the decisions and opinions of others in the group, which can lead to a more comprehensive understanding of the issue at hand (Massari, Giannoccaro and Carbone, 2023).

3.8.3 Diversity

The power of diversity is another attribute of collective decision-making. By considering various viewpoints, teams can generate a broader range of ideas and solutions (Awati and Nikolova, 2022). A diverse range of knowledge and experiences among team members contributes to improved decision quality, as individuals bring their unique perspectives and expertise to the decision-making process (McHugh et al., 2016; Hagedoorn et al., 2020). Collective decision-making fosters a creative environment where new and innovative ideas can emerge, leading to more effective problem-solving approaches and innovative outcomes (Koch, 2000; Pittz and Adler, 2016; Thrane et al., 2019; Awati and Nikolova, 2022). When individuals are part of the decision-making process, they are more likely to feel ownership of the outcomes, leading to greater support for innovative initiatives and changes (Awati and Nikolova, 2022).

3.9 Literature gap

While decision-making has been discussed in organisational studies and democratic governance literature, there is a notable paucity of empirical research focused on collective decision-making and how it operates within non-governmental organisations (NGOs), specifically health NGOs and particularly at the strategic level. To further confirm the gap in the literature, a systematized literature review was conducted. The search strategy was carefully planned to ensure systematic coverage of the field: key terms such as “Organi”, “Decision making”, “Decision-Making”, “Collective”, “NGOs”, “NPO”, “Non-governmental”, “Social enterprise”, and “Third Sector” were used in various combinations across the Web of Science and Scopus databases. The search aimed to identify studies that specifically addressed collective decision-making in NGOs.

While the review identified eight broad themes influencing decision-making in NGOs: culture (Suárez and Marshall, 2012; Maletzky and Grosskopf, 2020; Walsh and Lannon, 2020), values (Scherer, 2017; Pesqueira, Glasbergen, and Leroy, 2019; Dahan, 2020; Gbadegesin et al., 2020; Mikołajczak, 2023), strategy (Kirk and Nolan, 2010; Scherer, 2017), structure (Halpin, 2005; Cadman, MacDonald, and Soomai, 2020), donor conditions (Elbers and Arts, 2011), experience (Nutt, 2000; Wen, Qiang and Gloor, 2018; Gbadegesin et al., 2020), skills (Elbers and Arts,

2011; Suárez and Marshall, 2012; Cadman, MacDonald and Soomai, 2020; Noor, Isa and Muhammad, 2021), and adaptability; Noor, Isa and Muhammad, 2021), very few studies explicitly addressed collective decision-making within NGOs, particularly at a strategic level. Existing scholarship often assumes that NGOs operate in participatory and democratic ways (Ebrahim, 2003), yet these assumptions are rarely subjected to grounded, context-specific inquiry. Most analyses of NGOs focus on accountability, leadership roles, funding dynamics, and service delivery performance (Swilling and Russell, 2002; Cameroon and Green, 2019; Renz and Herman, 2016), rather than on the internal decision-making mechanisms that shape organisational strategy and direction. This gap is even more pronounced in the health NGO sector, where decisions often have direct implications for community health outcomes, partnership credibility, and alignment with national health priorities. Despite the centrality of decision-making to programme design, resource allocation, and policy advocacy, there is a lack of empirical work exploring how collective decisions are made, who participates, and under what conditions within health NGOs (Lewis, Kanji and Themudo, 2020). The assumption that NGOs naturally embody participatory values does not account for the tensions that may exist between donors, boards, managers, and frontline staff when strategic decisions are made under pressure, especially in health settings (Banks, Hulme and Edwards, 2015). Within the South African context, this gap is particularly significant, as health NGOs operate in a uniquely complex environment marked by post-apartheid transformation, donor dependency, evolving regulatory frameworks, and public-private health sector dynamics (Habib and Taylor, 1999; Everatt, 2016). Yet empirical studies that critically examine how strategic-level collective decisions are made in this context are scarce. Most local research tends to address structural governance or compliance-related aspects, such as board composition and legal status, rather than examining the social and political processes of decision-making within these organisations (Noyoo, 2017). Moreover, strategic decision-making, as opposed to operational, tactical, or board decisions, is under-researched in health NGOs, despite its centrality to organisational survival and responsiveness. Strategic choices about partnerships, program focus, advocacy positions, and resource mobilisation often involve competing interests, uncertainty, and long-term consequences, making the need for effective collective decision-making more pressing (Bryson, 2018). However, there is limited understanding of how such decisions are made collectively or whether they are, in fact, collective at all in resource-constrained, high-stakes NGO environments in South Africa. This study addresses a significant gap by using grounded theory to develop an empirically based understanding of strategic collective decision-making in health NGOs in South Africa, a sector that operates under complex, dynamic, and high-

pressure conditions (Storey and Salaman, 2009; Collinson, 2014). It contributes to theory by grounding collective decision-making processes in local organisational realities and offers practical insights for NGO governance, leadership, and donor engagement.

3.10 Conclusion

This chapter has explored the literature on decision-making within organisational settings, focusing on collective decision-making and its theoretical underpinnings. The review of literature justifies the use of grounded theory to explore the lived experiences of strategic collective decision-makers in South African health NGOs. It has also highlighted critical gaps in the literature, particularly the lack of empirical research on how NGOs, especially those in South Africa's health sector, navigate the complexities of collective decision-making amidst resource constraints and power asymmetries. By addressing these gaps, this study aims to contribute a grounded, context-sensitive understanding of collective decision-making processes, offering insights that are both theoretically robust and practically actionable.

Through addressing these gaps, the study aims to generate both theoretical and practical contributions, offering empirically informed insights that can enhance governance and strategic responsiveness within the sector. The following chapters will explore these dynamics in greater depth, drawing on empirical data to construct a grounded framework for collective decision-making in health NGOs in South Africa. The next chapter presents the research methodology employed in this study.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

This chapter outlines the research design and methodology used to develop a substantive grounded theory, explaining the development of a philosophy and practice of collective decision-making in the health NGO sector in South Africa. The primary research approach adopted in this study is grounded theory, as articulated by Strauss and Corbin (1990), and rooted in the foundational work of Glaser and Strauss (1967). While Strauss and Corbin's later publications, including the Strauss and Corbin (2015) edition, provide refinements and updated guidance, the Strauss and Corbin (1990) text was prioritised because it offers the clearest and most systematic articulation of the coding paradigm and conditional matrix that underpin the methodological framework of this study. The Strauss and Corbin (1990) version is also widely regarded as the cornerstone of the Straussian approach, aligning with this study's emphasis on systematic procedures for open, axial, and selective coding. The more recent text (Strauss and Corbin, 2015) is acknowledged and drawn upon for its clarifications and philosophical reflections, but the analytic procedures central to this research are most consistently and rigorously elaborated in the earlier work. This deliberate choice ensured methodological coherence while still engaging with the broader trajectory of the authors' contributions. By employing Strauss and Corbin's (1990) approach, this study aims to develop a theory grounded in participants' experiences and perspectives. The chapter continues to discuss the epistemological and ontological assumptions that inform the study's approach. The chapter begins with the research design, detailing the philosophical underpinnings of the research and providing a detailed discussion of qualitative research methodology. The chapter further discusses the development of grounded theory by Glaser and Strauss in 1967, highlighting the significant developments that grounded theory has undergone. These advancements are presented as a necessary foundation for justifying the grounded theory approach used in this study. After reviewing developments in grounded theory, its application in management research, and relevant controversies, the focus shifts to clarifying its objective: to develop a theory rooted in the data (Glaser and Strauss, 1967; Strauss and Corbin, 1990). Thereafter, a description of the research approach, method, and procedure adopted is provided. Following this, the research design is explained, including participant selection and data collection methods. Subsequently, the analytical strategies used to interpret the data are described. The chapter also addresses ethical considerations, ensuring that the research adheres to the highest

standards of integrity and transparency. Finally, the delimitations of the chosen methodology are acknowledged, setting the stage for a discussion of the findings in subsequent chapters.

4.1.1 Research paradigm and philosophical foundations

This study is situated within the interpretivist paradigm, which posits that reality is socially constructed, subjective, and multiple, shaped through human experiences and interactions within specific cultural, historical, and organisational contexts (Lincoln, Lynham, and Guba, 2018). Interpretivism asserts that understanding social reality requires engagement with individuals' lived experiences and meaning-making processes, rather than the pursuit of objective, generalisable truths. This perspective is particularly relevant to the present study, which examines collective decision-making processes within health NGOs in South Africa, organisations that operate in complex, resource-constrained, and culturally diverse environments. According to Ryan (2018), interpretivism acknowledges the inextricable link between truth and subjectivity, privileging participants' subjective meanings over detached observation. It emphasises rich, contextually grounded understandings of how individuals interpret their social world, an approach that closely aligns with the aims of this research. Rather than seeking to measure predefined variables, this study aims to uncover the underlying processes, social norms, and contextual influences that shape the collective decision-making process in health NGO settings.

Interpretive approaches rely on dialogue, observation, and immersion to understand the multiple realities constructed by participants. They are thus well-suited for qualitative methodologies, such as grounded theory, which focuses on inductive, iterative data analysis and theory generation rooted in participants' perspectives (Charmaz, 2014; Strauss and Corbin, 2015). This study employs Strauss and Corbin's (1998) variant of grounded theory, which offers a structured yet flexible methodological framework for developing theory through constant comparison, memo writing, and theoretical sampling. Straussian grounded theory acknowledges the active role of the researcher in interpreting data, while also emphasising the importance of systematic procedures to enhance rigour and explanatory depth (Corbin and Strauss, 2015). Unlike Glaser's (1992) original formulation, which promotes the emergence of theory through minimal researcher influence, and Charmaz's (2014) constructivist grounded theory, which prioritises the co-construction of meaning, Strauss and Corbin's approach recognises both the subjectivity of knowledge and the value of analytic discipline in qualitative

inquiry. This balance makes it particularly suitable for applied research in organisational settings, such as health NGOs.

This paradigm and its associated methodological commitments informed all aspects of the research process from the formulation of the research questions to the design of the study, sampling strategy, data collection methods, and analytical procedures. Guided by interpretivism, the study focused on the social interactions, processes, and meanings that constitute collective decision-making, rather than on static, quantifiable outcomes (Corbin and Strauss, 2015). The approach emphasised the voices of participants, respected the complexity of their organisational environments, and sought to generate a theory that is both empirically grounded and practically relevant to the work of health NGOs in South Africa. By anchoring the study in an interpretivist paradigm and employing Straussian grounded theory, the research embraces methodological pluralism and philosophical coherence, ensuring that both the contextual richness and theoretical contribution of the findings are preserved (Creswell and Poth, 2018). The aim is to contribute to a deeper understanding of collective decision-making and to develop insights that can inform improved organisational practices in the South African health NGO sector.

4.2 Qualitative research

This study adopts a qualitative research design to generate a grounded theory of collective decision-making in the health NGO sector in South Africa. Qualitative research is particularly well-suited for investigating complex, contextually embedded social processes, enabling in-depth exploration of participants' lived experiences. Historically, qualitative research was viewed as inferior to the more empiricist and positivist quantitative approaches (Bryman, 1984). However, increasing recognition of its unique strengths, particularly its capacity to capture subjective meanings and emergent processes, has elevated its status as a credible and rigorous methodological tradition (Downey and Ireland, 1979; Maanen, 1979; Fineman and Mangham, 1983; Strauss and Corbin, 1994). Aspers and Corte (2019) define qualitative research as an iterative process through which the researcher seeks to gain a deeper understanding by getting closer to the phenomenon being studied. Creswell (2003) reinforces this by describing qualitative research as an approach designed to explore a central phenomenon, while Shank (2002, p. 5) characterises it as a "systematic inquiry into meaning." At its core, qualitative research assumes that reality is socially constructed and best understood through participants' own interpretations of their experiences (Denzin and Lincoln, 2018).

This study is grounded in the Straussian version of grounded theory, which offers a structured yet flexible framework for theory generation. It assumes that theory should emerge from the data rather than be imposed a priori, aligning with the inductive principles of qualitative research (Strauss and Corbin, 1998). In this context, data is not treated as objective facts but is understood as interpretations shaped by the social, cultural, and organisational contexts in which it is produced. The researcher plays a central role in the co-construction of meaning, engaging reflexively with participants and data (Charmaz, 2014).

The methodological assumptions underpinning Straussian grounded theory include a dual emphasis on inductive and deductive reasoning. While theory building begins inductively with open coding and category development, deductive logic is introduced in axial and selective coding phases to test and refine emerging categories (Corbin and Strauss, 2015). This interplay allows for a grounded yet conceptually rich theoretical output. The paradigm model central to the Straussian approach further enables systematic analysis of causal conditions, contextual influences, intervening conditions, interaction strategies, and consequences, providing a comprehensive lens for examining decision-making processes (Strauss and Corbin, 1990). Qualitative research assumes that the researcher serves as the primary instrument for data collection and analysis (Turnbull, 2002). The researcher's theoretical sensitivity, background, and interactions with participants inevitably shape the research trajectory. This study's emphasis on co-construction of meaning necessitated close engagement with participants, many of whom shared organisational dynamics and critical incidents unfamiliar to the researcher at the outset.

The study also adheres to the principle of analytic generalisation (Lincoln and Guba, 1985), which allows findings to be transferable to other health NGOs with similar characteristics rather than statistically generalised. The goal is not universal applicability, but the development of a contextually grounded, mid-range theory that can inform practice and policy within the South African health NGO sector. Ultimately, the qualitative methodological assumptions adopted in this study enabled a nuanced, context-rich understanding of collective decision-making, accommodating the sector's diversity and complexity.

4.2.1 Ontological considerations on qualitative research

This study adopts a critical realist ontological stance, which posits that reality exists independently of human cognition, but can only be partially apprehended through human

interpretation and social constructs (Bhaskar, 1978). This philosophical position aligns with the Straussian grounded theory approach used in this research, which recognises the existence of social phenomena such as collective decision-making while also acknowledging that our understanding of these phenomena is mediated by contextually embedded human actors (Strauss and Corbin, 1998). In the context of health NGOs in South Africa, this study assumes that collective decision-making is a real, socially structured phenomenon, shaped by organisational hierarchies, cultural dynamics, funder expectations, and individual agency. These factors are not mere subjective constructions; rather, they are embedded in material and institutional structures that both enable and constrain decision-making behaviours (Danermark et al., 2002). However, how these processes are experienced, interpreted, and enacted by organisational leaders remains a matter of subjective understanding, meaning that the researcher must attend to both structure and agency in the analytical process. This ontological framing resonates with Bhaskar's (1978) notion of a stratified reality, comprising empirical experiences, actual events, and deeper generative mechanisms. By recognising this layered nature of reality, the study is positioned to uncover not just what happens in collective decision-making processes, but also how and why it happens. Such a perspective supports the core tenets of grounded theory, which seek to identify patterns and relationships grounded in data, without the assumption that these reflect an unmediated or purely objective truth (Corbin and Strauss, 2015).

Crucially, this ontological position avoids the extremes of naïve realism and strong relativism. It rejects the idea that knowledge is a direct reflection of reality (naïve realism), while also resisting the notion that all knowledge is merely constructed and therefore devoid of any objective grounding (strong relativism) (Guba and Lincoln, 1994). Instead, it recognises that social reality is co-constructed through interaction but also influenced by enduring structural conditions, such as policies, governance frameworks, funding models, and historical legacies. This view enables the generation of a theory that is both contextually sensitive and structurally informed. It acknowledges that while participants construct meaning through their interactions, these meanings are framed and often constrained by the broader institutional and socio-political landscape. Consequently, grounded theory analysis is not treated as a search for universal laws but as a systematic engagement with socially meaningful action in real-world contexts. Moreover, this ontological perspective underscores the belief that meaning and reality are relational and dynamic, and that knowledge arises from deep, reflexive engagement with the social world (Bruya and Ardelt, 2018). The use of Straussian grounded theory, with its

structured yet flexible approach, reflects a commitment to methodological pragmatism, valuing both analytic rigour and adaptability to complex, situated research problems. Ultimately, the researcher's ontological commitment is guided by Morgan's (1997) argument that no single epistemological stance is universally superior. Instead, methodological choices should be guided by coherence between the research purpose, philosophical orientation, and chosen methodology. In this study, the alignment between a critical realist ontology and Straussian grounded theory supports the development of a rich, explanatory theory of collective decision-making in the South African health NGO sector.

4.2.2 Epistemological assumptions on qualitative research

This study is grounded in a pragmatic and interpretivist epistemological stance, consistent with the Straussian version of grounded theory. It recognises that knowledge is co-constructed through the dynamic interaction between the researcher and participants, and that this interaction is shaped by both the researcher's positionality and the participants' social contexts (Guba and Lincoln, 1994; Corbin and Strauss, 2015). Rather than treating knowledge as objective and value-free, this approach acknowledges that meaning is contextually situated, emerging through interpretive engagement with empirical data. Strauss and Corbin's (1990; 1998) grounded theory departs from the objectivist leanings of Glaserian grounded theory, which promotes the "emergence" of theory from data through researcher detachment (Glaser, 1992). At the same time, it does not fully embrace the relativist constructivism advanced by Charmaz (2006), which positions grounded theory entirely within an interpretivist paradigm. Instead, Straussian grounded theory occupies the methodological middle ground, asserting that while reality is interpreted through human perception, systematic and transparent procedures; such as open, axial, and selective coding; can still reveal meaningful patterns and conceptual relationships in the data (Corbin and Strauss, 2008).

This epistemological position asserts that the researcher is not a passive observer but an active agent in the research process. Reflexivity becomes essential for managing the interplay between the researcher's subjectivity and the participant's perspectives. Tools such as memo writing, theoretical sensitivity, and constant comparison enable the researcher to iteratively move between data and analysis, moving beyond surface-level description to generate analytically robust and theoretically grounded explanations (Strauss and Corbin, 1990). Constructivist grounded theory, as proposed by Charmaz (2006), rightly emphasises the researcher's

reflexivity and social positioning, challenging notions of detached neutrality. However, critics have argued that it risks diminishing the comparative rigour that distinguishes grounded theory from other qualitative methods (Bryant and Charmaz, 2007; Birks and Mills, 2015). This study thus favours the Straussian variant, which provides a structured methodological framework while allowing for interpretive flexibility, a necessary balance for exploring the complex and value-laden terrain of collective decision-making in South African health NGOs.

Within this epistemological framework, subjective meanings and lived experiences are treated as primary data for understanding how collective decisions are made. Yet, the pragmatic orientation of Strauss and Corbin's approach ensures that the aim is not only to describe these meanings but also to construct a theory that is explanatory and practically relevant (Morgan, 2007). This dual emphasis on interpretation and application aligns with the study's goal of contributing to both scholarly understanding and improved decision-making practice in the health NGO sector. It acknowledges that theory does not simply emerge from data in a vacuum but is actively generated through the researcher's engagement with participants and their narratives, within a structured and rigorous analytical process.

4.3 Methodological selection - grounded theory

The selection of an appropriate methodological approach is critical in ensuring that a study systematically addresses its research questions while aligning with the researcher's philosophical orientation. Glaser and Strauss (1967) emphasised that the validity of a theory hinges not only on its empirical grounding but also on the methodological rigour with which it is developed. Their foundational work introduced grounded theory as a methodology that enables the emergence of theory from data through the concurrent processes of collection, coding, and analysis. From a conceptual standpoint, methodology is more than just the technical application of research tools; it reflects the researcher's ontological and epistemological assumptions (Parker and Roffey, 1997; Llewellyn, 2010). As such, choosing a methodology is both a technical and philosophical endeavour. Bryman (1984) distinguished between two approaches to methodological selection: one guided by philosophical assumptions (epistemological consistency), and another by technical suitability for the research problem. He cautioned that focusing solely on technical fit may result in epistemological mismatches, where coherence between belief systems and methodological tools is more accidental than deliberate. This study deliberately adopts a philosophically consistent approach, aligning with an

interpretivist paradigm that views reality as socially constructed and knowledge as context-dependent. The methodological choice is also shaped by a reflexive awareness of the researcher's position, beliefs, and knowledge interests, as outlined by Goulding (1999). Such introspective clarity ensures that methodological decisions are intentional and that the research is anchored in a coherent paradigm.

Given the exploratory nature of the research, which focuses on collective decision-making in South African health NGOs, a methodology was required that could account for dynamic, layered, and context-specific social processes. Grounded theory, as developed by Strauss and Corbin (1990; 1998; 2015), was identified as particularly suitable for this study. While the 1990 text provides the most systematic articulation of coding procedures (open, axial, and selective coding) and the conditional matrix, the later Strauss and Corbin (2015) edition reflects the evolution of their thinking by emphasising methodological flexibility, reflexivity, and sensitivity to context. In contrast to the more structured procedures of the earlier versions, the Strauss and Corbin (2015) edition advances grounded theory by placing greater weight on the interpretive role of the researcher, the co-construction of meaning with participants, and the importance of situating theory within broader social contexts. This development aligns well with the interpretivist paradigm guiding the present study, as it allows for both systematic analysis and recognition of the fluid, socially embedded nature of collective decision-making in health NGOs. Their earlier 1990 version defines grounded theory as a “qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon” (Strauss and Corbin, 1990, p. 24). It enables the development of theory through a recursive, data-driven process rather than by testing preconceived hypotheses. What sets grounded theory apart is its iterative logic and developmental flexibility (Charmaz, 2001; Holloway and Todres, 2003). It allows researchers to remain responsive to participants lived experiences, uncovering emergent themes that may not be immediately visible at the outset of the study. This responsiveness makes grounded theory ideal for investigating under-researched and complex social interactions (Bryant and Charmaz, 2019), such as strategic collective decision-making within NGOs operating in fluid and resource-constrained environments. This study specifically adopts the Straussian approach to grounded theory, utilising its structured coding framework, which involves open, axial, and selective coding, to offer analytical clarity while maintaining inductive sensitivity. The framework's systematic nature supports analytical rigour, especially for novice researchers (Kenny and Fourie, 2015),

while also facilitating a deeper interrogation of causal conditions, contextual influences, and emergent patterns.

4.3.1 The emergence of grounded theory

Grounded theory (GT) emerged in the 1960s as a revolutionary methodological response to the prevailing research paradigms in the social sciences. Developed by sociologists Barney Glaser and Anselm Strauss, it was first articulated in their seminal work *The Discovery of Grounded Theory* (1967). This approach was born out of their study on death and dying in hospitals (Glaser and Strauss, 1965), where they recognised that rigid hypothetico-deductive methods were ill-suited for capturing complex, context-bound human experiences. At the time, sociological research was often polarised between "grand theory," characterised by abstract theorisation detached from real-world phenomena, and extreme empiricism, which privileged data collection without sufficient theoretical engagement (Goulding, 1998, p. 51; Bryant and Charmaz, 2007). Glaser and Strauss sought a middle ground by developing a methodology that allowed theory to emerge directly from empirical data. They advocated for a systematic and inductive process of theory generation, grounded in the lived realities of participants (Glaser and Strauss, 1967). The hallmark of grounded theory is its iterative process of data collection, coding, and analysis, known as the constant comparative method. This method involves the continuous comparison of data segments to identify recurring patterns, concepts, and categories, from which theory is progressively constructed (Charmaz, 2014; Corbin and Strauss, 2015). This approach enables researchers to move beyond mere description toward theory-building that is contextually relevant and empirically substantiated. Grounded theory's adaptability has contributed to its widespread use across disciplines. As Holloway and Todres (2003) point out, its flexibility allows researchers to accommodate emerging theoretical insights throughout the research process. Charmaz (2014) further highlights its capacity to interpret participants' actions and interactions in a layered and dynamic manner, making it especially useful for exploring complex social processes. By bridging the gap between theory and empirical inquiry, grounded theory has become a robust and credible methodological tool. It remains particularly effective for exploring under-theorised areas, such as strategic collective decision-making in health NGOs, where researcher-driven assumptions may fail to capture the nuanced realities of the field (Bryant and Charmaz, 2019).

4.3.2 Grounded theory controversies

Since its inception by Glaser and Strauss (1967), grounded theory has developed into a widely used but methodologically contested research tradition. While its foundational principle, the inductive generation of theory from empirical data, remains intact, the approach has fragmented into distinct schools, each reflecting differing epistemological commitments and methodological practices. These divergences have sparked debates over the appropriate levels of structure, researcher involvement, and theoretical openness in grounded theory (GT) research. One of the earliest and most prominent splits occurred between the original co-founders. Glaser (1992) advocated for a more *classical* version of grounded theory, which emphasises theoretical emergence, minimal preconception, and a passive researcher stance. He argued that structured coding procedures and pre-formulated categories risk imposing frameworks onto data, thereby compromising the inductive nature of grounded theory. In contrast, Strauss, later joined by Corbin (1990; 1998; 2015), proposed a more structured and procedural model of grounded theory. Their approach introduced coding paradigms and analytical tools such as axial coding, which guide researchers in systematically relating categories and subcategories. Critics, including Glaser, argued that this model leaned too far toward verification and could force data into preconceived frameworks, undermining the emergent ethos of grounded theory.

A third significant development came with Charmaz's (2006; 2014) *constructivist grounded theory*, which further reconceptualised grounded theory as a reflexive and interpretive process. Charmaz positioned the researcher as a co-creator of meaning rather than a neutral observer, aligning her version with constructivist epistemology. This perspective acknowledges the influence of both researcher and participant in shaping data and theory, making it especially relevant in studies that seek to understand how individuals interpret their social worlds. These divergent approaches illustrate an enduring tension within grounded theory: between methodological flexibility and procedural rigour, and between realist and constructivist paradigms. Rather than signalling a flaw, this diversity reflects grounded theory's adaptability across disciplines and research contexts (Bryant and Charmaz, 2007; Birks and Mills, 2015). This study adopts the Strauss and Corbin (1990; 2015) version of grounded theory due to its balanced emphasis on systematic data analysis and theoretical development. The use of a structured coding framework is particularly suitable for exploring collective decision-making processes within health NGOs, where relational dynamics, role hierarchies, and organisational

culture require a detailed analytical lens. Furthermore, Strauss and Corbin's symbolic interactionist orientation aligns well with the study's aim to understand how meaning is constructed through interpersonal and organisational interactions. By adopting this approach, the research retains the inductive ethos of grounded theory while employing analytical tools that enhance transparency, rigour, and depth in theory construction. The following section will delve deeper into the Glaser and Strauss divergence, which will also anchor the Strauss and Corbin selection for this study.

4.3.3 Divergence between Glaser and Strauss

Grounded theory (GT), first introduced by Barney Glaser and Anselm Strauss in *The Discovery of Grounded Theory* (1967), was designed as a methodological alternative to the dominant hypothetico-deductive model of social science. Their original formulation presented an inductive and flexible approach to theory generation, emphasising close interaction with data. Over time, however, the founders' perspectives diverged, leading to two distinct versions of grounded theory, commonly referred to as the Glaserian and Straussian approaches.

4.3.3.1 Philosophical and epistemological divergence

The crux of the Glaser–Strauss controversy lies in their differing philosophical assumptions. Glaser's position is rooted in a post-positivist and critical realist ontology, which assumes that an external reality exists and can be known probabilistically through empirical investigation (Guba and Lincoln, 1994; Annells, 1996). He advocates theoretical emergence, in which categories and patterns are discovered directly from the data through the researcher's theoretical sensitivity (Glaser, 1978; Glaser and Holton, 2004). In this model, the researcher is expected to maintain analytic detachment, allowing the data to “speak for itself” with minimal preconceptions. In contrast, Strauss, particularly in collaboration with Juliet Corbin, adopts a more constructivist and relativist stance. Knowledge, in their view, is socially constructed and contextually embedded (Annells, 1996). This epistemological orientation recognises the researcher as an active participant in the co-construction of meaning, acknowledging subjectivity as intrinsic to the research process (Strauss and Corbin, 1990; Charmaz, 2014). Thus, the Straussian approach incorporates interpretive and contextual lenses, which are especially useful in complex institutional settings, such as healthcare in the NGO sector.

4.3.3.2 Methodological differences

These philosophical differences manifest in distinct methodological frameworks. Glaser's "classic" grounded theory promotes an emergent, inductive process guided by constant comparison, memoing, and theoretical sampling. He warns against imposing analytical structures too early in the process, arguing that such rigidity risks "forcing" data into preconceived categories and thus undermining the authenticity of emergent theory (Glaser, 1992, 1998, 1999). In contrast, Strauss and Corbin (1990; 1998) introduced a systematic coding procedure comprising three phases: open, axial, and selective coding. They also developed tools, such as the conditional matrix, to help researchers account for causal conditions, intervening factors, and outcomes, particularly relevant in studies of layered and dynamic social phenomena. Their structured methodology is seen as beneficial for novice researchers or when analysing complex datasets (Flick, 2018; Corbin and Strauss, 2015). While Glaser criticised this structure as overly prescriptive and counter to the spirit of discovery (Glaser, 1992), others argue it provides needed analytic rigour and transparency (Partington, 2000; Birks and Mills, 2015; Kenny and Fourie, 2015). Indeed, Strauss and Corbin's approach is widely adopted in fields such as nursing, education, and organisational research due to its practical utility (Douglas, 2003; Cooney, 2011).

4.3.3.3 Ongoing scholarly debate

The methodological divergence in approaches has sparked enduring debate. Melia (1996) argues that the Straussian method risks introducing rigidity into a methodology originally intended to foster flexibility. Similarly, Glaser's critique centres on the risk of prematurely framing data within imposed categories. Yet, this criticism is not universally accepted. Parker (1994), as cited in Parker and Roffey (1997), argues that there is insufficient empirical evidence to support the claim that structured coding inherently limits theoretical development. Charmaz (2014), who advanced constructivist grounded theory, builds upon the Straussian approach by further emphasising the co-construction of meaning and reflexivity. In doing so, she offers a middle ground, acknowledging the role of the researcher without abandoning the inductive core of grounded theory.

4.3.3.4 Implications for researchers

The Glaser–Strauss controversy underscores the epistemological elasticity of grounded theory and offers researchers a spectrum of methodological options. The Glaserian model is often better suited for experienced researchers comfortable with theoretical abstraction and minimal procedural guidance (Melia, 1996; Goulding, 1998). The Straussian model, by contrast, provides structured tools that are especially helpful for novice researchers or for those working in applied settings that require systematic documentation (Strauss and Corbin, 1990; Flick, 2018). Ultimately, the choice between these traditions is not a matter of methodological superiority, but rather one of philosophical alignment and research context. As Bryant and Charmaz (2007; 2019) note, it is important for researchers to explicitly declare their grounded theory orientation to ensure theoretical and procedural coherence. The methodological richness that emerged from the Glaser–Strauss split has expanded grounded theory's utility across disciplines, enabling it to adapt to a wide range of epistemological perspectives and empirical challenges.

4.3.4 The intention of grounded theory

Grounded theory was developed as a methodological response to the limitations of extreme empiricism and abstract "Grand Theory" that lacked connection to empirical realities (Goulding, 1998, p. 51). Its primary aim is to bridge the gap between theory and data by generating theory that emerges directly from systematic empirical inquiry (Glaser and Strauss, 1967; Strauss, 1987; Strauss and Corbin, 1990). Rather than applying pre-existing theoretical frameworks, grounded theory seeks to construct multivariate conceptual theories grounded in participants lived experiences (Glaser, 1999; Charmaz, 2014). This approach is particularly valuable in fields with limited theoretical development or in contexts where existing theories fail to adequately explain the phenomena under study (Bryant and Charmaz, 2019). Grounded theory enables researchers to uncover underlying social processes and complex interactions by allowing theory to emerge inductively from the data. It is especially suited for exploratory research, as it allows the research focus to be refined as new insights are uncovered (Strauss and Corbin, 1990; Corbin and Strauss, 2015). Grounded theory research involves a recursive process in which data collection and analysis occur simultaneously. Researchers engage in coding, categorisation, and constant comparison to identify patterns, build categories, and construct theory (Charmaz, 2012). Reflexivity is also central to grounded theory, particularly in constructivist adaptations, where researchers are encouraged to critically examine their own

role in the research process (Charmaz, 2014). In this study, the conventions of grounded theory as articulated by Strauss and Corbin (1990) were employed to generate theory grounded in data (Chesebro and Borisoff, 2007; Chun Tie, Birks and Francis, 2019). This approach facilitated close engagement with the field, allowing the researcher to generate new concepts derived from data rather than speculation (Fazariah et al., 2017; Aspers and Corte, 2019).

4.3.5 Grounded theory's iterative nature

A defining characteristic of grounded theory is its iterative application throughout the research process. Rather than following a linear sequence, grounded theory involves the continuous interplay of data collection, coding, analysis, and theoretical development. Concepts emerging from early data are constantly tested and refined through further data collection, enabling the researcher to verify and expand upon initial hypotheses in real-time (Charmaz, 1990). This iterative design allows researchers to pursue emergent insights as they arise, rather than being constrained by a rigid, pre-determined research agenda. As categories become more clearly defined, the literature review is re-engaged not to impose existing theories, but to contextualise and extend the developing analysis. In this way, grounded theory offers a responsive and evolving methodology that remains rooted in participants' lived experiences.

Iteration also governs the timing and scope of data collection. Grounded theory uses theoretical sampling, where the researcher collects data to fill out and refine emerging categories. This process continues until theoretical saturation is reached, when no new insights emerge, and the categories are sufficiently developed to explain the phenomenon under study (Morse, 1991; Guest, Bunce, and Johnson, 2006). Theoretical saturation is thus both a methodological and conceptual endpoint, signalling that the data adequately support the emerging theory (Charmaz, 2014). The iterative approach is cyclical in nature: data are collected, analysed, and used to refine subsequent inquiries. This process enables researchers to remain flexible and responsive to what the data reveal (Charmaz, 2014; Corbin and Strauss, 2015). As patterns emerge, the research focus can shift to explore new dimensions or probe unresolved tensions. This recursive movement between fieldwork and analysis is critical for developing a grounded theory that is both nuanced and empirically robust (Glaser and Strauss, 1967).

For this doctoral study, such an approach is particularly important given the complexity of strategic collective decision-making in health NGOs. An iterative methodology enables the study to accommodate this complexity, allowing rich, context-specific insights to emerge over

time (Strauss and Corbin, 1990; Charmaz, 2014). Unlike linear methodologies, which separate data collection and analysis into distinct phases, grounded theory integrates these stages. This integration enhances the researcher's ability to trace and refine emerging themes, thereby contributing to the construction of a theory deeply embedded in the data (Glaser, 1992; Glaser and Holton, 2004). Nonetheless, iteration also presents challenges. Managing the concurrent demands of data collection and analysis requires careful planning and time management. Risks such as analytic bias or overinterpretation can arise if iterations are not carefully documented (Birks and Mills, 2015). These challenges were addressed in this study using analytic memos (Strauss and Corbin, 1990), qualitative data management software (Silver and Lewins, 2014), and regular peer debriefing to maintain analytical rigor (Lincoln and Guba, 1985).

4.3.6 Inductive and deductive approach

This study employed both inductive and deductive reasoning to guide data analysis and theory development, aligning with the research objectives (Strauss, 1987; Saunders, Lewis, and Thornhill, 2003, 2009). The inductive component enabled the generation of theory from the ground up, particularly valuable for exploring complex social processes in contexts where pre-existing theories were either inadequate or absent (Charmaz, 2014). Grounded theory facilitates the emergence of “deep rather than general connotations” (Douglas, 2003, p. 51), making it ideal for uncovering the nuanced dynamics of collective decision-making in South African health NGOs. While grounded theory is fundamentally inductive, allowing patterns, categories, and concepts to emerge from the data, it does not preclude deductive reasoning. The deductive aspect involved engaging with existing theoretical constructs during the analysis to assess their explanatory relevance and refine them where necessary. Glaser and Strauss (1967; 1971) critique the overreliance on logico-deductive reasoning in the social sciences, particularly when formal theories are applied uncritically. On the other hand, Pearse (2019) acknowledges the limited focus on deductive approaches in qualitative analysis. He noted that there is a scarcity of practical guidance, which creates difficulties, especially for students and early-career researchers who require more structured support in planning and executing their studies. Nevertheless, this study acknowledges the interplay between both logics: the inductive logic guiding category emergence and the deductive logic informing category refinement and comparison with existing literature.

This dual approach is consistent with grounded theory's evolution. While classical grounded theory strongly favoured a purely inductive stance, later interpretations, such as those by Strauss and Corbin (1990; 1998), acknowledge a more iterative and interactive process. For instance, Orton (1997) proposed a cyclical model combining inductive grounded theory procedures with deductive conceptual testing. Similarly, Soulliere, Britt, and Maines (2001) advocated for the use of conceptual modelling to aid theory development. These alternative adaptations, while not central to this study, highlight the methodological flexibility within grounded theory traditions. The coding process in this study was primarily inductive, as explained by Azungah (2018). This involves line-by-line reading of transcripts and assigning codes based on emergent themes and their relevance to the research questions. These codes are then grouped into categories, and thematic patterns are identified through a process of constant comparison. The research questions served as guiding anchors for linking concepts, without imposing rigid theoretical assumptions in advance.

4.3.7 Type of theory generated through the grounded theory method

The grounded theory method, particularly in its Straussian form, is designed to generate mid-range theory, a level of theorising that lies between grand, abstract theories and narrowly focused empirical descriptions (Strauss and Corbin, 1998). Mid-range theories are grounded in data but abstract enough to explain broader patterns and relationships within a specific context (Merton, 1968; Morse, 2009). According to Birks and Mills (2015), this feature makes grounded theory especially suitable for studies aiming to address practical problems, as it bridges the gap between raw data and actionable insights. For this study, the mid-range theory developed seeks to explain the complex processes underpinning strategic collective decision-making in health NGOs in South Africa, offering a theoretically rich and contextually sensitive account of how such decisions are structured and influenced. By focusing on social processes and interactions, grounded theory enables researchers to construct theories that are both contextually relevant and theoretically robust (Glaser and Strauss, 1967).

Straussian grounded theory emphasises the systematic development of concepts and their interrelationships through coding procedures—open, axial, and selective coding—culminating in a theoretical framework that is both data-driven and analytically coherent (Corbin and Strauss, 2015). The resulting theory is not a universal law but rather a conceptual framework that captures the conditional, contextual, and dynamic nature of decision-making in the NGO

sector. This aligns with Strauss and Corbin's (1990, 1998) view that grounded theory is particularly appropriate for studying social processes where relationships among phenomena unfold over time and across contexts. In this study, the emerging theory seeks to account for the internal governance mechanisms, stakeholder dynamics, leadership practices, and donor expectations that multiple forces shape in collective decision-making. As such, it explains how and why decision-making occurs in specific ways in health NGOs, while remaining flexible enough to be applicable to similar organisations facing comparable conditions.

Unlike Glaserian grounded theory, which leans toward generating formal theory with broad generalisability (Glaser, 1978), the Straussian approach used here recognises the researcher's role in interpretation and seeks to develop a situated theory that is grounded in participants' meanings and organisational contexts (Charmaz, 2014). This kind of theory is intended to inform both scholarly understanding and practical interventions, making it particularly relevant for applied fields such as health policy, NGO management, and organisational behaviour. Ultimately, the theory generated in this study will not only enhance the academic discourse on decision-making in non-profit sectors but also offer strategic and operational insights that health NGOs and their stakeholders can utilise to improve participatory governance, resource allocation, and policy engagement.

4.3.8 Justification for using Strauss and Corbin's (1990) grounded theory

This study adopts the grounded theory approach developed by Strauss and Corbin (1990; 1998; 2015) to explore the complex processes underlying collective decision-making in South African health NGOs. This approach was selected for its structured yet adaptable methodology, which is well-suited to investigating the dynamic interplay of individual agency, organisational structures, and socio-political contexts. The research is grounded in an interpretivist paradigm, which views reality as socially constructed, fluid, and multiple (Bryant and Charmaz, 2007). Strauss and Corbin's grounded theory resonates with this ontology by acknowledging that theory can emerge through interaction with participants' lived experiences. Their model supports a dialogical, context-sensitive approach, enabling the co-construction of knowledge in line with Mkabela's (2005) call for culturally and socially relevant research.

Furthermore, Strauss and Corbin's variant was chosen for its clear procedural guidance through three key stages of analysis: open coding, axial coding, and selective coding. These stages

provide novice researchers with a robust framework for theory construction while still allowing interpretive flexibility (Kenny and Fourie, 2015). The coding paradigm, which examines causal conditions, context, intervening conditions, interactions, and consequences, was particularly relevant to this study's focus on organisational decision-making. Apart from that, the health NGO sector in South Africa is characterised by fluid funding cycles, shifting regulatory landscapes, and culturally embedded community relationships, which were detailed in Chapter 3. These contextual complexities necessitate a method capable of accounting for both micro-level interactions and macro-level structures, a feature embedded in the Straussian conditional matrix (Strauss and Corbin, 1998). This analytical tool facilitated a layered understanding of how strategic collective decision-making is shaped by interdependent institutional and individual factors. The decision to adopt this model was also informed by its emphasis on theoretical sensitivity, the researcher's ability to recognise and develop meaningful categories from data without imposing preconceived ideas (Strauss and Corbin, 1990). This was supported by rigorous memo writing and constant comparison, which helped refine categories and track the evolving theory throughout the research process.

Unlike Glaser's more emergent model, Strauss and Corbin allow for iterative engagement with existing literature at later stages of analysis. This pragmatic stance enabled the study to remain grounded in empirical data while enriching interpretation through theoretical integration. Grounded theory was also selected for its ethical compatibility with the research setting. Its emphasis on participant perspectives, contextual immersion, and reflexivity ensured that data collection and analysis were conducted in a respectful and transparent manner. By engaging participants as knowledge contributors rather than mere data sources, the study honoured their agency and protected their anonymity, aligning with the broader ethical framework of the research. Apart from that, Grounded theory's adaptability is particularly valuable for addressing unexpected findings. During the coding and analysis process, unexpected concepts often emerge, reshaping the research direction and prompting the collection of additional data (Charmaz, 2014). This flexibility ensures that the research remains responsive to the complexity of the phenomenon under investigation (Bryant and Charmaz, 2019). Cooney (2011) underscores the importance of this flexibility, noting that it allows researchers to remain true to the data while navigating the dynamic nature of qualitative study.

4.3.8.1 Methodological reflexivity

Methodological reflexivity is a critical pillar of qualitative research and particularly central to grounded theory, where the researcher is deeply engaged in data collection, analysis, and theory construction. Reflexivity entails an ongoing self-examination of how the researcher's assumptions, positionality, and interactions with participants may influence the research process and outcomes (Finlay, 2002). In this study, I adopted a reflexive stance throughout all stages of the research, recognising the inseparability of the researcher from the research context and data. Occupying an insider–outsider position, I drew upon my prior professional experience in the South African health NGO sector, particularly in one of the organisations that participated in the study. This position afforded me contextual familiarity, access to key informants, and the ability to navigate sector-specific jargon and historical tensions. While this insider knowledge facilitated rapport-building and enabled deeper probing during interviews, it also introduced potential interpretive biases and the risk of overfamiliarity. Participants may have perceived my research as intrusive or evaluative (Pearse and Kanyangale, 2009). To address these challenges, I employed several reflexive strategies, including maintaining a reflexive journal in which I recorded impressions, moments of discomfort, analytic hunches, and instances in which participants' narratives disrupted or challenged my assumptions. Reflexivity became especially salient during data analysis. Strauss and Corbin's (2015) grounded theory approach emphasises the inductive emergence of categories from data, rather than the imposition of preconceived frameworks. Given my academic exposure to management theories and NGO decision-making models, I was cognisant of the risk of unconsciously filtering data through known conceptual lenses. To mitigate this, I deliberately bracketed these frameworks during open coding, returning to participants' own words and meanings. It was only at the axial and selective coding phases that I re-engaged with literature to enrich, rather than constrain, the development of the emergent theory.

Attention to power dynamics was equally crucial. Many participants occupied senior organisational roles and may have interpreted my inquiry as evaluative. To counteract this, I clearly communicated the exploratory and non-judgmental nature of the research during the consent and interview stages. Nonetheless, I remained vigilant for instances in which responses appeared strategically rehearsed or aligned with institutional narratives. In such moments, I probed further to surface tensions and contradictions and triangulated insights across different organisational roles to develop a more nuanced and balanced understanding. Reflexivity in this

study also extended to the emotional labour of engaging with participants' narratives. Themes of internal organisational conflict, donor pressures, and disillusionment with participatory ideals often echoed my own professional experiences. Rather than repressing these resonances, I treated them as sources of potential insight. Pillow (2003) advocates for a view of productive reflexivity that acknowledges the researcher's entanglement in the field as a source of deeper understanding, rather than a threat to objectivity.

Memo writing played a foundational role in sustaining this reflexive engagement. As a core component of grounded theory methodology, memo writing serves both analytical and reflective purposes (Corbin and Strauss, 2008; Charmaz, 2014). Throughout this study, I began memoing from the onset of data collection. Memos were used to document emerging ideas, coding decisions, conceptual questions, theoretical connections, and strategic considerations for further data collection and analysis. These memos varied in form. Some were brief and descriptive, while others were extensive and conceptual. Many included visual representations, such as diagrams, to depict relationships between categories and subcategories. Each memo was dated and titled, with clear references to the data segments or interviews that inspired them, thereby enhancing the transparency and auditability of the research process. Memos also facilitated the constant comparative method by documenting how new data related to existing codes, highlighting points of contradiction, convergence, or conceptual expansion. Reflective notes within the memos were used to capture instances of theoretical insight or critical self-questioning, in line with the recommendation of Corbin and Strauss (2008) for deepening analytic engagement.

Engaging with the structured coding paradigm of Strauss and Corbin, which is often critiqued for being too rigid (Charmaz, 2014), did not constrain reflexive practice in this study. Instead, it provided a systematic way to interrogate how conditions, actions, and consequences are interrelated, prompting deeper analytic consideration. In this way, reflexivity functioned not only as a safeguard against bias but also as a generative force in the development of grounded theory. It enabled the researcher to remain closely attuned to participants' lived realities while also interrogating my interpretive stance and evolving conceptual commitments. Rather than treating reflexivity and memo writing as discrete or auxiliary elements, they were embedded as core, continuous practices that enhanced the methodological rigour and theoretical richness of this grounded theory inquiry. Together, they provided the scaffolding for an iterative, transparent, and critically engaged research process.

4.3.9 Judging quality in Straussian grounded theory

Judging the quality of grounded theory research requires criteria that are consistent with its underlying philosophical and methodological assumptions. In the Straussian tradition, quality is not merely about rigid adherence to procedure, but rather about the rigour, credibility, resonance, and usefulness of the theory that emerges (Strauss and Corbin, 1998; Corbin and Strauss, 2015). A key indicator of quality in Straussian grounded theory is theoretical sensitivity, the researcher's ability to recognise significant data and construct meaningfully abstract categories and relationships (Strauss and Corbin, 1990). Rigour was ensured through systematic coding procedures (open, axial, and selective), supported by detailed memos that documented analytic decisions and category development. The credibility of the theory depends on how well the categories and their interrelations reflect the depth and complexity of participants' experiences. This is achieved through systematic coding (open, axial, and selective), constant comparison, and memo writing, all of which enhance the transparency and trustworthiness of the analytical process (Charmaz, 2014; Corbin and Strauss, 2015). Credibility was strengthened by using verbatim quotations from participants to ground emerging categories directly in the data, allowing readers to see the clear link between the evidence and the interpretation. Another important criterion is how closely the theory corresponds to the realities it seeks to explain (Glaser and Strauss, 1967). Resonance was achieved by continuously testing the developing categories against participants' lived experiences during follow-up interviews, ensuring that the emerging theory reflected and made sense of their strategic collective decision-making practices. Usefulness was demonstrated through the theory's explanatory power in illuminating how collective decision-making unfolds in health NGOs, offering practical insights for both scholars and practitioners. In this study, fit was ensured through iterative engagement with the data, including multiple rounds of coding and theoretical sampling to pursue emerging lines of inquiry. The use of the paradigm model in the Straussian approach also contributed to the theory's explanatory power by clarifying the causal conditions, context, intervening conditions, actions, and consequences shaping strategic collective decision-making in health NGOs (Strauss and Corbin, 1998).

Credibility and confirmability were supported through detailed memoing and audit trails that documented decisions throughout the data collection and analysis process. These practices enhance transparency, allowing others to trace how the findings were derived. Resonance, or the extent to which the theory makes sense to participants and readers, was assessed by

continuously reflecting on whether the categories captured the meanings and concerns expressed by health NGO participants. Usefulness, a criterion also emphasised by Strauss and Corbin (1998), was considered in relation to the theory's potential to inform practice, policy, and further research in the NGO and public health sectors. Additionally, Strauss and Corbin (1998, p. 267) proposed specific evaluative questions to assess grounded theory studies, such as: "How was the core category selected? What major categories emerged? What were the conditions, actions/interactions, and consequences? Were concepts systematically related? Were categories validated against data? Were sufficient data provided?" This study adhered to these principles to ensure methodological rigour and the development of a trustworthy and grounded explanatory model. Theoretical sensitivity was developed through immersion in the data and the iterative comparison of incidents, which enabled the refinement of categories such as "simple strategic collective decision making", "conventional strategic collective decision-making" and "onerous strategic collective decision-making" until they captured the nuances of practice within the organisational context.

4.3.9.1 Plausibility and value of theory

In grounded theory, particularly within the Straussian tradition, the plausibility and value of the theory are central to its contribution to both academic understanding and practical application. A grounded theory should not only emerge logically from the data, but also offer explanatory depth, conceptual clarity, and practical relevance (Strauss and Corbin, 1998; Corbin and Strauss, 2015). Plausibility refers to the extent to which the theory "makes sense", considering the data and offers a coherent explanation of the social process under investigation (Charmaz, 2014). In this study, plausibility was achieved through the systematic application of the coding paradigm to articulate the relationships between causal conditions, context, intervening conditions, strategies, and consequences that shape collective decision-making in the health NGO sector. Each component of the emerging theory was constantly validated against interview data, field notes, and memos to ensure that the conceptual categories accurately reflected the lived experiences of NGO strategic leaders (Corbin and Strauss, 2015).

The value of the theory lies in its capacity to inform understanding, decision-making, and practice in the field. The emergent theoretical framework provides nuanced insights into how NGO leaders navigate competing demands from donors, internal governance structures, and community expectations. By identifying key enablers and constraints in collective decision-

making, the theory provides actionable knowledge for practitioners seeking to enhance organisational effectiveness and participatory governance in the sector (Goulding, 2002; Birks and Mills, 2015). Importantly, the theory was evaluated for its transferability and conceptual reach. While grounded theory does not aim for statistical generalisability, a strong theory should be conceptually abstract enough to be transferable to similar organisational contexts or settings. Theoretical saturation was achieved through iterative coding and sampling, thereby strengthening the plausibility and applicability of the findings across NGOs operating in complex, resource-constrained environments (Strauss and Corbin, 1998). Ultimately, the grounded theory developed in this study aspires to demonstrate usefulness, credibility, and resonance, qualities emphasised in qualitative evaluation frameworks (Lincoln and Guba, 1985). Its value lies not only in academic contribution but also in its potential to shape reflective practice and guide future research on strategic collective decision-making in health-focused civil society organisations in South Africa and beyond.

4.3.9.2 Process aspects of judging the quality of theory

In a Straussian grounded theory study, the process aspects of evaluating the quality of the theory are as critical as the product. These aspects refer to how well the researcher has adhered to the methodological principles throughout data collection, coding, analysis, and theory construction. Judging quality is not only about the final theory's explanatory power, but also about the rigour, transparency, and reflexivity demonstrated across the research process (Birks and Mills, 2015; Corbin and Strauss, 2015). A key process indicator is methodological consistency, in which each stage, such as open, axial, and selective coding, is executed systematically and is clearly connected to the data. In this study, quality was enhanced by consistently using the coding paradigm (Strauss and Corbin, 1998) to identify relationships between conditions, contexts, interactions, and consequences. This ensured that the emerging categories remained grounded in empirical evidence rather than being imposed a priori. Constant comparison was employed throughout data analysis, allowing emerging codes and categories to be iteratively tested against new data. This process contributed to the robustness and refinement of theoretical constructs (Glaser and Strauss, 1967). Memo writing was another critical component of the process, capturing evolving thoughts, theoretical insights, and analytical decisions (Charmaz, 2014). These memos served as an audit trail, documenting the journey from data to theory and contributing to the overall transparency of the research process (Birks and Mills, 2015).

Another important aspect of process quality is theoretical sampling, which was used strategically in this study to pursue emergent themes and ensure variation in organisational size, donor structures, and governance models. Theoretical sampling enabled the researcher to explore underdeveloped categories and achieve theoretical saturation, ensuring that the theory accounted for diverse organisational experiences (Strauss and Corbin, 1998; Corbin and Strauss, 2015). Reflexivity is also essential in Straussian grounded theory. The researcher's positionality was continually interrogated, and efforts were made to balance engagement with the data while avoiding over-interpretation or bias. Reflexive notes helped assess how personal and contextual factors may have shaped data interpretation (Guba and Lincoln, 1994; Thornberg, 2012). Overall, the quality of the grounded theory developed in this study was judged not only by its outcome but also by the rigour, transparency, and coherence maintained throughout the research process. To demonstrate transparency, examples of how quality standards were met are provided through detailed coding trails, memos, and rationales for sampling (see Table 4.1). Such process-oriented criteria ensure that the resulting theory is not only credible and plausible but also methodologically sound and ethically robust (Lincoln and Guba, 1985; Corbin and Strauss, 2015).

Table 4.1: Quality criteria and how they were met

Quality criterion	Description in Grounded Theory	How it was met in this study	Evidence
Rigour	Systematic and consistent application of grounded theory coding and procedures.	Open, axial, and selective coding were conducted iteratively with constant comparison across cases. Theoretical sampling was used to refine emerging categories.	Coding trails documented in section 4,3,5,1 of Chapter 4 on using Solveig Ose(2016) data analysis approach. Example of category development shown in section 4,3,5,2 (Chapter 4).
Transparency	Making the analytic process visible to readers.	Maintained an audit trail of analytic memos, coding decisions, and sampling rationales. Decisions about inclusion/exclusion of data were logged.	Extracts from memos provided in Appendix B. Example of category development shown in section 4,3,5,2 (Chapter 4).
Coherence	Logical fit between data, categories, and emerging theory.	Categories were constantly compared with incidents to ensure analytic fit. Theoretical integration was guided by Strauss & Corbin's paradigm model.	Section 8.5 situates findings in literature to show alignment and divergence. Examples of category linkage included in Appendix C.
Credibility	Trustworthiness of the findings from the participants' perspective.	Used member checking in follow-up interviews to test and refine interpretations.	Quotations in Chapters 5–7 illustrate participant validation of interpretations.
Transferability	Extent to which findings can be useful beyond the study context.	Thick description of NGO contexts provided to enable analytical generalisation.	Contextual summaries in Chapter 4; participant demographics table (Table 4,3).

Source: Author's construction

4.4 The research process

4.4.1 Research sites and context

The research sites for this study were purposefully selected to ensure a rich, varied, and nuanced understanding of collective decision-making within the South African health NGO sector. These sites comprised five health-focused non-governmental organisations operating in distinct

thematic areas. The selection was guided by the need to explore a range of organisational contexts where collective decision-making is both necessary and consequential. Each site was situated within a specific operational and strategic landscape. The health NGOs were geographically dispersed, reflecting both urban and peri-urban contexts. Some organisations were in the process of initiating new projects, others were executing ongoing programmes, while a few were winding down long-standing initiatives. This variation enabled the researcher to examine decision-making processes across different stages of the project lifecycle, highlighting how strategic imperatives and resource pressures shape leadership dynamics and collective decision-making processes.

The health NGOs also differed in their years of operation, size, funding structures, organisational structures and donor composition. Some had decades of experience in the sector with well-established governance structures, while others were relatively new or undergoing significant transitions. This heterogeneity enabled the researcher to examine how institutional maturity, funding stability, and external expectations from donors or government partners shape collective decisions at the leadership level. Collective decision-making was a critical and visible practice in all selected sites. The researcher was particularly attentive to the contextual factors shaping these strategic collective decision-making practices. Organisational culture, leadership composition, historical legacies, and the socio-political environment all played roles in determining how strategic decisions were made, how dissent was managed, and how final decisions were enacted collectively. By selecting a diverse range of sites, the study aimed to surface both commonalities and divergences in collective decision-making logics, practices, and outcomes. This comparative, contextually grounded approach aligns with the principles of grounded theory, enabling the development of a theory that is both empirically sensitive and contextually relevant. The inclusion of varied organisational types and states of development contributed significantly to the theoretical richness of the study's emerging categories.

4.4.1.1 Gaining access to research sites

Access to the selected research sites was negotiated through a multi-step process that upheld both ethical research standards and organisational protocols. Following the granting of ethical clearance by the Rhodes University Business School Ethics Committee under ethics approval reference number 2024-8080-9127, (Appendix A), the researcher formally approached senior leadership at the targeted health NGOs to request permission to conduct the study. Initial

contact was made via email and phone, during which the purpose, scope, and value of the research were explained. Gatekeeper approval - (Appendix B), was subsequently obtained from each organisation, often from executive directors or senior managers. In addition to granting institutional access, gatekeepers played a critical role in participant identification. Based on their knowledge of internal structures and staff responsibilities, they provided the researcher with the names and email addresses of potential participants who held senior leadership roles and were actively involved in strategic decision-making processes. This process ensured that those interviewed had both the authority and experience necessary to speak meaningfully about strategic collective decision-making within their organisations. The researcher then contacted these individuals directly using the provided email addresses to share the participant information sheet and consent form (Appendix C). Importantly, the researcher did not independently select participants; all recruitment was mediated through the internal referral process facilitated by organisational gatekeepers. This approach helped ensure the credibility of the participant pool and enhanced institutional trust in the study. Even though the participants were suggested by the gatekeepers, the interviewees engaged openly and willingly. There were no evident power imbalances that could have influenced the data or led to biased or inaccurate conclusions. Access was maintained throughout the research period to facilitate initial and follow-up interviews, clarify emerging themes, and engage in iterative analysis, as is typical in grounded theory research.

4.5 Sampling process

This study employed a multi-stage qualitative sampling strategy aligned with grounded theory methodology. The process began with purposive sampling to identify and select health NGO organisations that would serve as gatekeepers, based on their relevance to the study's focus on strategic collective decision-making. These gatekeeper organisations included prime recipients, subrecipients, and community-based organisations actively engaged in donor-funded health programmes in South Africa. Once access was secured, theoretical sampling guided the selection of individual participants within these organisations to refine and deepen emerging conceptual categories. This sampling was driven by the evolving needs of the analysis, enabling the researcher to follow lines of inquiry, fill conceptual gaps, and achieve category saturation. The final sample included a diverse group of descriptive interviewees occupying a range of organisational roles, executive, programmatic, technical, and operational, ensuring varied

perspectives across organisational types and contexts. These multi-stage sampling processes are detailed in the following sections.

4.5.1 Purposive sampling

This study initially employed purposive sampling to recruit participants from five health NGOs in South Africa. Following ethical clearance from the Rhodes University Business School, gatekeeper approval was secured from the selected health NGOs. Organisational representatives then assisted in identifying suitable candidates, after which individual consent was obtained from each participant. Participants were purposefully selected by the gatekeepers based on their roles within the strategic leadership structures of their respective organisations and their involvement in strategic collective decision-making processes. In total, twenty-three semi-structured, one-on-one interviews were conducted, each lasting between 45 and 60 minutes. Across these interviews, a total of 35 critical incidents of decision-making were identified and thoroughly explored. The critical incidents were spread across health NGOs as detailed in Table 4.2. The interviews were distributed across the three phases of grounded theory: the initial round (ten interviews) focused on open coding and mapping broad experiences; the second round (eight follow-up interviews, approximately one hour each) was intentionally selected through theoretical sampling to clarify categories during axial coding; and five final interview was conducted during selective coding to refine and validate the emerging theory. Data saturation was demonstrated when no new properties or dimensions emerged in the later interviews, and recurring patterns across incidents confirmed that the core categories were well developed. This sample size was sufficient to explore diverse perspectives on collective decision-making while remaining manageable for in-depth qualitative analysis. Evidence of adequacy is demonstrated by the attainment of theoretical saturation, where no new conceptual insights emerged from additional interviews, indicating that the categories have been fully developed. Furthermore, the sample included participants across different health NGOs and organisational roles, ensuring diversity of perspectives. Methodological literature supports this scale of sampling in grounded theory studies, where the focus is on depth and richness rather than statistical representation; Corbin and Strauss (2015) and Charmaz (2014) emphasise that 15–30 participants are often adequate to reach saturation and generate a robust explanatory framework.

The semi-structured interviews were guided by a set of open-ended questions designed to elicit rich narratives while allowing for flexibility to explore emerging themes. To minimise

participant discomfort, the researcher made clear their outsider status and emphasised that responses would shape the research direction.

As is typical in grounded theory research, sampling did not end with purposive selection. Rather, purposive sampling constituted the initial phase, intended to capture a broad understanding of the phenomenon under investigation. As data analysis progressed, theoretical sampling was employed to refine emerging categories and explore gaps in the developing theory. A detailed discussion of the theoretical sampling process is provided in the next section. The principle of theoretical saturation guided decisions about when to conclude data collection. Saturation was considered achieved when subsequent interviews yielded no new categories or significant insights (Strauss and Corbin, 1990). Data collection took place over thirteen months (October 2024–October 2025) and included five follow-up interviews, each lasting one hour, with one participant from each gatekeeper organisation intentionally selected during the selective coding stage. These follow-up conversations allowed the researcher to clarify points raised in initial interviews and to test emerging theoretical ideas with participants. Throughout the process, informed consent procedures were rigorously followed. Participants were provided with detailed information about the study’s objectives and procedures and signed consent forms prior to participation. Contact details for both the researcher and the academic supervisor were shared to ensure transparency and facilitate communication.

Table 4.2: Incidents spread across five health NGOs

Number of incidents				
NGO	Simple SCDM	Conventional SCDM	Onerous SCDM	Total incidents
NGO 1	1	2	4	7
NGO 2	2	3	1	6
NGO 3	3	2	5	10
NGO 4	1	2	3	6
NGO 5	2	2	2	6
Total incidents	9	11	15	35

Source: Author’s construction

4.5.2 Theoretical sampling

Grounded theory introduced theoretical sampling as a distinct, purposive approach to data collection, in which sampling decisions are guided by the emerging theory rather than predetermined criteria (Glaser and Strauss, 1967). Rather than aiming for statistical

representation, theoretical sampling seeks conceptual depth. Researchers select participants, incidents, or events based on their relevance to evolving theoretical categories, continuing until theoretical saturation is achieved. That is, when additional data no longer yields new insights (Strauss and Corbin, 1998). In the context of this study, which seeks to understand collective decision-making within health NGOs in South Africa, theoretical sampling allowed the researcher to move beyond initial purposive sampling toward progressively targeting individuals who could deepen and enhance emerging categories. While the interviewees do not constitute a traditional sample, they embody the *incidents* and experiences under investigation. It remains essential, however, to delineate the organisational and socio-political contexts in which these experiences occurred.

Strauss and Corbin (1990) advocate for a flexible yet systematic process where data collection, coding, and analysis occur concurrently. Theoretical sampling is thus iterative and responsive. As initial themes began to emerge from broad, open-ended interviews, subsequent data collection became more focused, guided by the evolving categories. New participants as provided by gatekeepers were engaged based on their potential to expand, contrast, or saturate existing conceptual insights (Charmaz, 2014; Corbin and Strauss, 2015). Unlike conventional sampling approaches rooted in positivist traditions, theoretical sampling involves collecting data that sheds light on the properties, dimensions, and relationships of developing categories (Strauss and Corbin, 1990). The researcher continuously compares incidents to uncover variation within categories, seeking both commonalities and differences to refine theoretical constructs (Goulding, 2002). This dynamic process supports cumulative, systematic, and flexible theory development (Pearse and du Plessis, 2016).

Glaser and Strauss (1967) argue that the number of cases is less critical than their theoretical relevance. A single case may indicate a conceptual category, and a few more may suffice to confirm its properties. Therefore, generalisability and sample size are subordinate to conceptual depth and theoretical fit. The criteria for theoretical sampling are thus determined by the evolving theory itself, which informs both the direction and scope of further data collection. Furthermore, researchers must decide when to cease sampling. Glaser and Strauss (1967) recommend continuing until the core categories, those central to the emerging theory, have been saturated. Often, new categories emerge late in the analysis, and while not all require full saturation, those integral to the core explanatory framework must be developed in sufficient depth. In this study, theoretical sampling played a central role in refining categories such as

organisational culture, leadership dynamics, and stakeholder negotiation in strategic collective decision-making. As patterns emerged, the researcher sought participants who could elaborate or problematise existing insights, thereby ensuring that categories were not only richly described but also theoretically robust.

4.5.2.1 Benefits of theoretical sampling

Theoretical sampling is a cornerstone of grounded theory methodology, offering several methodological and epistemological advantages. It ensures that the emerging theory is deeply grounded in empirical data and that the development of categories remains responsive to the nuances of the research context (Charmaz, 2014). By allowing researchers to make sampling decisions based on the evolving needs of the analysis, theoretical sampling supports a flexible and adaptive research design (Strauss and Corbin, 1998). One of the key strengths of this approach lies in its capacity to capture the complexity of social phenomena. Researchers can investigate emerging concepts in greater depth by selecting participants or incidents that challenge, refine, or elaborate the developing categories. This process enables the identification of variations within categories, the exploration of deviant or outlier cases, and the construction of a more nuanced and layered understanding of the phenomenon under study (Dey, 1999). The iterative nature of theoretical sampling also allows researchers to respond to data in real-time, which can lead to richer theoretical insights than would be possible with fixed or statistically driven sampling strategies (Glaser, 1978). This responsiveness is particularly valuable when exploring under-researched or complex areas such as strategic collective decision-making in sensitive organisational environments where predefined variables may not fully capture the realities of practice.

However, this methodological strength also presents practical challenges. Since sampling decisions are not predetermined but guided by the emerging theory, researchers must remain flexible and open to ongoing data collection. This process continues until theoretical saturation is reached. That is when no new data contributes to the refinement of categories (Guest, Bunce, and Johnson, 2006). As such, theoretical sampling can be time-consuming and resource-intensive, requiring sustained engagement with the data and the field. Moreover, theoretical sampling demands a high level of researcher reflexivity and transparency. Decisions about whom or what to sample must be theoretically justified and not based on convenience, accessibility, or researcher bias (Birks and Mills, 2015). Maintaining a critical and open stance

throughout the research process is essential to ensure that all relevant dimensions of the phenomenon are adequately explored (Glaser, 1978).

In practice, the process of theoretical sampling begins after initial data collection and open coding, during which key concepts are identified from the data. At this stage, there are no predefined sampling criteria; the researcher starts with broad, exploratory interviews or observations and proceeds to targeted sampling as categories begin to emerge (Glaser, 1978). In this study, initial purposive sampling targeted senior leaders from five health NGOs. This was followed by theoretical sampling, guided by emerging categories related to organisational decision-making dynamics. This approach allowed the researcher to refine and deepen conceptual categories by selecting subsequent participants based on their potential to enhance the emerging theoretical framework (Strauss and Corbin, 1990; Charmaz, 2014).

4.5.3 Description of interviewees

This study employed Straussian grounded theory methodology, with interviewee selection guided by theoretical sampling principles (Strauss and Corbin, 1998). The purpose was to capture a range of critical incidents that reveal how collective decision-making unfolds within the strategic leadership teams of health NGOs in South Africa. Interviewees selected by gatekeepers were not selected solely for demographic representation but for their proximity to collective decision-making processes and capacity to illuminate emerging categories during the research. A total of 23 in-depth interviews were conducted with 18 participants drawn from the leadership teams of five health NGOs. The interviewees represented a diverse demographic group, comprising White males and females, African men and women, and Indian females, ensuring a rich mix of perspectives as highlighted in Table 4.3. In addition, the interviewees represented a diverse, strategically positioned cohort within the health NGO sector. Participants occupied a broad spectrum of roles across hierarchical and functional domains. Senior leadership and executive roles were represented by individuals serving as Chief Executive Officer (CEO), Chief Operating Officer (COO), Director, and Vice President (VP) of Finance. Technical expertise was captured through interviews with the Provincial Lead and Advisor for Health Systems Strengthening (HSS), Technical Advisor for Primary Health Care (PHC), District Project Lead, and SI-MER Manager. Specialist perspectives were provided by a QA/QI Report Writing Expert and a Contracts Manager. Operational support and oversight roles included the Data Management Team Leader, HR Director, and Senior Finance Manager.

Lastly, project implementation and oversight were represented by two participants who held the position of Chief of Party. This rich and varied representation offered a dynamic view of strategic leadership and collective decision-making practices within the health NGO environment, reinforcing the study's commitment to capturing multiple vantage points across organisational levels. The participants' experience in the health NGO sector ranged from three years to over four decades, collectively contributing more than 220 years of industry expertise, indicative of the institutional memory they have. This extensive breadth and depth of experience enriched the data, providing nuanced insights into strategic collective decision-making across varying organisational contexts and career stages. Interviews were conducted in English over 13 months, from October 2024 to October 2025. All 23 of the interviews were conducted online via Google Meet, Zoom or Teams. Out of the 18 participants, five participants were interviewed twice, contributing to a total of 23 recorded interviews. Follow-up interviews were conducted eight months after the initial sessions, supporting theory refinement and saturation in line with grounded theory practice (Charmaz, 2014; Corbin and Strauss, 2015).

Due to variations in organisational structure, six participants were interviewed from one organisation, and three participants each from the remaining four organisations, yielding a final sample size of 18 participants. The semi-structured interviews captured the lived experiences of individual leaders, rather than institutional or official organisational positions. Participants reflected on personal encounters and interpretations of collective decision-making processes, leadership challenges, strategic disagreements, and negotiations with stakeholders, including donors, boards, and community representatives. This distinction is significant: the views shared reflect individual-level experience, providing an interpretive lens on strategic collective leadership practices rather than a unified organisational narrative (Guba and Lincoln, 1994; Bera, 2018). By focusing on critical strategic decision-making incidents and individual reflections, rather than official statements representing the organisations at large, this approach highlights personal perspectives while aligning with the interpretive, constructivist perspective central to Straussian grounded theory. Such an approach foregrounds participants' subjective meanings and the situated nature of decision-making processes (Birks and Mills, 2015). It also facilitated the collection of rich, varied data, which proved sufficient to achieve theoretical saturation, in which no new categories or properties emerged from subsequent interviews (Corbin and Strauss, 2015).

Table 4.3 Demographic distribution of interviews

Participant #	Organisation	Description	Race	Gender	Role	Years of experience
1	NGO 1	Leader 1	African	Male	Provincial Lead & Advisor	22
2	NGO 1	Leader 2	White	Male	Special Projects Manager	14
3	NGO 1	Leader 3	White	Female	Data Management Team Leader	15
4	NGO 1	Leader 4	African	Female	Technical Advisor	40
5	NGO 1	Leader 5	African	Male	SI-MER Manager	4
6	NGO 1	Leader 6	African	Male	Vice President (VP) Finance	7
7	NGO 2	Leader 1	African	Female	Deputy Country Director	20
8	NGO 2	Leader 2	African	Female	Quality Assurance, Quality Improvement Manager	10
9	NGO 2	Leader 3	African	Female	District Project Lead	19
10	NGO 3	Leader 1	White	Female	Chief of Party (COP)	12
11	NGO 3	Leader 2	African	Male	Chief of Party (COP)	1
12	NGO 3	Leader 3	Indian	Female	Chief Executive Officer (CEO)	17
13	NGO 4	Leader 1	White	Female	Chief Operating Officer (COO)	13
14	NGO 4	Leader 2	White	Female	Human Resources Manager	11
15	NGO 4	Leader 3	White	Male	Senior Finance Manager	4
16	NGO 5	Leader 1	African	Female	Chief Executive Officer (CEO)	1
17	NGO 5	Leader 2	African	Male	M&E Manager	6
18	NGO 5	Leader 3	African	Male	Director	4
Total years of service						220

Source: Author's construction

4.5.4 Critical incidents and the interview guide

In grounded theory research, particularly within the Straussian tradition, the use of critical incidents is a powerful tool for accessing rich, context-specific data that illustrate the dynamics of the phenomenon under investigation (Flanagan, 1954; Denzin, 1989). For this study, critical incidents were employed as focal points in interviews to explore how strategic collective decision-making processes unfold within health NGOs under real-world pressures and constraints. A critical incident is a concrete, memorable event that significantly affects an individual's actions or attitudes, often prompting reflection or a change in behaviour (Tripp, 2011). By asking participants to recount such incidents, whether moments of organisational crisis, donor audits, programme shifts, or strategic disagreements, the research sought to uncover the mechanisms, actors, contexts, and power dynamics that influence strategic collective decision-making. These incidents often served as "data-rich" narratives, revealing implicit assumptions, conflict resolution patterns, and decision-making hierarchies (Chell, 2004). The interview guide was semi-structured and deliberately open-ended to allow participants the flexibility to identify and describe their own critical incidents. This format aligns with the iterative, emergent nature of grounded theory and facilitates the researcher's role in co-constructing meaning with participants (Charmaz, 2014). Questions were designed to probe not only the content of the incident but also its processual elements, such as who was

involved, what decisions were made, how consensus was reached or challenged, and what contextual factors influenced the outcomes.

The guide was refined through theoretical sampling and memo-writing as the study progressed, allowing new themes to inform subsequent interviews. This reflexive and adaptive approach ensured alignment with the grounded theory commitment to data-driven theory development (Strauss and Corbin, 1998; Corbin and Strauss, 2015). The use of critical incidents enhanced the credibility and richness of the data, enabling the researcher to explore both surface-level actions and deeper, structural dimensions of strategic collective decision-making in health NGOs in South Africa. Incorporating critical incidents into the interview process supported the study's aim of generating an explanatory theory grounded in lived experiences. These narrative moments acted as windows into the operational and relational complexities that define strategic collective decision-making in the South African health NGO sector.

4.5.4.1 The critical incident technique

The Critical Incident Technique (CIT) was adopted in this study as a strategic methodological tool to gather in-depth and context-rich data on collective decision-making processes within South African health NGOs. Originally developed by Flanagan (1954), CIT is a qualitative research method that focuses on collecting specific and significant events or "critical incidents" that had a pronounced impact on organisational outcomes or individual behaviour. In grounded theory studies, and particularly within the Straussian tradition, critical incidents serve as rich entry points into the social processes under investigation. They allow the researcher to move beyond general descriptions and instead engage with actual situations that illustrate decision-making dynamics, participants' roles, institutional pressures, and consequences (Chell, 2004; Butterfield et al., 2005). This technique aligns well with grounded theory's emphasis on *process*, *interaction*, and *context*, as it enables participants to recount episodes that are both meaningful and analytically revealing (Corbin and Strauss, 2015).

For this study, participants were invited to narrate critical incidents that reflected important decision-making junctures, such as funding realignments, programme pivots, internal conflicts, leadership changes, or urgent community demands. There was a total of 35 incidents narrated by participants from the initial questions as extracted from the interview guide in Table 4.4, which are: *a) Please describe to me an incident where a collective decision-making process*

occurred amongst the leaders within your organisation. b) Please describe a situation where differing stakeholder priorities affected a collective decision-making process or outcome.

These narratives were used to trace decision-making pathways, identify key participants and their influence, and uncover the mechanisms through which decisions were made or deferred. Importantly, these incidents offered a natural structure for exploring the conditions, context, actions, and consequences, which are the core dimensions of Strauss and Corbin's coding paradigm (Strauss and Corbin, 1998). The use of CIT also provided several methodological benefits. Firstly, it encouraged participants to reflect deeply and speak candidly about high-stakes or emotionally resonant events, thereby enhancing the *credibility* and *depth* of the data (Gremler, 2004). Secondly, the incidents elicited facilitated theoretical sampling and constant comparison, as each narrative offered new variations or confirmations of emerging categories. Finally, CIT contributed to the grounded theory's theory-building aim by illuminating latent structures and relationships embedded in everyday organisational life (Charmaz, 2014). The CIT offered a structured yet flexible approach to uncovering the nuances of collective decision-making in NGOs, enabling the development of a theory that is grounded in lived experience and responsive to the complexities of the health NGO sector in South Africa.

4.5.4.2 Interview guide

The main aim of this study was to develop a substantive grounded theory that describes and explains the process of collective decision-making in the health NGO sector in South Africa. This goal was guided by three key research objectives:

- a) To describe and analyse the collective decision-making process in the health NGO sector organisations in South Africa.*
- b) To explore how the characteristics of NGOs and/or their environmental opportunities and constraints influence collective decision-making; and*
- c) To develop a substantive grounded theory on collective decision-making in the health NGO sector in South Africa.*

To support the attainment of the research goal and these objectives, an initial interview guide was used as the foundation for the semi-structured interviews, as shown in Table 4.4. As the interviews progressed, these initial interview questions were followed up interactively with “unplanned, unanticipated questions and probes for clarification” (Morse and Richards, 2002, p. 91; Lang, 2004). According to Pearse (2005), the questions used in grounded theory are a guide and not a standardised list posed to all interviewees. They act as a reminder of the focus

area of research under investigation (Creswell, 2009). The guide provided a flexible yet focused framework to explore participants' experiences, perceptions, and practices, while allowing for the emergence of new insights throughout the iterative process of data collection and analysis. This approach is consistent with grounded theory methodology, which values theoretical sensitivity and responsiveness to emerging data (Charmaz, 2014; Strauss and Corbin, 2015).

Table 4.4: Initial interview questions

Initial interview questions (English only)

1. Can you describe **your role** within the organisation and your experience in the organisation.
2. In your opinion, how would you **define** collective decision-making within an organisation? Can you explain your understanding of how it works?
3. Which positions in the leadership team are involved in collective decision-making **processes** in your organisation?
 1. What is your role in collective decision-making process?
 2. How are decisions made?
 3. Who has the final say when there is no agreement in a collective decision-making process?
4. What collective decision-making **approaches** does your organisation commonly use and what are the reasons for using such approaches?
 1. What are common situations where collective decision-making occurs?
 2. What are the common challenges you face when making collective decisions?
5. Please describe to me **an incident where a collective decision-making process occurred** amongst the leaders within your organisation.
 1. Was the collective decision-making difficult or easy? Why?
 2. Describe the processes followed to reach a collective decision.
 3. How were disagreements or differing opinions handled during the collective decision-making process?
 4. How did the collective decision impact the organisation? What were the positive and/or negative impacts?
6. Please describe a situation where differing **stakeholder priorities** affected a collective decision-making process or outcome.

1. Was the collective decision-making difficult or easy? Why?
2. Describe the processes followed to reach a collective decision.
3. How were disagreements or differing opinions handled during the collective decision-making process?
4. How did the collective decision impact the organisation? What were the positive and/or negative impacts?

Source: Author's construction

4.5.5 Data collection procedures

This study employed semi-structured interviews as the primary method of data collection, consistent with grounded theory's emphasis on capturing rich, contextualised accounts of participants' lived experiences. Semi-structured interviews are recognised for their capacity to foster open dialogue and active listening between interviewer and participant (Bain, 2005; Mahat-Shamir, Neimeyer, and Picho-Prelorentzos, 2021). Their flexible yet guided format allows for consistency across interviews while enabling the exploration of emergent themes (DeJonckheere and Vaughn, 2019). A total of 18 interviews were conducted with participants occupying strategic leadership roles in health NGOs. These individuals were purposively selected based on their involvement in strategic-level collective decision-making, aligning with the initial stages of theoretical sampling as outlined by Strauss and Corbin (2015). The interviews explored participants' experiences and perceptions of strategic collective decision-making processes, including dynamics of power, conflict resolution, and consensus-building within their organisations. Each interview session lasted between 45 and 60 minutes, depending on participants' availability and the depth of discussion. The interviews were recorded using a Dictaphone after the researcher received consent from the participants.

4.5.5.1 Data capturing

Strauss and Corbin (1990) recommend a selective approach to transcribing interview data in grounded theory research. They suggest that initial interviews be transcribed in full to allow for detailed, line-by-line analysis. Thereafter, the emerging theoretical framework should guide the researcher in identifying which additional sections or interviews require full transcription for deeper exploration. In this study, practical considerations necessitated conducting three interviews first before detailed transcription and analysis began. To gain an initial understanding of the emerging data, these early interviews were paraphrased or summarised,

and provisional coding was applied to these summaries. This allowed the researcher to identify broad patterns and potential categories for further investigation.

Following this preliminary phase, a selection of interviews was transcribed in full, producing transcripts that ranged between 15 and 20 pages each and amounting to a total of 345 pages. In subsequent stages, additional interviews were partially or fully transcribed depending on the relevance, depth, or novelty of the insights they offered. Key excerpts that were especially illustrative or conceptually significant were transcribed verbatim and used to support the emerging theoretical narrative. These quotations effectively conveyed core concepts and recurring patterns in participants' experiences, many of which were incorporated into the findings chapters to substantiate the developing categories and themes

4.5.5.2 Theoretical saturation

Theoretical saturation is a cornerstone of grounded theory methodology and refers to the point in data collection and analysis where no new categories, themes, or insights emerge (Glaser and Strauss, 1967; Corbin and Strauss, 2015). At this stage, additional data no longer contribute novel information, and the existing categories are sufficiently developed to support a grounded and coherent theory (Strauss and Corbin, 1990; 1998). In grounded theory research, saturation is reached through theoretical sampling, a process in which data collection is guided by emerging concepts until all dimensions of the categories are fully explored (Strauss, 1987; Kenny and Fourie, 2015). This iterative approach enables the researcher to examine all significant variations in the data, ensuring that the resulting theory is deeply rooted in participant experiences (Charmaz, 2014). Although achieving saturation is crucial for methodological rigour, it is also inherently subjective, as it depends on the researcher's judgment of when the data have been sufficiently developed (Bowen, 2008). To mitigate this subjectivity, researchers are encouraged to maintain transparency in documenting the decision-making process that led to the declaration of saturation (Fusch and Ness, 2015). This includes detailed memo writing, audit trails, and alignment with the study's research questions (Azungah, 2018).

Saturation plays a pivotal role in justifying sample size in qualitative research. Unlike quantitative studies, where sample size is predetermined, in grounded theory, data collection continues until saturation is observed (Mason, 2010). The most direct indication of saturation is the repetition of information when no new themes or properties arise, and all data fit within

existing categories (Morse, 1995; Guest, Bunce, and Johnson, 2006). Furthermore, saturation is marked by the completion of category development, whereby the properties and dimensions of the category are fully articulated and differentiated (Strauss and Corbin, 1990). The constant comparison method, a key analytical tool in grounded theory, supports this process by ensuring that new data are continually compared against existing codes to refine and saturate categories (Glaser and Strauss, 1967; Corbin and Strauss, 2015). In this study, theoretical saturation was achieved when additional interviews yielded no new conceptual insights relevant to the phenomenon under investigation. At this stage, the analysis revealed that the categories developed around collective decision-making in health NGOs were sufficiently rich, dense, and well-articulated to capture the complexity of the processes being studied. Each category was systematically defined in terms of its properties, dimensions, and interrelationships, ensuring internal coherence and theoretical robustness. The recurrence of similar patterns and the repetition of key concepts across multiple participants indicated that the data had reached a point of redundancy, where further collection was unlikely to contribute novel explanatory elements. Moreover, the use of constant comparison confirmed that variations in the data were adequately accounted for, and negative cases were incorporated without altering the explanatory scope of the categories. By this stage, the emerging theory demonstrated both depth and breadth, offering a comprehensive, empirically grounded, and theoretically saturated account of collective decision-making. Thus, no additional data were necessary to strengthen the explanatory power or refine the conceptual categories underpinning the study. Thus, theoretical saturation signalled the end of theoretical sampling and the transition toward finalising and presenting the grounded theory, ensuring that the findings were comprehensive, credible, and methodologically sound.

4.5.6 Data analysis procedures

Data analysis in grounded theory is inherently iterative and cyclical, often unfolding alongside data collection (Robson, 1993). Robson (1993) distinguishes between informal analysis, which occurs during engagement with participants, and formal analysis, which takes place after data collection. From the outset of this study, informal analysis played a prominent role through reflective engagement during interviews and in the immediate aftermath. This included follow-up questions, summary statements, and the composition of analytic memoranda, which evolved in complexity as the study progressed. Following the principles of Straussian grounded theory, data collection and analysis were conducted concurrently over the 13-month period. The

analytic process adhered to the coding procedures outlined by Strauss and Corbin (1990, 1998), namely open coding, axial coding, and selective coding, which were applied in an interrelated and recursive manner. As the emerging theory neared theoretical saturation, Strauss and Corbin's (1990) conditional matrix was employed to explore contextual dimensions in greater depth. The coding process is detailed in the following section.

4.5.6.1 Justification for using Ose's approach to structuring qualitative data

In this study, the method developed by Solveig Ose (2016) for structuring qualitative data using Microsoft Word and Excel was employed to support the coding and analysis of interview transcripts. This approach was particularly well-suited for the demands of Straussian grounded theory, which requires systematic and transparent handling of data throughout the open, axial, and selective coding phases. Ose's (2016) approach provides a practical and accessible method for managing large volumes of qualitative data, particularly in resource-limited research environments where dedicated qualitative software, such as NVivo or ATLAS.ti, may not be feasible. The structured use of Excel tables and Word documents enabled effective handling of more than 345 pages of transcribed interview data from twenty-three interviews with leadership teams of five health NGOs. A major justification for selecting this method lies in its alignment with the principles of grounded theory. Ose's (2016) technique allows researchers to link raw textual data (quotes) with emerging codes and categories in a clear and traceable manner. During open coding, Excel spreadsheets were used to document segments of text, assign initial codes, and note emerging concepts. This facilitated a side-by-side visualisation of data and analysis, supporting theoretical sensitivity as emphasised by Strauss and Corbin (2015). Furthermore, the use of colour coding and categorical filtering functions in Excel enhanced the constant comparative method central to grounded theory by allowing easy juxtaposition of data across cases.

During axial coding, Ose's (2016) method allowed for the grouping of codes under broader categories and subcategories using Excel matrices, which reflected the coding paradigm of conditions, interactions, and consequences. These structured data tables helped visualise relationships and provided a clear audit trail from raw data to conceptual categories, ensuring analytical rigour and traceability. The clarity and simplicity of this approach also enhanced collaboration and verification, as the structured Excel files could be reviewed by the supervisor to ensure coding consistency and support intersubjective reliability. Unlike proprietary

software, Excel and Word documents are more universally accessible and do not require specialised training, making this method particularly appropriate for applied health research contexts in South Africa. Thus, Ose's (2016) technique provided a methodologically coherent, transparent, and resource-sensitive framework for organising and analysing qualitative data in line with Straussian grounded theory. It allowed the researcher to iteratively refine codes, categories, and emerging theory, while maintaining clarity in data handling and interpretation throughout the analytic process.

4.6 Coding

The researcher analysed qualitative information through coding using the three coding stages suggested in the grounded theory and theoretical sampling approach, which are open coding, axial coding, and selective coding as recommended by Strauss and Corbin (1990) to analyse the existence, meanings, and associations of words, themes, or concepts (Hackett, 2019). Glaser and Strauss (1967, p. 101) describe the coding process as "the constant comparative method of analysis," Their grounded theory approach involves a multi-step process, including open coding, axial coding, and selective coding (Creswell, 1998). Coding helped the researcher move from broad questions in the initial interview to more specific questions in follow-up interviews (Strauss and Corbin, 1990). Additionally, the purpose of the coding process was to break the data into manageable chunks to better understand the phenomenon under study (Cohen et al., 2007). Data analysis occurred concurrently with ongoing data collection, and the results guided further data collection.

4.6.1 Constant comparison

The constant comparative method was employed throughout the coding process as a foundational analytical strategy in grounded theory. This method involves systematically comparing each segment of data with others to identify similarities, differences, and emerging patterns (Glaser and Strauss, 1967). Originally introduced by Glaser and Strauss (1967), constant comparison is a central component of grounded theory methodology, facilitating the development of a theory that is deeply rooted in empirical data. Unlike descriptive approaches that merely categorise data, constant comparison enables theory generation by continuously refining and testing conceptual ideas against incoming data (Charmaz, 2014). As new data is collected, it is compared with previously analysed data and existing categories. This iterative process ensures that categories are grounded in the data and remain flexible enough to

accommodate emerging variations (Birks and Mills, 2015). The continuous comparison of incidents, concepts, and properties across data sources promotes theoretical sensitivity and depth (Strauss, 1987).

During theoretical sampling, the researcher engages in constant comparison by assessing how new data align with or challenge the categories developed thus far. This comparison guides decisions about where to focus subsequent data collection and analysis, aiming to elaborate, clarify, or test emerging concepts (Charmaz, 2014). Constant comparison plays a crucial role in achieving theoretical saturation, the point at which no new properties, dimensions, or relationships emerge from further data collection. As Creswell (2009) notes, researchers use this method to group concepts based on similarities and differences, thus refining the emerging categories. It supports the identification of category properties and their relationships by contrasting new incidents with existing ones and checking whether the new data fit into established patterns or suggest novel categories (Glaser, 2001).

This method also encourages theoretical reflexivity. Researchers must remain open to modifying or discarding categories as new insights surface, thereby avoiding premature closure or theoretical rigidity (Bryant and Charmaz, 2019). The flexibility of constant comparison ensures that the theory reflects the complexity of the social phenomena under study rather than being shaped by researchers' initial assumptions. It compels researchers to continually revisit and reanalyse data, which, while intellectually rigorous, can also be time-intensive (Morse, 2004). Furthermore, maintaining reflexivity is vital in ensuring balanced interpretation. As Thornberg (2012) warns, researchers must guard against overemphasising familiar patterns or neglecting outlier data. By systematically and iteratively comparing data, the researcher constructs a robust conceptual framework that captures how different elements of the phenomenon interrelate (Glaser and Strauss, 1967). This approach enhances the credibility and trustworthiness of the findings by ensuring that all categories are tested against diverse data sources (Birks and Mills, 2015). Constant comparison supports theory development that is both comprehensive and responsive to the data, allowing for the emergence of nuanced, evidence-based explanations of the phenomenon under investigation (Charmaz, 2014; Corbin and Strauss, 2015). This aligns with qualitative research guidelines, which view data analysis as a simultaneous, interactive process (Creswell, 2009). The initial coding phase will be discussed below.

4.6.2 Open coding

Open coding is the initial phase of grounded theory coding, in which qualitative data is broken down into smaller, meaningful segments for analysis (Strauss and Corbin, 1990). This stage involves identifying and labelling concepts that emerge from the data, with the goal of capturing the key phenomena as expressed in participants' words and actions.

Each transcript was read multiple times, with initial codes written and then transferred into a coding matrix for categorisation. For example, the following excerpt illustrates a basic descriptive code derived during open coding:

“We just sit down. A matter is tabled. So really, decision-making is not always about making difficult decisions.” (NGO 1_Leader 2_13)

→ *Code: informal issue resolution*

Another example highlights how participants framed their role in decision-making:

“It’s more of looking at what is the challenge, what is the decision to be made, what are the pros and cons of each approach?” (NGO 1_Leader 5_24)

→ *Code: analytical decision framing*

A further quote revealed the perception of speed and simplicity:

“We make it a point of making all staff aware throughout the year about the strategic direction the organisation is going... so they are constantly aware.” (NGO 3_Leader 3_14)

→ *Code: continuous internal strategy communication*

According to Creswell (2009), open coding is a conceptualisation process that allows the researcher to uncover emerging themes and concepts from raw data without imposing preconceived frameworks. The approach is inherently inductive, with the researcher maintaining an open and exploratory stance to allow codes to emerge directly from the data (Strauss and Corbin, 1998; Charmaz, 2014). By examining the data incident by incident, the researcher identifies recurring words, phrases, or ideas that are conceptually significant. These segments are then labelled with codes using participants' own words that begin to suggest initial categories or themes (Corbin and Strauss, 2015).

The objective of open coding is to fracture the data into discrete parts to move beyond surface-level descriptions and begin identifying underlying patterns, processes, or mechanisms. This approach provides a foundation for grounded theory building by exposing the structure and

variability inherent in the data (Charmaz, 2014; Corbin and Strauss, 2015). In this study, the researcher applied a range of analytical techniques during open coding, including identifying repetitions, metaphors and similes, culturally specific or “indigenous” terms, theory-related material, and emotionally charged expressions (Ryan and Bernard, 2003, pp. 89–93). Codes were directly annotated onto interview transcripts, and analytical memos documented the researcher’s thoughts, emerging interpretations, and conceptual leads. As coding progressed, similarities and differences among codes became apparent, allowing for the grouping of related codes into initial categories. These categories served as the preliminary framework for the subsequent stage, axial coding, which seeks to further refine, relate, and contextualise these early insights.

4.6.2.1 Divergence approach to open coding: sectional vs. line-by-line analysis

In grounded theory methodology, open coding typically involves a detailed, line-by-line analysis of interview transcripts to uncover significant concepts and patterns that emerge from the data (Strauss and Corbin, 1998). While this approach is widely endorsed for its rigour and for ensuring close interaction with the data, in this study the researcher adopted a sectional analysis approach during open coding rather than a strict line-by-line analysis. In situations where a section of data could be meaningfully interpreted through more than one code, the researcher deliberately allowed for multiple coding rather than forcing exclusivity. This approach is consistent with grounded theory practice, where data fragments often speak to more than one emerging concept (Strauss and Corbin, 1990; Charmaz, 2014). For example, a participant’s account of a decision-making meeting might simultaneously reflect issues of “hierarchical influence” and “informal consensus building.” In such cases, the researcher applied both codes to the same section to preserve the richness of the data and avoid prematurely narrowing its meaning. During the axial coding phase, overlaps between codes were carefully examined to assess whether they represented distinct categories, subcategories, or dimensions of the same process. This ensured that the analysis remained flexible, iterative, and open to the complexity of participants’ experiences, while maintaining coherence in the eventual categorisation. By adopting this practice, the researcher maintained theoretical sensitivity and safeguarded against reducing multifaceted data into oversimplified categories. This methodological decision was made in alignment with the practical and conceptual needs of the study, which investigated strategic collective decision-making processes among leadership teams in South African health NGOs. The nature of the interview data, rich, narrative-driven,

incidents centred and focused on experiences of collective decision-making, yielded meaning across larger units of text, such as entire responses or thematically cohesive segments of speech. A line-by-line approach in this context risked fragmenting coherent narratives and potentially obscuring the contextual nuances essential for understanding how collective decisions were enacted, and experienced at the leadership level.

Strauss and Corbin (1998, p.102) note that while line-by-line coding is helpful, "the analyst does not have to code line by line if doing so seems to be fragmenting the data in ways that are unhelpful to conceptualisation." In keeping with this flexibility inherent in the Straussian approach, the researcher opted for sectional open coding, which enabled to preserve the narrative flow and better capture the relational and contextual elements of leadership decision-making. This is particularly important in grounded theory studies where the phenomenon under study is complex and embedded in organisational interactions (Charmaz, 2014). Moreover, the decision aligns with Corbin and Strauss's later clarification that coding techniques should be applied pragmatically to serve the purpose of theory generation (Corbin and Strauss, 2008). The researcher's approach enabled effective identification of categories and subcategories without compromising participants' reflections. As Morse (2009) argues, methodological flexibility is critical in grounded theory research, especially when rigid adherence to technique might constrain the emergent nature of the inquiry. Although the researcher departed from the traditional line-by-line coding method during open coding, the sectional analysis approach adopted in this study remained consistent with the Straussian grounded theory tradition. It enabled a deeper engagement with the contextual realities of leadership teams in health NGOs, fostering robust conceptual development grounded in participant experience. The following section elaborates on axial coding and how it was used to organise and connect categories within this study.

4.6.3 Axial coding

Axial coding is the second phase of the grounded theory coding process, following open coding. In this phase, the researcher begins to reassemble the data that was previously fractured during open coding by identifying and clarifying the relationships among categories and subcategories (Strauss and Corbin, 1990). This analytical stage plays a crucial role in theory development, as it enables the researcher to construct a coherent understanding of how emerging categories interact (Strauss and Corbin, 1998; Charmaz, 2014). During axial coding, the researcher

organises the initial open codes into broader conceptual categories and subcategories, exploring their properties and dimensions. This involves examining causal conditions, contextual factors, intervening conditions, strategies of action, and consequences, components that form the axial coding paradigm proposed by Strauss and Corbin (1998). Through this paradigm, the researcher can systematically connect data and move from mere description to conceptual analysis. This stage drew on Strauss and Corbin's (1998) coding paradigm, which involves identifying conditions, contexts, actions/interactions, and consequences for each category. For example, in examining decision-making under pressure, the following excerpt was analysed:

“In our organisation, collective decision-making starts at Exco level... then senior managers make decisions around operations, and project managers give input to inform the Exco’s strategic direction.” (NGO 3_Leader 1_10)

→ *Causal condition: Hierarchical structure*

→ *Context: Strategic planning cycle*

→ *Action: Layered contribution*

→ *Consequence: Perceived legitimacy and continuity*

Another axial configuration emerged from this account:

“All of a sudden, you’ve got to shut down KZN and move to Mpumalanga. We’re not being forced, but you weigh the pros and cons. People will lose jobs.” (NGO 4_Leader 1_26)

→ *Causal condition: External donor pressure*

→ *Context: Organisational instability*

→ *Action: Internal deliberation*

→ *Consequence: Staff displacement and emotional stress*

This analytical stage allowed for conceptual clustering, leading to the development of three key categories:

- *Simple strategic collective decision-making*
- *Conventional strategic collective decision-making*
- *Onerous strategic collective decision-making*

Axial coding is not simply about grouping codes but about identifying a central phenomenon and linking related categories in a meaningful way. This process includes recognising what conditions give rise to a category, what actions or interactions are associated with it, and what consequences follow from those actions (Strauss and Corbin, 1990; Creswell, 1998). As such, axial coding serves as the foundation for building the skeleton of a grounded theory. In this study, axial coding was used to cluster initial codes into thematic categories and to understand how these categories relate to the overarching research phenomenon. For instance, if a category around "collaborative decision-making" emerged during open coding, axial coding would explore the conditions that foster collaboration, the organisational context in which it occurs, the strategies employed by decision makers, and the consequences of these decisions. This stage is highly iterative and requires the researcher to move back and forth between data, codes, and categories, constantly refining and adjusting conceptual linkages (Corbin and Strauss, 2015). The end goal of axial coding is to develop a more structured and integrated theoretical framework that helps explain the patterns observed in the data (Charmaz, 2014). The following section expands on the paradigm model applied during the axial coding.

4.6.3.1 Paradigm model application at axial coding stage

A distinguishing feature of Strauss and Corbin's (1990, 1998, 2015) grounded theory methodology is the use of the paradigm model, which offers a structured framework for analysing the dynamic interplay among various categories identified through axial coding. The paradigm model with the flow shown in Figure 4.1 was particularly valuable in this study of strategic collective decision-making within health NGOs, as it provided a conceptual scaffold for organising complex, multifaceted data. It helped elucidate how internal organisational mechanisms and external environmental pressures interact to shape the decision-making processes within these organisations. Applying the paradigm model, the study moved from descriptive observations to a more analytical and explanatory understanding of how collective decision-making unfolds in practice. This structured analytical tool thus contributed directly to the generation of a grounded, data-driven theory capable of accounting for both individual agency and structural constraints. The next stage of the grounded theory coding process is selective coding, where a core category is identified and systematically related to other categories. This final phase brings coherence to the emerging theory and will be discussed in detail in the following section.

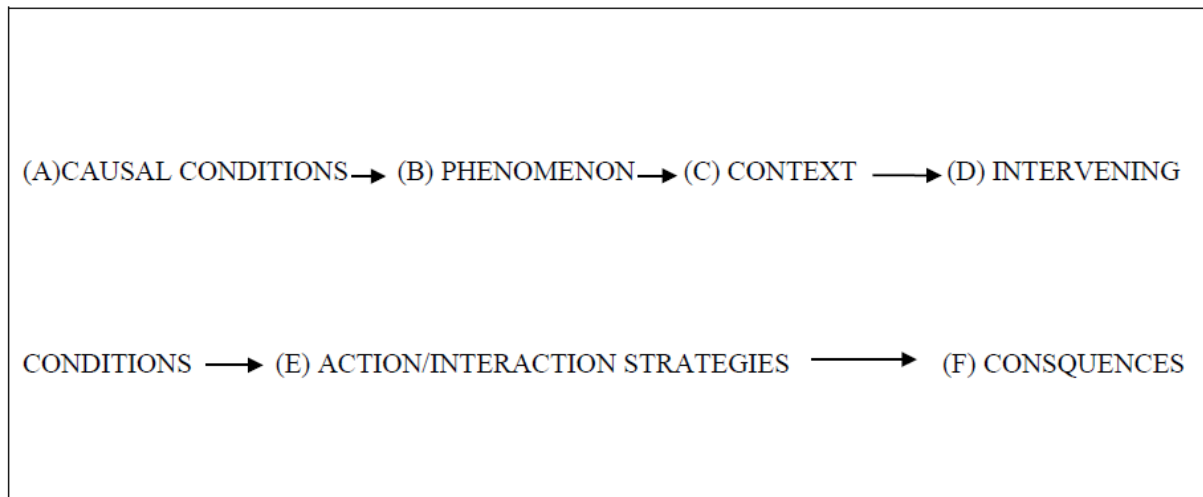


Figure 4.1: Paradigm model

Source: Strauss and Corbin, (1990, p. 99)

4.6.3.2 Conditional matrix

In alignment with the Straussian grounded theory methodology adopted in this study, Strauss and Corbin's (1990) *Conditional Matrix* served as a conceptual tool for contextualising and deepening the analysis of collective decision-making processes. The conditional matrix is a visual and analytical device designed to help researchers systematically trace the complex interplay between micro-level interactions and broader structural or contextual conditions. It consists of concentric circles that map out a hierarchy of conditions, ranging from the individual and interpersonal level to the organisational, institutional, and macro-political spheres (Strauss and Corbin, 1990). In this study, the conditional matrix was particularly valuable in illustrating how strategic decisions made collectively within health NGOs are influenced not only by internal organisational dynamics such as leadership structures, team composition, and institutional norms but also by external contextual factors such as donor policies, funding volatility, regulatory frameworks, and national public health priorities. For instance, the introduction of the USAID Stop Work Order (SWO) mid-way through data collection became a critical event that demonstrated how macro-level donor decisions cascade downward, affecting meso-level organisational strategy and micro-level decision-making behaviours.

By applying the conditional matrix during axial and selective coding phases, the researcher was able to trace causal relationships and conditional pathways that influence how collective decisions emerge, evolve, and are implemented. This allowed for a more nuanced understanding of the conditions under which strategic decisions are facilitated, delayed, or

constrained. For example, NGO leadership teams often had to navigate conflicting demands from donor agencies, national health departments, and community stakeholders, each situated at different levels of the matrix as highlighted in Figure 4.2. These contextual interdependencies were crucial in shaping the collective decision-making and processes that underpin this research. Furthermore, the matrix helped to clarify how time, space, and scale operate within the grounded theory. Decisions are not made in isolation but within fluid organisational environments that respond to shifts in policy, funding, and community health needs. The conditional matrix, therefore, contributed significantly to the theoretical sensitivity of the analysis and supported the construction of a grounded theory that accounts for both agency and structure in collective decision-making processes.

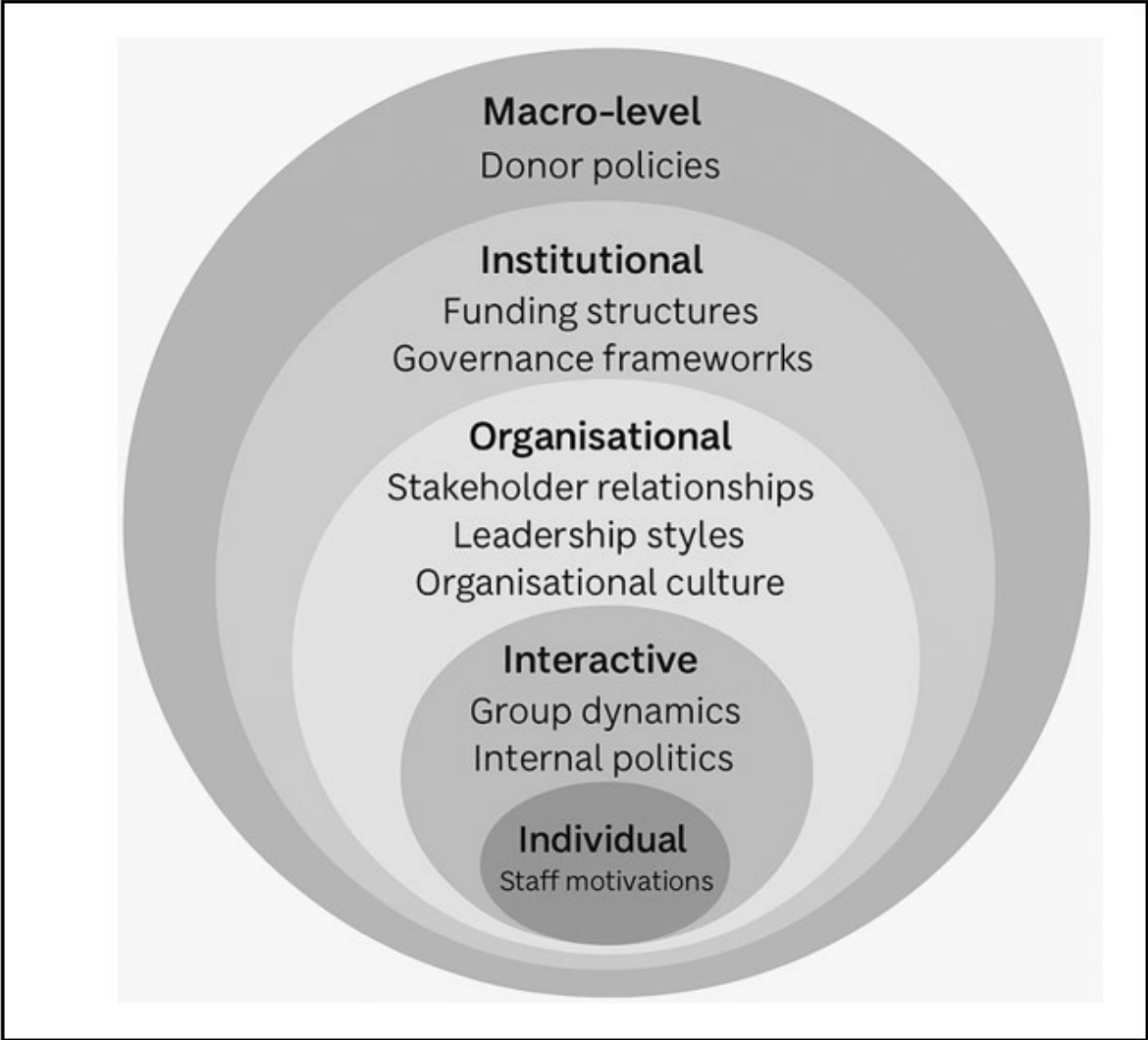


Figure 4.2: Conditional matrix

Source: Author’s construction

4.6.4 Selective coding

Selective coding represents the final phase of the grounded theory coding process. In this stage, the researcher integrates and refines categories developed during axial coding, focusing on identifying a core category that captures the central phenomenon of the study (Strauss and Corbin, 1998). This core category serves as the foundation for the emerging theory, providing a unifying theme that links all other categories meaningfully (Strauss and Corbin, 1990). Selective coding involves systematically relating the core category to other categories and validating these relationships against the data (Strauss and Corbin, 1998). The researcher ensures that all significant categories identified during open and axial coding are conceptually connected to the core category. As Ezzy (2002, p. 93) notes, the core category should be both broad enough to encompass the main themes of the study and sufficiently focused to provide theoretical clarity. A well-defined core category enables the development of an explanatory framework that accounts for the phenomenon's complexity and dynamics. During this process, the researcher also constructs a "story line" that integrates the categories and subcategories into a coherent theoretical account. This storyline synthesises the key insights from the data and illustrates how the core category operates within the context of the study (Creswell, 1998). Parker and Roffey (1997) emphasise the importance of constructing a theoretical framework of interconnected concepts to demonstrate the proposed relationships between categories and to address the central research question.

Strauss and Corbin (1990, p. 187) describe the aim of selective coding as the effort to “integrate the categories along the dimensional level to construct a theory, validate the integrative statements of relationship, and address any category necessitating further elaboration.” As such, the researcher may revisit earlier stages of analysis or collect additional data if inconsistencies or gaps in the emerging theory are identified. A critical aspect of selective coding is the use of theoretical memos, which serve as an analytical record of the researcher’s thinking, decisions, and theoretical development. These memos trace the evolving conceptual linkages and provide transparency in the construction of the theory (Charmaz, 2014). Moreover, the constant comparative method remains central throughout the selective coding process. New data are continuously compared against existing categories to refine and strengthen the emerging theory. This iterative process continues until theoretical saturation is reached, when no new properties or dimensions emerge, and the core category and its associated concepts are fully developed and integrated. Selective coding is the culminating step in grounded theory analysis, providing

analytical depth and theoretical integration, ensuring that the resulting theory is grounded in the data and capable of explaining the phenomenon in a rich and meaningful way. This core category represented the relational and dynamic nature of decision-making across different NGOs. The data showed that decision-making was not fixed but shifted between modes depending on factors such as trust, organisational stability, leadership, and external influence.

In contrast, a quote reflecting the “onerous mode” was linked to breakdowns in psychological safety:

“It becomes a Chernobyl-type environment... people knew there was a disaster coming, but they kept quiet because there was no safety to raise their voice.” (NGO 1_Leader 5_26)

→ *Selective code: fear-based disengagement in decision processes*

An example of a “simple mode” aligned with the core category:

“We all sat down. We looked at the places where we were working, we compared, and we came up with reasons. Why do we have to go to this certain place?” (NGO 2_Leader 3_32)

→ *Selective code: relational clarity enabling strategic choice*

These and other selective codes were used to construct a substantive theory that explains how strategic collective decision-making practices in health NGOs shift based on degrees of alignment - cognitive (shared understanding), relational (interpersonal trust), and strategic (mission fit). Table 4.5 below shows the selective coding product in the form of a storyline.

Table 4.5 Selective Coding: Storyline of the study

Selective Coding: Storyline of the study

In the South African health NGO sector, collective decision-making is both a practical necessity and a survival strategy. The health NGOs operate in an environment marked by resource dependence, donor-driven accountability, and persistent uncertainty about funding continuity. Strategic collective decisions are rarely abstract; they directly determine whether programmes can be sustained, staff retained, or services delivered to vulnerable communities. Collective decision-making thus becomes a critical strategic organisational process, where understanding how such decisions are made, under what conditions, and with what relational dynamics. Having this understanding is therefore essential for explaining how health NGOs sustain themselves and adapt in a volatile funding landscape. This creates a fertile environment where strategic decision-making becomes collective, not simply by design but by necessity.

The findings of this grounded theory study resulted in the development of a substantive theory labelled: *strategic collective decision-making as an interactive mode of organisational alignment*. In health NGOs, collective decision-making is not simply a rational or procedural exercise, but rather a dynamic process where strategic leaders attempt to align priorities, values, resources, and relationships under conditions of resource dependence, uncertainty, and external accountability. What appears as a single collective strategic decision is in fact the result of shifting negotiations among participants, shaped by levels of ambiguity, information availability, urgency, and the relational climate of trust, politics, and psychological safety. Three distinct modes of strategic collective decision-making crystallised from the analysis: *simple, conventional and onerous*.

In Simple Strategic Collective Decision-Making (SSCDM), decisions arise under conditions of low ambiguity, high role clarity, and readily available information. These decisions are often strategically procedural, where speed and efficiency are valued over depth of analysis. Relational conditions, particularly trust and psychological safety, enable members to speak openly and rely on each other's expertise, thereby reducing the need for prolonged discussion. The absence of intense canvassing or organisational politics means that decisions can be finalised quickly, often in one informal setting. While this mode ensures rapid alignment, the trade-off is that decisions may remain superficial, overlooking longer-term strategic implications.

Conventional Strategic Collective Decision-Making (CSCDM) occurs when health NGOs face familiar yet significant challenges that require strategic reflection. Here, conditions are moderately ambiguous: there is some uncertainty, but participants can draw on precedent, institutional memory, and existing

stakeholder expectations to inform their decisions. Relational dynamics are characterised by embedded trust and collegiality, but also by a degree of formality that structures discussion in Exco meetings. Informal exchanges still matter, but they supplement rather than dominate formal processes. Organisational politics is present but contained, often manifesting in subtle lobbying or quiet canvassing before Executive Committee (Exco) meetings to shape consensus. This mode produces stable decisions and reinforces cohesion, but at the risk of becoming ritualistic and conservative, where decisions reflect continuity rather than innovation.

By contrast, Onerous Strategic Collective Decision-Making (OSCDM) emerges when health NGOs confront high-stakes, uncertain, or politically sensitive issues such as a funding crisis, restructuring, or a contested programmatic shift. Under these conditions, information is often incomplete, and the urgency of external stakeholder pressures intensifies deliberations. Relational dynamics become strained: psychological safety declines, trust is questioned, and organisational politics come to the fore. Strategic leaders engage in lobbying, canvassing, and coalition building to advance their interests. The costs of decision-making escalate, measured in time, emotional labour, and organisational fatigue. Outcomes vary widely: in some cases, prolonged negotiation produces transformative strategies; in others, it results in deadlock, an erosion of trust, or the symbolic “rubber-stamping” of predetermined leadership strategic decisions.

Across all three modes, there are cross-cutting conditions that shape the movement between them. Low ambiguity, high trust, and clear information foster Simple SCDM. Familiarity, precedent, and embedded trust support Conventional SCDM. High stakes, pressure from stakeholders, and politicised relationships drive Onerous SCDM. Relational dimensions operate as the underlying current. Trust and psychological safety facilitate alignment, while politics, canvassing, and rubber-stamping distort or constrain genuine collective participation. The consequences of these dynamics are significant for organisational sustainability. Simple SCDM produces speed and efficiency, which serve health NGOs well in making quick strategic collective decisions, but may neglect deeper strategy discussions. Conventional SCDM sustains stability and cohesion, but risks entrenching organisational inertia. Onerous SCDM, while resource-intensive, holds the potential for renewal and transformation, but also exposes organisations to paralysis and division. In all modes, the legitimacy of strategic collective decision-making rests on the perceived fairness of the process and the degree of relational alignment achieved. The quality and consequences of these strategic collective decisions depend less on formal structures and more on the capacity of an organisation’s strategic leaders to navigate the tensions of trust, politics, safety, and legitimacy in their search for alignment.

Source: Author’s construction

4.7 Ethical considerations of the research

Ethical integrity was foundational to every stage of this research, from participant recruitment to data handling and dissemination. The study received full ethical clearance from the Rhodes University Commerce Higher Degrees Research Committee at its meeting on 30 September 2024, following approval by the Rhodes University Ethics Committee (Reference: 2024-8080-9127) (Appendix A). The researcher had no current personal or professional affiliations with the selected NGOs or their staff, except as detailed in section 4.2.6, which pertained to prior to the study, minimising the risks of bias and power imbalances. Furthermore, at the time this research was conducted, the researcher was not an employee of any of the health NGOs that participated. All participants were assured of their right to withdraw at any time without consequence, in line with ethical research principles (Berg, 2007; Creswell, 2012). This study was conducted in accordance with widely accepted ethical principles to ensure the protection and dignity of all participants involved. Firstly, participation in the study was entirely voluntary, and participants were informed of their right to withdraw at any stage without any negative consequences. Secondly, informed consent was obtained at both the organisational and individual levels, ensuring that all stakeholders understood the nature, purpose, and scope of the research before agreeing to take part. Thirdly, strict measures were taken to maintain the confidentiality and anonymity of all data and participant identities, with identifying information removed or appropriately coded. Furthermore, the study deliberately avoided any deception or coercion, and participants were engaged in an environment that promoted openness and mutual respect. Finally, care was taken to ensure that the potential benefits of participating in the research clearly outweighed any risks, and that no harm would come to individuals or organisations as a result of their involvement. Through these practices, the research upheld the rights, dignity, and autonomy of all participants, maintaining the highest ethical standards throughout the data collection and analysis process.

Given the sensitive nature of organisational dynamics in the health NGO sector, participant and organisational confidentiality were paramount. Pseudonyms were assigned to all individuals and organisations, and any potentially identifying information such as location, program names, or job titles was either omitted or generalised. This was especially important given the small number of NGOs operating in niche health service areas in South Africa, where identification could otherwise occur with minimal detail (Berger, 2015). Interview recordings and transcripts were stored on password-protected, encrypted devices, with access restricted to the researcher only. Codes were used to anonymise data during transcription and analysis (Bryman, 2016),

ensuring compliance with Rhodes University's data protection protocols. The researcher conducted all interviews independently, without the involvement of research assistants.

4.7.1 Member validation

Member validation, also known as member checking, was used in this study to enhance the credibility and trustworthiness of the findings. This process involved returning preliminary interpretations and emerging themes to selected participants to ensure that the analysis accurately represented their experiences and perspectives. In qualitative research, particularly grounded theory, member validation serves to verify that the emerging categories and theoretical constructs are grounded in participants' realities (Lincoln and Guba, 1985; Birt et al., 2016). Member validation was incorporated at two key stages of the research. First, during follow-up interviews, participants were presented with early analytical insights and asked to reflect on their relevance and accuracy. This stage allowed the researcher to refine codes and categories based on participant feedback, deepening the groundedness of the analysis. Second, after the selective coding phase, a summary of key themes was shared with a subset of participants across different NGOs to evaluate whether the findings resonated with their understanding of collective decision-making within their organisations.

However, the implementation of member validation faced notable challenges due to external disruptions, particularly the issuance of a Stop Work Order (SWO) by USAID partway through data collection. This development resulted in several participants becoming unavailable due to retrenchments, role changes, or organisational closures. In such cases, efforts to conduct member validation were rendered impossible, as communication with affected individuals could not be re-established. This reality highlights a broader contextual limitation of conducting field research in aid-dependent environments, where external policy and funding shifts can impact both data access and research continuity. Despite these constraints, member validation was successfully completed with participants who remained accessible, and the feedback received played a critical role in confirming and enriching the interpretation of key themes. Where discrepancies arose, they were documented and analysed, ensuring that the theoretical construction remained both inclusive and reflective of diverse perspectives.

4.8 Methodological limitations

While this study was rigorously designed and grounded in a robust methodological framework, it was not without limitations. Two key methodological challenges emerged during the research

process. First, the study relied heavily on gatekeepers to facilitate access to participants, which may have influenced who was selected or willing to participate. Second, the issuance of a Stop Work Order (SWO) by a major donor organisation introduced unforeseen disruptions in data access and participant availability. The following sections discuss these limitations and their potential implications for the study's scope and findings.

4.8.1 Reliance on gatekeepers for participant recruitment

The study's reliance on gatekeepers for participant selection introduced notable methodological limitations that warrant critical reflection. A primary concern is the potential for selection bias, as gatekeepers may have unintentionally influenced the sample's composition by prioritising individuals who were more visible, compliant, or aligned with the organisation's interests. This may have led to the underrepresentation of dissenting or marginalised voices within NGOs, potentially narrowing the diversity of perspectives captured. Moreover, the power dynamics inherent in gatekeeper-mediated recruitment may have influenced participants' willingness to speak candidly. For example, Exco team members referred by senior managers may have perceived participation as obligatory, despite assurances of voluntariness and confidentiality. This could have impacted the authenticity and depth of participant responses, particularly on sensitive topics such as internal disagreements, power struggles, or organisational decision-making cultures or politics. Gatekeepers also limited the researcher's ability to independently access or select participants, constraining the potential for a fully representative and varied sample. To mitigate these limitations, several strategies were employed. These included: involving multiple gatekeepers across different NGOs to diversify access points; explicitly emphasising voluntariness and confidentiality during the consent process; and theoretical sampling to cross-check and deepen emerging themes.

4.8.2 Stop Work Order (SWO)

The implementation of a Stop Work Order (SWO) partway through the data collection phase disrupted the original research plan. By the time the SWO was issued, the study was already past the halfway point in its data collection process. This timing created unique methodological and logistical challenges, as several of the targeted organisations were USAID-funded implementing partners whose operations were abruptly suspended, scaled down, or placed under administrative uncertainty (Green, 2024; U.S. Government, 2024). These disruptions had immediate consequences: some health NGOs temporarily ceased operations, significantly

reduced staff capacity, or restricted access to internal information due to ongoing compliance reviews (DevelopmentAid, 2023). One gatekeeper organisation withdrew entirely from the study, citing challenges in mobilising key informants and the unavailability of institutional data while awaiting further clarity on SWO implications. This sudden shift in operational climate placed pressure on NGO leadership teams, altering the strategic decision-making dynamics under study and vividly illustrating the vulnerability of these organisations to external donor policies (Berkeley Research Group, 2024). Despite these limitations, the SWO offered an unexpected opportunity to observe how development-focused NGOs navigate institutional uncertainty and adapt to operational halts. These conditions surfaced additional insights into organisational resilience, the centrality of donor influence in shaping strategic direction, and the role of contingency planning within collective decision-making processes, key concerns for NGOs working in aid-dependent contexts (Humentum, 2025). Ethical sensitivity remained paramount throughout the remainder of the research. Care was taken to avoid engaging in sensitive or proprietary information that could compromise SWO compliance or place participants at risk. Ultimately, the experience underscored the importance of methodological adaptability and reflexivity in grounded theory research, particularly when studying organisations embedded in volatile funding environments.

4.9 Conclusion

The researcher outlined the research design and methodology employed to address the research question for this study. Grounded theory, with its systematic and iterative approach, provides a robust framework for exploring complex social phenomena. This chapter has outlined the methodological framework for studying strategic collective decision-making within the health NGO sector in South Africa, emphasising the use of Strauss and Corbin's grounded theory and a qualitative research methodology. By adopting the Straussian approach, this study ensures methodological rigour while remaining responsive to the data, thereby enabling the development of a nuanced, contextually relevant theory. This approach aligns with the study's aim to uncover the intricate dynamics of collective decision-making processes, providing insights that are both theoretically grounded and practically applicable. The research design was purposively tailored to suit the iterative and emergent nature of grounded theory. The researcher provided a comprehensive exposition of the qualitative approach, with particular emphasis on the grounded theory method. The rationale for selecting the Strauss and Corbin (1990) variant of the grounded theory method was articulated. Through rigorous data collection

and analysis, the study aims to develop a theory grounded in participants' lived experiences. Data was collected through semi-structured interviews with theoretical sampling guiding the selection of participants and cases based on emerging analytic needs. Data analysis proceeded in three stages: open, axial, and selective coding, supported by constant comparison, memo writing, and the application of the coding paradigm. The fundamental elements necessary to ensure this study constituted a robust qualitative investigation included the implementation of rigorous data collection and analysis methods and the application of a qualitative framework, specifically grounded theory. Ethical considerations and reflexivity were integral throughout the research process, ensuring that the findings are both credible and sensitive to the organisational context. This methodological approach lays a solid foundation for analysing how collective decision-making impacts the health NGO's leadership team's strategic decision-making and overall effectiveness, which will be discussed in the following chapters. Chapters 5 to 8 present the detailed findings of this study, which include descriptive accounts and experiences of the participants, supported by extensive quotations. The next chapter presents the research findings, discussing the emergent categories and the core theoretical framework.

CHAPTER 5: SIMPLE STRATEGIC COLLECTION DECISION-MAKING (SSCDM)

5.1 Introduction

This chapter presents the fieldwork and data collected to examine how collective decision-making unfolds within selected health NGOs in South Africa. This chapter focuses on the first key category that emerged from the data: *Simple Strategic Collective Decision-Making* (SSCDM). This category is informed by insights drawn from interviews with senior leadership teams in five South African health NGOs, highlighting specific incidents that illustrate their experiences in collective decision-making. Simple strategic collective decisions, as described by participants, reflect moments when decision-making processes are clear, intuitive, and rooted in shared understanding and mutual trust. Such decisions, while strategic in scope, are often enacted with minimal conflict or delay and are supported by cohesive organisational cultures.

In keeping with the principles of Straussian grounded theory (Strauss and Corbin, 1998), this chapter develops the conceptual properties and dimensions of Simple SCDM through incident descriptions, analysis, and constant comparison. The method of constant comparison across incidents, supported by theoretical sensitivity to recurring patterns and meanings (Corbin and Strauss, 2008), refines the understanding of this mode of Simple SCDM. This chapter thus unpacks Simple SCDM as a distinctive approach to organisational decision-making, characterised by purposeful simplicity and pragmatic responsiveness. The chapter begins by providing background to Chapters 5, 6, and 7, then summarises illustrative incidents from selected strategic health NGO participants in South Africa, demonstrating how this collective decision-making mode takes shape in practice. It then distils the defining properties of Simple SCDM and analyses its shared features, supported by participants' narratives. It concludes with an analogy that captures the function and value of Simple SCDM in the context of health NGOs.

5.1.1 Categories introduction and their relationships

Strategic collective decision-making is a critical organisational process that varies significantly depending on the decision's complexity, the availability of information, the level of stakeholder involvement, and the organisational context. In the health NGO sector in South Africa, where resource constraints, donor requirements, and community expectations frequently intersect, the nature of collective decision-making is especially nuanced. This chapter presents the first empirical findings of the study in Simple SCDM, serving as a conceptual bridge between the

methodological analysis in Chapter 4 and the subsequent in-depth analyses in Chapters 6 and 7. Through the grounded theory approach, applying open, axial, and selective coding as detailed in Chapter 4, this study identified three distinct yet interconnected modes of collective strategic decision-making, as described and experienced by strategic leaders within South African health NGOs. These modes are:

- Simple Strategic Collective Decision-Making (SSCDM)
- Conventional Strategic Collective Decision-Making (CSCDM)
- Onerous Strategic Collective Decision-Making (OSCDM)

These modes are not fixed categories, but fluid and context-sensitive processes that reflect the dynamic realities of collective decision-making in health NGO in South Africa. They vary across several dimensions, including leadership involvement, the level of formality, the sources of information relied upon, and the time required to reach a collective decision. Together, these dimensions represent a typology of how strategic collective decisions are enacted and experienced within different health NGO settings in the South African context. This chapter outlines the key properties of Simple SCDM mode in detail, supported by illustrative quotations from participants. The second and third categories are analysed in detail in the chapters that follow. The goal is to highlight both the variation and the coherence in how collective decisions of a strategic nature are approached in the health NGO sector in South Africa.

5.1.2 Clarifying note on category overlap across incidents

While the incidents presented in this study are used to illustrate distinct patterns of Simple SCDM, it is important to acknowledge that some incidents naturally carry overlapping elements that may also resonate with Conventional or even Onerous forms of collective decision-making. This is particularly relevant in organisational contexts, such as health NGOs, where collective decision-making is often fluid and processes can shift in character depending on factors such as risk level, resource implications, stakeholder dynamics, or external pressures. For example, a single strategic decision such as reallocating donor-funded assets, expanding into a new geographical area, or redeploying staff in response to performance issues may initially appear simple due to its speed or informality. However, closer examination may reveal underlying processes such as extended negotiation, formal compliance checks, or iterative consensus-building that align more closely with *Conventional* or even *Onerous Strategic Collective Decision-Making* categories.

This overlap reflects what grounded theory researchers, such as Strauss and Corbin (1998), call the fluidity of interaction strategies, which often adjust as situational conditions evolve. It also resonates with Charmaz's (2014) notion that categories in constructivist grounded theory are not fixed but interwoven and contextually shaped. Consequently, some incidents discussed in this chapter will be revisited or reinterpreted in later chapters to illuminate how the same decision moment can illustrate different facets of collective decision-making, from simple to conventional and at times to onerous. This analytic flexibility is intentional, ensuring that the emergent theory remains faithful to the complex, multi-layered realities described by participants.

5.1.3 Consensus over voting: a normative practice in health NGOs' decision-making

In the South African health NGOs, at the strategic decision-making level, formal voting is not a common practice. Instead, these Health NGOs overwhelmingly rely on consensus-building and broad agreement as foundational principles guiding their collective decision-making processes. This emphasis on inclusive dialogue reflects the sector's deeply embedded values of participation, transparency, and collective ownership. When decisions become complex or contested, subcommittees or task teams may first prepare recommendations, which are then deliberated upon by executive teams or Boards. Even in the presence of dissenting views, the process tends to prioritise negotiation and compromise, aiming for a shared resolution that all stakeholders can support. In more "onerous" decision-making contexts, strategic leaders may informally gauge levels of agreement, asking who is for or against a proposed course of action, not to tally votes, but to assess alignment and pre-empt resistance. This informal consultation differs markedly from formalised voting procedures found in political or corporate settings; the goal is not to enforce majority rule but to protect cohesion and avoid open fractures within the organisation. One participant reiterated, "*We don't go by a show of hands or votes here. It's more about making sure everyone feels heard and the team stays aligned.*" (NGO 2_Leader 1_15). This strong preference for consensus is intentional and strategic. As participants indicated, formal votes or winner-takes-all mechanisms risk undermining the trust, solidarity, and long-term collaboration necessary for effective functioning in resource-constrained, mission-driven health NGOs. Even when senior strategic leaders ultimately steer or finalise a decision, the outcome is typically presented as a collective and inclusive agreement, rooted in a participatory process that values dialogue over division.

5.2 Background

This section provides an overview to situate and clarify the concept of Simple SCDM within the broader context of health NGOs in South Africa. Strategic decision-making in the health NGO sector frequently unfolds under conditions of uncertainty, resource constraints, and organisational complexity as detailed in Chapter 2. These underlying challenges often demand decision-making processes that are both efficient and contextually responsive. In contrast to highly procedural models discussed in Chapters 6 and 7, Simple SCDM is characterised by a degree of informality and strong trust between leadership teams. This pragmatic approach involves shaping decisions through ongoing consultation, practical experience, and a shared sense of purpose. Rather than simplifying the substance of decisions, this pattern simplifies the process itself, making it more flexible, efficient, and collaborative. Simplicity is embedded in this decision-making process, which can be seen as an intentional adaptation to contextual factors such as time constraints, established team relationships, and shared strategic insights. The collective decisions are most often carried out by small leadership groups who draw on practical knowledge and subject-matter expertise, but without heavy hierarchical filtering or excessive formality. Findings from this study indicate that these strategic decisions can be achieved through straightforward processes, relying more on dialogue, mutual trust, and contextual understanding than on formal governance structures. Crucially, the presence of simplicity does not imply a lack of diligence or accountability. Instead, these processes represent an embedded, relational style of leadership and decision-making, where strategic direction is shaped by shared understanding, adaptive conversation, and clear organisational values. As such, Simple SCDM emerges not as a reactive or minimalistic approach, but as a deliberate and effective mode of organisational practice on strategic collective decision-making.

5.3 Outline of incidents

This chapter, along with Chapters 6 and 7, presents the study's findings through a synthesis of incidents drawn from multiple health NGOs, rather than isolating data by individual organisations. This cross-organisational strategy is both methodologically appropriate and theoretically aligned with the principles of grounded theory, particularly following Strauss and Corbin's (1998) emphasis on conceptual saturation, theoretical coding, and constant comparison. Organising the data by emergent categories rather than organisational case narratives enabled the development of an explanatory theory that transcends specific

institutional contexts and reveals deeper patterns grounded in the empirical data. Participant narratives and critical incidents were analysed and categorised according to shared conceptual properties and dimensions, rather than by organisational affiliation. The direct quotations interwoven throughout Chapters 5, 6 and 7 serve two primary functions. First, they provide authentic, empirical grounding for the analysis, preserving participants' language, tone, and emotional nuance elements, which can be lost in abstract analysis. Second, these quotations function as conceptual anchors, illustrating key properties, dimensions, and variations within each category. Their inclusion is deliberate and analytical, selected not for narrative drama but for their capacity to illuminate the core features of strategic collective decision-making as a relational, interactive process shaped by diverse organisational conditions.

The coherence of these chapters is enhanced by the layered integration of data and interpretation. Each category builds on the last, conceptually progressing from intuitive and streamlined decision-making to more complex and burdensome forms. This progression mirrors the analytical path of the grounded theory coding process as guided by Strauss and Corbin (1998): from open coding, where data is broken down into discrete elements, through axial coding, where relationships among categories are established, to selective coding, which integrates categories around a central phenomenon. By using cross-organisational categories, purposeful quotations, and a conceptually cumulative structure, the chapter provides a clear and rigorous account of how the findings were derived. This approach to presenting the findings reflects the methodological rigour and analytic transparency that grounded theory demands and lays the foundation for the chapters that follow.

5.3.1 Incidents of simple strategic collective decision-making

This section presents organisational incidents that exemplify how simple strategic collective decision-making was enacted across the participating health NGOs in South Africa. These incidents, derived from interviews with strategic leaders, offer insight into how strategic decision-making processes in health NGOs are often carried out through simple, efficient, and collaborative interactions. Despite the strategic weight of the issues addressed, the collective decision-making approaches remained intentionally streamlined, highlighting a preference for simplicity, strategic focus, and the use of subject matter expertise.

5.3.2 Clarifying note on incidents presented

It is important to acknowledge that the incidents discussed in this chapter, as well as in Chapters 6 and 7, are drawn from individual participants' perspectives and narrative accounts. Although these accounts may differ in detail, they nonetheless convey dimensions of a shared experiential reality. In line with grounded theory methodology (Strauss and Corbin, 1998), these incidents serve as *illustrative examples* drawn from the broader dataset, selected to highlight key patterns and insights relevant to the study's analytical focus on simple strategic collective decision-making. In all cases, participants highlighted diverse specific decisions that best exemplified their experience of simplicity in collective decision-making. These accounts were then integrated through constant comparison and coding to construct a more comprehensive picture of how collective decision-making unfolds across various contexts. This approach recognises that each strategic leader's narrative is both situated and partial, contributing to the larger conceptual understanding without claiming to represent a single, fully agreed-upon 'organisational story'. This nuance reinforces the study's commitment to presenting the *varied and context-rich ways* in which strategic collective decision-making processes are experienced by those directly involved.

5.3.2.1 NGO 1: Redistributing assets at programme close-out

In NGO 1, a strategic decision arose regarding the redistribution of IT assets, including laptops, tablets, and accessories, during the close-out of a major donor-funded programme. Given the strict compliance requirements set by USAID, the decision carried both strategic and reputational weight, creating the potential for a lengthy bureaucratic process. Yet rather than convening a protracted formal review, the leadership team approached the matter through informal but purposeful meetings. A participant described how the team discovered surplus equipment towards the end of the funding cycle. Instead of delaying action through multiple formal committee meetings, a small group, including the compliance officer, programme lead, and operations manager, held quick, iterative discussions, often via WhatsApp or impromptu hallway chats. Together, they mapped out regulatory constraints, explored practical options for asset distribution, and agreed on a fair plan that balanced donor rules with operational realities. As one participant explained:

“We had those WhatsApp and hallway meetings, then just sat down with the compliance person. We asked: ‘What does the donor say? What’s practical for our teams?’ It was sorted within

days... You learn a lot from one another... having a finance person, a legal person, a clinical person, all sharing how they see it." (NGO 1_Leader 2_14)

This scenario illustrates how even legally and logistically complex strategic decisions can be made simple through shared trust, pragmatic dialogue, and direct access to expertise. The process relied not on layers of documentation or hierarchical signoffs but on iterative sensemaking and collective decision-making. At the same time, this incident subtly demonstrates how some simple decisions can carry elements of more conventional or onerous strategic decision-making, particularly when compliance demands, reputational risks, and formal donor conditions intersect. As the grounded analysis in later chapters will show, incidents like this reveal how collective decision-making processes often straddle multiple modes, blending simplicity with formal Exco meetings when required.

5.3.2.2 NGO 2: Community-informed programme planning

In NGO 2, simple strategic collective decision-making was demonstrated in the planning of a community intervention. A district project lead, familiar with the target community's needs, brought emerging insights to her leadership team. Rather than escalating the matter through bureaucratic channels, the team convened informally to consider her feedback, discuss operational implications, and agree on a course of action. The participant recalled:

"I'm the one who knows the community... I bring the information and then they advise me on how to approach it. We discuss and agree on the way forward." (NGO 2_Leader 3_10)

This case illustrates how collective decision-making in health NGOs is firmly rooted in context, with strategic choices shaped by the knowledge of local communities. The emphasis is not on following a rigid procedure but on responsiveness, trust in expertise, and the functional integration of operations into strategic leadership dialogue. The simplicity of the process rests in the fluid, bidirectional flow of information and authority.

5.3.2.3 NGO 2: Simple reallocation of district staff

In NGO 2, a strategic leader recounted how the team managed the reassignment of two underperforming staff members to provide support at a high-pressure site. This decision was shaped more by structural constraints, such as a limited staffing pool and the urgent need to meet high targets imposed by donor compliance requirements, than by confidence in the staff's performance. Instead of initiating a lengthy formal HR process, the district lead and operational

supervisor discussed the performance data and agreed on a redeployment that was communicated transparently to all involved. The decision ensured that service delivery targets were met without disruption.

“We didn’t sit in a boardroom forever. We spoke, we looked at the performance data, and we moved two staff to another site. It was simple, everyone knew it was for the benefit of the project.” (NGO 2_Leader 2_09)

This case illustrates how collective decision-making is enabled by strategic intelligence and a shared understanding of the wider organisational priorities.

5.3.2.4 NGO 3: Strategic expansion to the North West province

In NGO 3, leaders were presented with an opportunity to expand the organisation's programming footprint into the North West province through a competitive USAID grant. This decision involved long-term financial and operational commitments, staffing considerations, and infrastructure investment. Despite the scale of the strategic decision, the process was marked by swift consultation and decisive coordination. One senior leader reflected:

“It was like, guys, are we pursuing this? And the response was yes. It fits us, the alignment is clear, we have the capacity. So, we put together a small team of finance, HR, M&E, and we went ahead... We had to decide: three districts, vast province... do we open three offices or one hub? We made that call together.” (NGO 3_Leader 3_14)

The decision was shaped by collective input but remained unencumbered by unnecessary formalities. A core leadership team was assembled based on relevance and functional value, and once alignment was established, execution proceeded rapidly. The simplicity of this process was anchored in organisational clarity, mutual trust, and alignment with the NGO's strategic vision.

5.3.2.5 NGO 3: Deciding on an unexpected donor opportunity

A participant in NGO 3 reflected on a moment when the leadership team learned of an unexpected funding opportunity with a tight submission window. Rather than convening a formal proposal development committee, the director called an impromptu meeting with key functional leads to assess alignment with the organisation's strategic focus and capacity.

“Sometimes you have to be ready to decide in that moment. There was a meeting, someone mentioned the opportunity, and we said, ‘Do we have capacity? Does it align?’ The answer was yes. That’s it.” (NGO 3_Leader 3_13)

This incident shows how nimble decision-making allows organisations to respond urgently and act decisively in dynamic funding environments, minimising bureaucracy without sacrificing strategic fit.

5.3.2.6 NGO 3: Managing travel risks during COVID-19

Another incident from NGO 3 captured how the leadership team quickly paused certain district-level travel in response to an emerging COVID-19 risk. The operational team flagged the concern, and within hours the Exco agreed informally to halt non-essential travel, protecting staff and communities.

“We had some exposure in one of the sites. Ops flagged it immediately, and we just said, ‘Pause travel, keep people safe.’ It didn’t need a big meeting.” (NGO 3_Leader 2_11)

This incident illustrates how simple decision-making enables urgent and decisive protective action in uncertain or risky situations. By allowing the leadership team to act swiftly on timely information from the operational team, it minimised potential harm to staff and communities, avoiding the delays of formal processes. This demonstrates how streamlined procedures can preserve both safety and strategic responsiveness in rapidly evolving contexts.

5.3.2.7 NGO 4: Updating strategic client communication materials

In NGO 4, a participant described how the team responded to critical feedback from community stakeholders about outdated client communication materials. Recognising not only the reputational and programme risks but also the strategic importance of maintaining stakeholder trust and credibility, the programmes and HR teams collaborated quickly to draft updates, review the material with operations and compliance teams, and sign off final changes all within a week.

“It was flagged in a Monday meeting. By Wednesday, we had a draft. Everyone added input, compliance, M&E, operations. We signed it off on WhatsApp.” (NGO 4_Leader 2_22)

This incident demonstrates how simplicity and speed can coexist with cross-functional input, enhancing accountability. Within the Simple SCDM typology, it exemplifies how organisations

can address strategically significant issues through streamlined processes that balance inclusivity and efficiency. The strategic responsiveness shown here not only averted reputational damage but also reinforced the organisation's adaptability, cohesion, and alignment with stakeholder expectations, demonstrating that simplicity in collective decision-making does not come at the expense of rigour or strategic depth.

5.3.2.8 NGO 5: Choosing to register a new organisation

Following the closure of a Health NGO, the team faced a critical choice: either let the NGO 5 dissolve or establish a new independent entity. Instead of lengthy external consultations, a small group of core strategic members, drawing on experience and quick consultations with peers, decided to register NGO 5 under CIPC. The process was pragmatic and informal, relying on their institutional memory and shared commitment to continuity.

“It was a choice between letting go and being flushed out with a certain health NGO, or transition... we engaged on the mandate and the geographic scope, and we agreed to register NGO 5.” (NGO 5_Leader 1_10)

This incident exemplifies how simplicity and strategic clarity can coexist in moments of organisational uncertainty. Faced with a potentially destabilising transition, the core team navigated the decision with speed and unity, demonstrating the pragmatic and adaptive nature of simple strategic collective decision-making. Rather than engaging external consultants or formal committees, they relied on institutional memory, shared purpose, and mutual trust to determine the organisation's future. Ultimately, the incident underscores how simplicity in collective decision-making can become a strategic asset during periods of change. By leveraging familiarity, trust, and shared institutional understanding, the strategic team achieved a coherent strategic outcome that balanced urgency with stability.

5.3.2.9 NGO 5: Planning outreach strategic activities with limited resources

When planning outreach activities, the leadership team (Director, Programme Manager and M&E Manager) collectively discussed priorities and resource allocation. Despite scarce transport and stipends, the strategic decision was reached quickly through open dialogue and consensus.

“Decisions are made through discussion in team meetings or smaller working sessions. We share perspectives, consider the available resources, and then agree collectively on the way forward.” (NGO 5_Leader 2_12)

This incident illustrates the core properties of Simple SCDM, which are efficiency, inclusiveness, and pragmatic consensus-building. Despite limited resources, the team made a collective strategic decision without invoking formal procedures or engaging in lengthy deliberations. The leadership relied on trust-based dialogue and shared situational awareness, demonstrating that strategic choices can emerge organically through open conversation rather than structured hierarchy. Ultimately, the incident reveals how simplicity in decision-making is not the absence of strategy, but rather a strategic discipline of sufficiency, doing just enough analysis and consultation to move forward effectively.

5.3.3 Synthesis of incidents

Taken together, these incidents reveal a distinct pattern of decision-making characterised by simplicity, clarity, and collective responsibility. Whether initiated from the top down, bottom up, or laterally through subject-matter expertise, the processes described were consistently efficient and responsive to context, with inclusion targeted toward select strategic leaders whose input was considered most critical to the decision at hand. Leaders demonstrated a clear preference for practical engagement and direct communication over procedural complexity. Each decision, despite varying in scope and significance, was approached with strategic intent but enacted through structures that were flexible and embedded in trust-based relationships.

These real-world examples provide the empirical foundation for the conceptual development of the category elaborated in the following sections. The category analysis that follows draws on these narratives to identify the shared characteristics, processes, and organisational implications of simple strategic collective decision-making across the health NGO sector in South Africa. Collectively, these incidents extend and deepen our understanding of Simple SCDM, revealing that this approach is not limited to major strategic shifts but is equally relevant to any decision that carries strategic weight. They illustrate how informal dialogue, subject expertise, and targeted leadership actions converge to enable decisions that are timely, coherent, and appropriate for the organisational environment.

5.4 Key properties of Simple SCDM

The incidents presented in Section 5.3, while contextually distinct, collectively point to a coherent set of properties that define Simple SCDM in health NGOs. These properties were derived through open and axial coding processes (Strauss and Corbin, 1998) and reflect both the observable behaviours and the underlying mechanisms through which decisions were enacted. The aim was not merely to describe behaviour, but to conceptualise the underlying processes that gave the decision-making its distinctive simplicity. This section unpacks five interrelated properties that consistently emerged across cases: (1) informality with intent, (2) operational anchoring, (3) expert-guided facilitation, (4) selective leadership engagement, and (5) efficiency over bureaucracy. Underpinning all these is interpersonal trust, a fluid and cross-cutting property that will not be examined as an independent category but acknowledged as shaping and sustaining each of the five properties. Although interpersonal trust surfaced repeatedly in the data, it is not treated here as a standalone property in this chapter or in Chapters 6 and 7. Methodologically, this decision rests on the recognition that trust operates less as a discrete factor and more as a pervasive, fluid undercurrent shaping how all other properties function. Its presence is relational and dynamic, shifting with context, participants, and issues, making it analytically difficult to isolate without distorting its role. Instead, trust is acknowledged as a cross-cutting condition that sustains and animates the five properties identified, rather than being framed as a separate category.

5.4.1 Informality with intent

Across health NGOs, strategic decisions were frequently initiated and advanced through informal conversations. These conversations occurred outside the bounds of structured meetings, often in hallways, during travel, or via brief digital communications. However, this informality was not a sign of disorganisation. Rather, it reflected a deliberate mode of interaction that allowed for speed, flexibility, and immediate input.

"It's normally not a hefty debate... more like: here's the issue, what do you think?" (NGO 1_Leader 2_10)

"We talk about things informally first. There's always someone saying, 'Hey, let's think this through quickly' ... It doesn't need to be formal to be serious." (NGO 3_Leader 3_12)

These informal engagements created accessible, low-pressure spaces for raising concerns, proposing ideas, and building consensus. They fostered a culture where individuals felt

empowered to contribute strategically without the weight of formal hierarchy. The informality, therefore, was purposeful as it accelerated responsiveness while maintaining accountability.

5.4.2 Operational anchoring

Another recurring feature of Simple SCDM was the consistent integration of operational insight. Strategic choices were rarely made in isolation from on-the-ground realities. Before confirming a course of action, leadership teams routinely engaged with operational leads either directly or via internal liaisons to ensure that decisions were feasible, timely, and contextually appropriate.

“Before we even make a plan, we ask Ops, can this work? What’s happening with the teams, with the partners?” (NGO 1_Leader 3_21)

“We cannot afford to make choices that do not reflect collective input or ground realities... every decision carries weight.” (NGO 5_Leader 2_15)

This anchoring in an operational context provided a real-time feedback loop, enabling strategic decisions to be both aspirational and implementable. It also reinforced organisational cohesion by validating the experiential knowledge held by mid-level and frontline staff.

5.4.3 Expert-guided facilitation

Subject matter experts often emerged as the facilitators of strategic conversations. Whether related to HR, finance, programmatic design, or compliance, decisions were frequently guided, not dictated, by those with deep technical or contextual knowledge. These individuals did not act as sole decision-makers, but rather as knowledge brokers and facilitators of dialogue.

“I wasn’t the only voice in the room, but I knew the issues, so I helped the team walk through them... My job was to raise what mattered... I was the one to open the discussion... and helped structure how we go about it... I led the discussion, but drew on everyone’s expertise... what would make it workable, realistic...” (NGO 4_Leader 2_24)

This model of distributed expertise enabled nuanced analysis without creating silos or delays. It reinforced a collaborative ethos where technical credibility was enhanced, rather than replaced, by participatory decision-making.

5.4.4 Selective leadership engagement

Although consultation and input were widely encouraged, final decisions, particularly those with strategic weight, were often made by a small leadership team. This group typically included executive and senior managers with cross-functional oversight, such as programme, finance, HR, and M&E heads. Their meetings were described as short, focused, and action-oriented.

“In the end, it was the two of them who decided. The rest of us just got the email.” (NGO 1_Leader 5_19)

This selective engagement allowed organisations to balance inclusivity with efficiency. Leadership groups served as final synthesis points, consolidating insights from prior consultations and framing them within broader organisational strategy and donor compliance expectations.

5.4.5 Efficiency over bureaucracy

A unifying thread across the organisations was a clear preference for efficiency over process-heavy bureaucracy. Simplicity was not seen only as a shortcut to save time or effort, but as a deliberate strategic asset that enables clarity, efficiency, and effective collaboration in the decision-making process. Leaders actively sought to avoid excessive documentation, unnecessary approval chains, or slow-moving committee structures.

“We don’t have time for red tape... If the right people are in the room, we make the call and move... It’s not always about making difficult decisions. Sometimes it’s just about being practical, we see what needs to happen and get on with it.” (NGO 1_Leader 2_14)

This emphasis on efficiency enabled timely decisions, particularly important in contexts shaped by donor deadlines, community needs, and external volatility.

5.4.6 Simple SCDM key properties summary

The five properties outlined above, informality with intent, operational anchoring, expert-guided facilitation, selective leadership engagement, and efficiency over bureaucracy, form the conceptual backbone of Simple SCDM. These features do not stand alone, but function in concert to produce a decision-making style that is agile, relational, and fit-for-purpose in the health NGO sector. The following section builds on these properties by presenting the shared

sub-categories that further illustrate how this decision-making approach is practised and experienced across diverse health NGO settings.

5.5 Sub-categories and participant narratives

While the properties of Simple SCDM outlined in Section 5.4 describe structural and behavioural patterns, the lived experience of this decision-making mode is best illuminated through sub-categories that cut across the data. These sub-categories capture the way leaders perceive, experience, and enact strategic decision-making in real organisational contexts. They provide insight into the deeper meaning that participants assign to strategic collective decisions made through relatively simple, accessible, and collaborative processes. The subcategories presented below emerged from a constant comparative analysis, which involved moving iteratively between participant narratives, codes, and conceptual categories (Strauss and Corbin, 1998). Each sub-category is illustrated with direct quotations from the interviews, offering a grounded, contextualised account of how simple strategic decision-making takes shape across diverse health NGOs in South Africa.

5.5.1 Informal collaborations as strategic entry points

One of the most consistent patterns across all participating NGOs was the strategic use of informal conversations to initiate and shape decisions. These conversations were described as happening in hallways, after formal meetings, via WhatsApp messages, or during side chats, yet their content was often highly strategically consequential.

“We just sit after the meeting and ask, ‘Okay, what’s the real issue?’ It’s not a formal agenda, but those chats are where the ideas start to take shape.” (NGO 1_Leader 2_13)

“We talk on WhatsApp, sometimes a few voice notes back and forth. Before you know it, we have the skeleton of a decision ready for the team to build on.” (NGO 2_Leader 2_11)

“The process where I engage with other partners... is informal, when you just say on WhatsApp, ‘this is what we are going with.’ If they agree, you initiate the process, simple.” (NGO 5_Leader 1_10)

These informal entry points function as catalytic moments for strategic reflection. They allow space for concerns to be raised organically and for early framing of challenges and options, often setting the tone for more structured deliberation to follow. Even in the absence of highly

formalised structures, collective decision-making can still be effective when there is genuine participation and informal inclusion. One leader explained:

“We just sit down. A matter is tabled. So really, decision-making is not always about making difficult decisions. It can be something like moving from Pretoria to Cape Town. We discuss, and then it’s done.” (NGO 1_Leader 2_13)

The same participant described their role in such decisions as more consultative and dynamic:

“Normally, we would gather online or in person... the lead person will sketch the scenario, and different people will give their input. If a conclusion is reached, that’s it. If there is uncertainty, the lead decides. But normally, the culture is very positive.” (NGO 1_Leader 2_10)

These accounts highlight the fluidity of interpersonal trust embedded in simple decision-making cultures, where trust underpins open communication, ensures that input from key actors is valued, and facilitates the resolution of decisions efficiently and collaboratively without generating antagonism.

5.5.2 Decision-making anchored in operational intelligence

Participants frequently emphasised that strategic decisions needed to be grounded in operational knowledge, which was being gained in the field. This sub-category emerged strongly in NGOs that operate in complex community or district-level contexts.

“Before deciding, we always check with Ops. Can this work, given what’s happening on the ground?” (NGO 1_Leader 3_21)

“I’m the one who knows the community. I bring that into the discussion, and they advise me on the way forward.” (NGO 2_Leader 3_10)

“Before we sign off on anything, we ask: what’s it like on the ground? What are the team leads saying? Because that’s where things can fall apart if we don’t listen.” (NGO 3_Leader 3_12)

Operational staff were not only consulted, but they were also seen as strategic informants whose insights shaped the realism and implementability of decisions. This anchored the decision-making process in current practice, making it more adaptive and grounded.

5.5.3 Subject expertise as a driver of direction

Another cross-cutting dimension was the central role played by subject matter experts (SMEs) in guiding strategic decisions. These individuals, whether in HR, finance, M&E, or technical programme areas, often took the lead in framing the problem, surfacing risks, and offering pathways forward.

“The clinical team had already mapped out the bottlenecks, so when we met, we had data and real stories. That helped us make the call quickly.” (NGO 1_Leader 5_23)

“I did the groundwork, asked people what they needed, and came up with a plan. Then I brought it to the team for input. It wasn’t top-down, it was informed.” (NGO 4_Leader 2_24)

Rather than replacing collective decision-making, expert leadership *enhanced* it by equipping teams with credible information and reducing ambiguity. In this way, expertise served as a navigational tool rather than a gatekeeping function.

5.5.4 Selective engagement of the core leadership team

While decision-making was broadly participatory in spirit, finalisation of major strategic choices typically occurred within a small leadership group. This group consolidated input and aligned the decision with organisational strategy, funder priorities, and risk thresholds.

“We bring in people when needed, but we keep it lean at the end. Too many voices at the final point can cause confusion.” (NGO 1_Leader 2_14)

This selective engagement was seen as a strength, not a limitation. It ensured that decisions remained nimble and strategically aligned, while still being informed by wider consultation. Leaders who were not included at this stage sometimes felt sidelined; however, they also recognised that their subject-matter expertise was not directly relevant to the decision at hand and were generally comfortable with their exclusion.

5.5.5 Efficiency as a strategic discipline

The other sub-category that emerged was the framing of effective decision-making as a deliberate organisational discipline, emphasising structured processes, clarity of roles, and strategic responsiveness. Participants frequently contrasted their current decision-making approach with more bureaucratic models they had experienced elsewhere.

“We don’t complicate things. We ask the key questions: What’s the issue? Who needs to act? What’s the impact? And then we move.” (NGO 1_Leader 5_23)

“Some decisions are so clear-cut that we don’t need long meetings. We know the facts, we know the context, so we just act.” (NGO 2_Leader 1_18)

“Simplicity doesn’t mean it’s not strategic. It means we don’t waste time or energy. We make decisions that move us forward.” (NGO 4_Leader 2_24)

Simplicity here was not viewed as a shortcut, but as a disciplined, effective value-based approach to decision-making. It was grounded in clarity of purpose, strong relationships, and mutual trust, enabling teams to act decisively without compromising rigour or accountability. Participants described simplicity as emerging when decision-making processes were aligned with clearly communicated goals, long-standing team cohesion, and shared values. In these instances, leaders and team members often moved swiftly from problem identification to consensus, requiring minimal debate or realignment.

One participant explained how collective decisions are often approached methodically but without unnecessary complexity:

“It’s more of looking at: What is the challenge? What is the decision to be made? What are the pros and cons of each approach? And collectively, you go through those pros and cons and then make a collective decision to say, ‘You know what? Let’s go with this path’...” (NGO 1_Leader 5_24)

This quote highlights how structured reflection on alternatives can still yield a straightforward and efficient outcome when the problem to be addressed is clear, unambiguous, and easily understood by decision-makers, allowing for focus and clarity in the process.

5.5.6 Shared understanding and organisational stability

Stable organisational contexts appear to facilitate simpler decision-making. Several participants highlighted that when teams remain consistent over time, there is greater familiarity with organisational strategy and expectations, enabling quicker alignment.

“Generally, the cohort of the implementing team remains quite stable... they travel the journey with you. We make it a point of making all staff aware throughout the year about the strategic direction the organisation is going... so they are constantly aware.” (NGO 3_Leader 3_14)

Here, internal communication practices foster a common understanding of strategic priorities. Such shared awareness limits the need for protracted deliberations when key decisions arise.

5.5.7 Mutual trust in Simple SCDM

Participants also linked simplicity to empowerment and trust. When decision-makers feel heard and responsible for outcomes, their buy-in enhances implementation and accountability.

“If it’s done in an objective manner where pros and cons are weighed... it gives you peace of mind to say, at least you were considered in providing feedback. It empowers you as a leader.”

(NGO 1_Leader 5_24)

In such environments, the simplicity of the collective decision-making process does not indicate a lack of rigour, but rather reflects an organisational culture where input is respected, clarity is prioritised, and trust flows as a constant, fluid undercurrent.

“We all sat down. We looked at the places where we were working, we compared, and we came up with reasons. Why do we have to go to this certain place?” (NGO 2_Leader 3_32)

This reflects a decision-making moment that was strategic in scope yet resolved through mutual trust, understanding and a shared commitment to practical outcomes.

5.5.8 Sub-categories and participant narratives summary

Together, these sub-categories reveal how simple strategic collective decision-making operates as a set of practices. It is grounded in relational trust, expert input, and contextual intelligence. Informality of interaction is not equated with informality of thought; instead, it facilitates openness, speed, and coherence. This mode of decision-making appears particularly well suited to the fast-paced, high-stakes environment of health NGOs, where responsiveness, collaboration, and simplicity are critical for organisational agility and impact.

5.6 Review of the simple strategic collective decision-making process

The Simple SCDM process, as described in this study, illustrates how leadership teams in health NGOs navigate complex decisions through an approach that is intentionally streamlined yet strategically robust. This process does not rely on rigid, bureaucratic protocols but instead unfolds through a sequence of flexible, iterative steps anchored in trust, contextual knowledge, and collaborative dialogue. The following stages summarise the process flow of simple strategic collective decision-making, which is depicted in Figure 5.1.

5.6.1 First stage: Challenge identified

The process typically begins with the recognition of an issue or a challenge that requires a strategic collective response. This stage is marked by informal discussions among a select group of strategic leaders. The intentional informality of these early conversations fosters open dialogue, encourages the exchange of ideas, and allows for the rapid surfacing of critical insights that might otherwise be constrained by overly formal procedures.

5.6.2 Second stage: Information gathered

Stage 2 of the Simple SCDM process is shaped by a dynamic, informal gathering of information by a select group of strategic leaders who are not only subject matter experts but also invested in the strategic issue. Four key contributors typically shape this phase. Operations provide grounded, real-time insights from the field, offering practical considerations that anchor emerging ideas in day-to-day realities. Subject matter experts draw on their technical knowledge and programmatic experience to help interpret risks, feasibility, and potential trade-offs. Strategic leaders begin to weigh the broader implications of different options and often signal directional intent based on organisational policies and procedures. Finally, a small, trusted strategic core, often an inner circle of senior strategic leaders, synthesises the inputs, ensuring coherence and alignment based on historical experiences. The sections that follow explore how each of these contributors influences strategic decision-making during this stage.

5.6.3 Types of information gathering

5.6.3.1 Shared inputs from operations and subject matter experts (SMEs)

Operational leads and subject matter experts are often the first to contribute substantive insights. Operations staff bring real-time, context-specific intelligence from the field, such as emerging logistical challenges, resource gaps, or shifting local dynamics, that ensures decisions are grounded in current realities. Subject matter experts provide the technical lens, interpreting the implications of the challenge through programmatic, clinical, or compliance perspectives. Their combined input often sets the initial boundaries for what is feasible, identifies the risks, and determines which strategic priorities are most relevant.

5.6.3.2 Shared information from peers

Peers, particularly colleagues in similar roles across different programmes or locations, serve as a vital sounding board. These exchanges often occur outside formal structures, such as in WhatsApp groups, hallway chats, or after regular meetings. Such peer input provides comparative insights, helps validate assumptions, and sometimes introduces alternative approaches drawn from other parts of the organisation. The tone of these exchanges is typically candid and pragmatic, supporting rapid sensemaking.

5.6.3.3 Information from policies and procedures

Organisational policies, donor guidelines, and compliance frameworks act as both enablers and constraints during Stage 2. Leaders consult these sources to ensure that emerging ideas remain within the bounds of legal, contractual, and reputational boundaries. While such documents are often seen as bureaucratic tools, in this stage, they function as a reference point for quick checks rather than lengthy formal reviews. Access to staff who can effectively interpret these rules, such as compliance officers, is critical for maintaining momentum.

5.6.3.4 Information from experience

Finally, accumulated personal and organisational experience plays a decisive role in shaping how challenges are approached. Leaders draw on prior decision-making episodes, whether successful or problematic, to anticipate potential outcomes and avoid repeating past mistakes. This tacit knowledge often shortcuts lengthy deliberation, as the team can quickly recognise patterns and apply tested solutions.

5.6.4 Third stage: Interaction

The process is further strengthened by informal meetings that often bring together multiple leadership teams or cross-functional groups. These forums create space for genuine dialogue, negotiation, and idea refinement, although the effectiveness of such interactions depends on the organisational culture and the organisation's history of prior interactions and decisions. The informality of these sessions lowers barriers to participation and supports creative problem-solving. By surfacing diverse viewpoints, these deliberations help balance competing priorities and deepen strategic organisational buy-in.

5.6.5 Fourth stage: Decision made

After gathering and synthesising diverse inputs, the strategic leadership team engages in unstructured deliberations underpinned by logical reasoning, precedent, alignment with organisational values, and elements of intuition and political influence, all operating within an underlying currency of trust that shapes how contributions are weighed and decisions are made. Pros and cons are weighed carefully, potential impacts are assessed, and the final decision is validated against the organisation's strategic goals. The emphasis on logic, fairness, and transparency minimises bias and enhances accountability.

5.6.6 Simple SCDM process timeline analysis

The process of Simple SCDM unfolds in a relatively condensed and fluid timeline, often characterised by a single, informal meeting or a series of brief, iterative conversations among a select group of decision-makers. As illustrated in Figure 5.1, the process begins with a challenge identified, which is where the strategic leaders recognise a strategic challenge to be addressed. This prompts a convergence of inputs during *the information gathering* phase, including insights from operations, subject matter experts, peers, organisational policies, and experience. These diverse knowledge sources coalesce informally and often asynchronously, shaping the contours of the emerging decision. The third phase: *interaction*, typically involves a focused, informal consultation among two to three Exco members, who align on the best path forward without invoking formal structures or bureaucratic layers. This culminates in the final stage: *a decision made*, where a clear, strategic choice is simple in form but informed by rich, grounded insight. The timeline for this process is usually short, sometimes within the space of a single meeting or a single week, and occurs in informal settings such as hallway conversations, WhatsApp threads, or brief leadership check-ins. Figure 5.1 provides a visual summary of this process, capturing the iterative, trust-based nature of decision-making that underpins the Simple SCDM model.

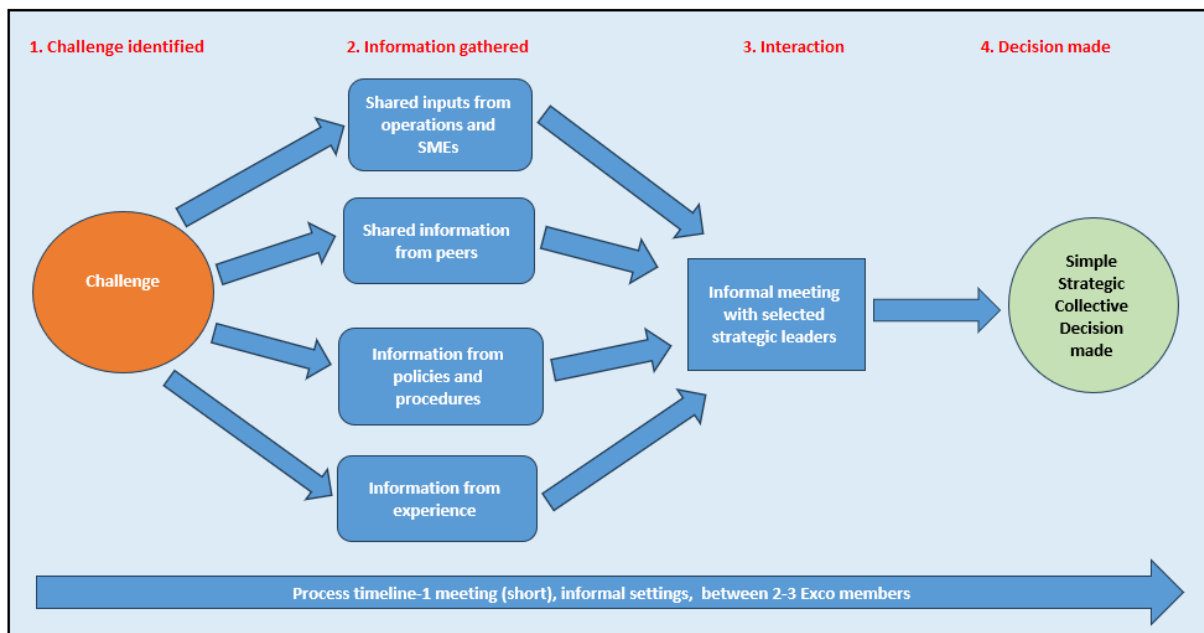


Figure 5.1 Simple strategic collective decision-making process flow

Source: Author`s construction

5.6.7 Simple decision-making stages synthesis

Taken together, this step-by-step process demonstrates that simplicity in collective decision-making is not a reflection of superficiality, but rather of purposeful streamlining. By maintaining open dialogue, clear role clarity, and trust-based relationships, health NGOs create collective decision-making processes that are flexible and resilient in the face of complex and shifting contexts. This review reinforces the theoretical insight that simple decision-making, when embedded within a culture of trust and contextual awareness, can function as an adaptive strategy for organisations navigating uncertainty. The Simple SCDM process thus serves as a practical example of grounded action emerging from context, shaped by relationships, and sustained through deliberate organisational discipline.

5.7 Simplicity as strategic navigation-a kayaking analogy

To encapsulate the dynamic and collaborative essence of a simple strategic collective decision-making mode, it is useful to consider an analogy. Strategic collective decision-making in these health NGOs resembles a team navigating a river in a kayak. In health NGOs where time, resources, and pressure collide, simple strategic collective decision-making functions as an adaptive compass. It allows organisations to move quickly without losing direction, drawing from diverse voices but streamlining responsibility. A useful analogy is that of a kayak team

navigating a steady-flowing river. Each paddler contributes in real time, where operations steer from the front, subject experts adjust the rhythm, and leadership sets the overall course. Each paddler has a specific role: one surveys the river's flow (subject experts), another monitors obstacles (operations), while a third ensures directional alignment with the broader goal (executive leadership). The paddlers don't have time to call a committee mid-rapid turbulence, instead, they read the terrain together, trust each other's responses, and adjust quickly to the current. There's no motor, no Global Positioning System (GPS), just skill, communication, and cohesion. The decisions they make are real-time, consequential, and deeply collective. When a call is made, whether to steer left, paddle hard, or slow down, it is done with clarity and purpose, even if shouted above the noise. If there were a GPS, it would represent an external blueprint or predetermined plan guiding the course, potentially reducing the need for on-the-spot navigation and collective sense-making

This analogy reflects the key insight of this chapter that in fast-moving, high-stakes environments like health NGOs, simple decision-making is not simplistic; it is strategic. It emerges from relationships, real-world knowledge, and shared direction. It enables health NGOs to remain afloat, responsive, and true to their mission without being weighed down by bureaucratic processes. There is not much time for unnecessary over-analysis; decisions must be made swiftly yet wisely. There's no time for formal Exco meetings or complex maps mid-stream. But through rhythm, trust, and fluid communication, the team adapts, adjusts, and advances collectively. Simplicity, in this sense, is not the absence of depth. It is a design of intention built for responsiveness, grounded in shared purpose, and committed to collaborative clarity.

5.8 Conclusion

This chapter has examined the category of Simple SCDM as it emerged from interviews with strategic leaders across South African health NGOs. Through detailed incident narratives, this chapter has illuminated a distinctive approach to decision-making that is informal yet intentional, consultative yet efficient, and firmly grounded in both strategic purpose and operational practicality. At its core, this mode of decision-making reflects a deliberate organisational discipline, a conscious choice to simplify not the substance of decisions, but the processes by which they are made. Leaders purposefully avoid excessive bureaucracy, lengthy procedures, and rigid hierarchies in favour of agile, trust-based, and dialogue-driven practices.

The decisions described in this chapter, ranging from programme expansion and design to performance management and resource reallocation, demonstrate that simplicity and strategy are not mutually exclusive. On the contrary, simplicity here functions as a strategic asset, enabling speed, responsiveness, and alignment in contexts marked by complexity, limited resources, and multiple stakeholders' demands. This chapter has shown that Simple SCDM, while informal and decentralised, is anchored in logical reasoning, pragmatic intent, and strategic clarity. It is a process marked by purposeful simplicity, facilitated by mutual trust, role clarity, and cross-functional collaboration. Informality did not equate to randomness; rather, it was a conscious mode of interaction that enabled rapid information flow, contextual awareness, and strategic synthesis. Subject matter experts and operational staff provided vital insights, while core leadership teams translated these into coherent strategic actions. This model allowed organisations to navigate uncertainty while staying purpose-driven and effective. The next chapter builds on this foundation by turning to more complex strategic decision-making contexts, where collective decision-making processes demand greater negotiation, mediation, and formalisation through *Conventional Strategic Collective Decision-Making (CSCDM)*. In doing so, the study continues its comparative analytic journey towards a grounded theory of collective decision-making in South African health NGOs.

CHAPTER 6: CONVENTIONAL STRATEGIC COLLECTIVE DECISION MAKING (CSCDM)

6.1 Introduction

This chapter presents and interprets the second core category that emerged from the study: *Conventional Strategic Collective Decision-Making (CSCDM)*. Grounded in the experiences of strategic leadership teams across five South African health NGOs, Conventional SCDM reflects a methodical and structured approach to making organisational strategic decisions. It is characterised by a reliance on institutional norms, formal procedures, and shared expectations about how strategic decisions are typically navigated. This mode places emphasis on rationality, compliance, procedural consistency, and shared accountability, offering a stabilising influence amid the dynamic realities of NGO governance.

The chapter begins by summarising illustrative incidents from selected health NGO participants in South Africa, demonstrating how this decision-making mode takes shape in practice. It then distils the defining properties of Conventional SCDM and analyses its shared category features, supported by participants' narratives. The discussion highlights how leadership teams mobilise established processes and collective input to arrive at decisions that are both legitimate and operationally grounded. The chapter concludes with an analogy that captures the function and value of Conventional SCDM in the South African health NGO context, offering a conceptual anchor for understanding its role within the broader range of decision-making modes identified in this study.

6.2 Background

Health NGOs in South Africa operate within a layered environment shaped by donor priorities, regulatory compliance requirements, and evolving public health demands. Within this landscape, strategic decision-making emerges as both a functional necessity and a collective governance practice. Amid the range of approaches observed, many NGOs consistently turn to a Conventional SCDM as a dependable mechanism for navigating complex decisions. This mode is underpinned by formal structures, institutional procedures, and codified policies that lend predictability and legitimacy to the decision-making process.

The prevalence of Conventional SCDM among participating organisations is historically and structurally informed. Many of these NGOs evolved in response to large-scale health challenges, most notably the HIV/AIDS epidemic, and over time built sophisticated systems

for managing donor relationships, ensuring compliance, and maintaining operational continuity. These systems have reinforced the value of consistent, transparent, and formally endorsed decision-making practices. Conventional SCDM offers a framework through which NGOs can balance the need for inclusive consultation with the imperative for timely, coherent decisions, particularly in contexts where procedural adherence is closely tied to funding security and organisational credibility. This section provides the necessary backdrop for understanding why and how the conventional approach remains central to strategic decision-making in the sector. It sets the stage for the detailed analysis that follows by positioning Conventional SCDM within the broader context of governance, accountability, and institutional resilience in South African health NGOs.

6.3 Outline of incidents

This section explores how the category of Conventional SCDM is reflected in actual practice within South African health NGOs. Drawing from participant narratives, the section outlines selected incidents that demonstrate the embeddedness, logic, and layered structure of strategic decision-making. Each incident illustrates how Conventional SCDM manifests through informal pre-engagement, expert-led dialogue, and structured confirmation, culminating in coherent yet bounded forms of collective decision-making.

6.3.1 NGO 1: Budget adjustment through informal leader canvassing

In NGO 1, a routine budget realignment decision illustrates how leadership teams lean on informal consensus-building before formal meetings. Midway through the financial year, rising operational costs necessitated a shift in funding allocations for training and community events. A participant described how the discussion began with informal conversations between Department Heads, using WhatsApp chats and coffee-break check-ins to test ideas and anticipate concerns before the Exco meeting. As one strategic leader explained:

“We always check in with each other before the big meeting. You want to know if your proposal will fly... We basically knew what the answer would be before the meeting. The team trusts the Programme Director’s reading of the situation.” (NGO 1_Leader 2_10)

This incident demonstrates how transitioning from informal canvassing to formal ratification fosters a sense of predictability and cohesion, a hallmark of conventional decision-making.

6.3.2 NGO 1: New donor proposal development

In NGO 1, the leadership team needed to decide whether to submit a proposal for a new donor funding stream that required expanding programme activities into a region they hadn't operated in before. The proposal idea originated with one of the strategic leaders, who held informal chats with operational teams to assess feasibility. These early discussions flagged potential staffing and logistical gaps. The participant then engaged the finance lead and the Executive Director to weigh the financial risks and sustainability. As a participant noted:

“Before you even take it to Exco, you bounce it off people who know the nuts and bolts. You don't want to waste time presenting something half-baked...By the time we sit around the table, most people know what the budget will look like. It's not rubber-stamping, it's just efficient.”

(NGO 1_Leader 3_22)

In the formal Exco meeting, the idea was tabled, endorsed with minimal debate, and the next steps for drafting the application were confirmed. This incident demonstrates that the gathering of operational realities, pre-meeting idea validation, and subject matter expert leadership are typical of conventional strategic collective decision-making practices.

6.3.3 NGO 2: Subject matter expert leads on new partnership

In NGO 2, the decision to enter a new service delivery partnership was shaped by the leadership team's reliance on subject matter expertise. A senior leader, with extensive experience in partnership management, led the research, drafting, and presentation of the proposal. The decision progressed from initial desk research to informal check-ins with the Executive Director, then to pre-meeting discussions with other managers to clarify potential risks. As the participant shared:

“It was my area, so I did the homework, looked at past MoUs, and shared the pros and cons...When you're the expert, you bring it forward. The team's role is to test it, but you still guide the final shape.” (NGO 2_Leader 3_9)

The formal Exco meeting focused on confirming details and next steps rather than debating the core proposal, reflecting the trust placed in the subject matter expert to lead.

6.3.4 NGO 2: Chair's role in confirming the final direction on a youth health pilot project

In NGO 2, during a strategic mid-year programme review, a slight divergence emerged on whether to expand a youth health pilot. While the technical lead presented strong evidence for expansion, one senior manager raised concerns about operational readiness. The Executive Director, as chair, listened to both perspectives and ultimately made the final call, supporting the subject matter expert's recommendation but acknowledging the concerns raised. A participant noted:

"The chair hears everyone but, in the end, she will decide if it's closed. We trust her judgment...It's not top-down. It's just a way to break deadlock when needed." (NGO 2_Leader 3_8)

This shows how the chair's supportive final decision helps create a sense of agreement and closure in conventional strategic collective decision-making

6.3.5 NGO 2: Rolling out a new data management system

In NGO 2, the leadership team decided to adopt a new digital monitoring system to meet updated donor reporting requirements. The technical M&E manager initiated the process, consulting operational staff to gather feedback about usability challenges with the old system. Leaders described how multiple informal one-on-ones with the finance team and programme managers helped surface hidden concerns and prepared people for the formal decision. As a participant explained:

"Our M&E guy is brilliant. He didn't just push tech ideas; he sat with people to find out what they really needed...When it came to Exco, he laid out the options, pros and cons, and everyone could see the logic. We just asked about cost and then agreed." (NGO 2_Leader 3_10)

This case reflects the property of subject matter experts leading the conversation, backed by careful informal canvassing to build comfort and consensus ahead of the formal forum.

6.3.6 NGO 3: Redistribution of programme resources

In NGO 3, a strategic decision was made to shift programme resources from underperforming sites to higher-impact regions. The leadership team described how this decision drew heavily

on operational data gathered by frontline staff and managers. Operations leaders were consulted informally to provide local context and confirm feasibility. The Executive Director then held pre-meeting one-on-one calls with key team members to surface any hidden concerns. As a participant explained:

“The data spoke for itself, but we always test it on the ground. You don’t want surprises...By the time it got to the formal session, the decision was basically there. We just fine-tuned it... We mapped out exactly who would do what. No loose ends, we didn’t want confusion in the field.” (NGO 3_Leader 2_12)

This incident shows how information gathering from operations combines with leadership canvassing to create a decision path that feels comfortable and rooted in practical reality.

6.3.7 NGO 3: Implementation and next steps on restructuring outreach activities

In NGO 3, after agreeing to restructure a set of outreach activities to align with a new funder strategy, the strategic leadership team immediately outlined an action plan with clear timelines and responsibilities. A participant described how the final meeting concluded:

“That’s our culture, we don’t just decide. We decide and plan the next steps together.” (NGO 3_Leader 3_8)

This incident illustrates how structured follow-through is an embedded property of conventional strategic collective decision-making, sustaining team cohesion and accountability.

6.3.8 NGO 4: Subject-matter expert-led performance system redesign

NGO 4 illustrated a different but equally instructive model of conventional strategic collective decision-making, this time initiated by a subject matter expert. A senior HR leader described how she initiated and facilitated the redesign of the organisation’s performance management system to better align with new donor requirements. While the responsibility for leading the discussion fell to her, the decision was shaped through extensive engagement with department heads and operational managers. These informal consultations helped test the acceptability of proposed changes, such as adding a probation review clause, before the HR Manager tabled the matter at the Exco meeting. As described:

“I did the research, asked around, scoped out the issues, and then led the discussion. Everyone gave their input, how they thought it would land, how it would affect their teams. Then we decided on the final structure together...I led the discussion but drew on everyone’s expertise... what would make it workable, realistic, and not add 10% to everyone’s workload...I wanted no surprises. So, I met with each director beforehand, explained why we needed the changes...Once you get to Exco, it’s really about getting sign-off. The groundwork is done in those side meetings.” (NGO 4_Leader 2_24)

Here, leadership did not need to convene a dedicated task force or outsource the design. Instead, the expert led the process in a consultative manner, ensuring all key insights were gathered and unintended consequences explored. This model reflects a distributed but coordinated form of decision-making, where technical leadership and strategic guidance merge seamlessly.

6.3.9 NGO 4: Revising staff wellness initiatives

In NGO 4, a straightforward yet important decision arose regarding adjustments to the staff wellness policy due to remote work challenges during the COVID-19 pandemic. The HR Manager began the process by informally sounding out department managers about staff morale and needs. Once the initial ideas were shaped, the HR Manager approached the Executive Director for input and then shared draft options with the leadership team via email, inviting them to make tweaks ahead of the formal meeting. A participant described the flow:

“We knew people were burned out. HR did the groundwork, we all added small tweaks, and then we just confirmed the way forward at Exco...When the subject matter expert does the legwork, these kinds of decisions are smoother. You feel safe to trust their view.” (NGO 4_Leader 2_18)

This incident shows how informal input, prior knowledge of the agenda, and expert guidance combine to make the final strategic decision both collaborative and efficient.

6.3.10 NGO 5: Structured deliberation on conflicting priorities (CPSN vs. tracking and tracing)

In NGO 5, a key conventional decision-making moment came when the organisation had to choose between prioritising Community-based Psychosocial Support Network (CPSN) activities or tracking and tracing. This decision required extended discussions, multiple

perspectives, and formal weighing of trade-offs. Unlike the fast, simple strategic calls made in quickly, this process unfolded as a structured dialogue, with participants presenting arguments, considering pros and cons, and working towards interactive consensus.

“A collective decision-making challenge was determining whether to prioritise Community-based Psychosocial Support Network (CPSN) activities or to allocate more resources to tracking and tracing. NGO 5 was established with a strong emphasis on CPSN, as we believe that individuals aged 50 and above can be better supported and cared for through structured psychosocial interventions. However, the current mandate from our funder places greater emphasis on tracking and tracing activities. Striking the right balance between these two priorities, especially given our limited resources, remains a significant challenge for the organisation.” (NGO 5_Leader 2_18)

This incident typifies Conventional SCDM, where the process is deliberative but bounded, more structured than simple, yet not paralysed by bureaucracy. The team applied formal reasoning and collective consultation within existing organisational frameworks. The inclusion of multiple voices fostered ownership and legitimacy, even as the process revealed underlying tensions between donor-driven accountability and mission-driven authenticity.

6.3.11 NGO 5: Selecting and approaching board members

As the NGO 5 transitioned from being a project under a health NGO to becoming an independent organisation, one of its first major strategic decisions concerned the composition of its governing board. While the founding team initially relied on personal and professional networks to identify potential members, the final selection process demanded collective deliberation to ensure that appointments aligned with the organisation’s mission, compliance requirements, and representational needs.

“We had a pool of potential board members from our connections, but selecting the ones for appointment needed us to sit and formalised the selection process through formal meetings where we appointed board members based on their experience, networks and aligning to our organisational vision.” (NGO 5_Leader 1_15)

This decision-making process combined relational and rational elements. The team sought individuals with complementary expertise, including backgrounds in finance, programme management, and social development, who could enhance the organisation’s legitimacy and

strategic direction. The decision was guided by a shared understanding of governance obligations, particularly in relation to South African non-profit registration standards and donor expectations around accountability. While the leadership leveraged existing relationships to identify suitable candidates, final invitations were only extended after internal agreement was reached on representational balance, gender equity, and professional fit.

6.3.12 Synthesis of Conventional SCDM incidents

Together, these critical incidents show how conventional strategic collective decision-making operates through a familiar pattern including informal engagement, subject matter leadership, pre-meeting canvassing, supportive chairing, and clear action planning. This process provides predictability and psychological safety, ensuring that even when tough choices arise, they are handled in ways that feel culturally embedded and trusted. The next section will examine the key properties that define this strategic collective decision-making style, building on these lived incidents.

6.4 Key properties of conventional strategic collective decision-making

Using Strauss and Corbin's (1998) coding process, moving from open coding to axial coding, the analysis of the interview data revealed key properties that characterise how health NGOs practise Conventional SCDM. These properties demonstrate the stable yet adaptive ways in which formal structures, policies, and shared norms influence collective choices, with each illustrated through verbatim quotes from participants.

6.4.1 Formalised governance structures

A recurring property is the clear use of formal governance layers, such as Exco, to guide strategic decisions. These structures anchor decision-making processes in defined roles and lines of accountability.

“We’ve been doing strategy planning like this for years. The director calls a meeting, the heads of units prepare their inputs, and we discuss for a couple of hours. Everyone knows their role.”
(NGO 2_Leader 2_8)

“So, my understanding is that collective decision making is really a joint decision. So, it is not made by one person, but a group of people, like in our organisation, as an example, it would

be decisions that's made at Exco level... So Exco will make decisions around strategy, and then we have senior managers below that would make decisions around operations.”
(NGO 3_Leader 1_9)

“There’s a standing agenda every time Exco meets. You don’t just show up. You need to do your research... then we have a fruitful discussion.” (NGO 4_Leader 1_12)

“Our Exco is quite... everybody has a voice. It isn’t like the CEO decides alone. Everyone contributes, it’s how it should be.” (NGO 4_Leader 2_16)

These formal structures ensure decisions reflect collective input while retaining authority and clarity on final accountability.

6.4.2 Predictability and procedural fairness

Participants frequently noted that conventional processes bring predictability, building trust and a sense of fairness.

“We would gather online or in person... different people will give the inputs, and in the end, yeah, if a conclusion is reached, that's fairly easy. If there is some uncertainty, the lead will then make that decision ...” (NGO 1_Leader 2_10)

“So, our Exco is quite robust... everybody has a voice... And if everybody is thinking for the collective and not for themselves, you are going to arrive at the right decision.”
(NGO 4_Leader 2_15)

This property reduces the risk of perceived bias, particularly during high-stakes decisions about budgets, expansions, or compliance. In turn, when stakeholders know how and where decisions are made, they feel reassured about the integrity of outcomes.

6.4.3 Balancing inclusivity with efficiency

Conventional decision-making strives to include diverse voices while avoiding excessive delays. Formal forums provide space for staff at different levels to contribute, yet clear timeframes and procedural boundaries help ensure decisions are timely and actionable.

“Sometimes decisions are difficult ones... they are made on higher levels. That’s been experienced as a slightly autocratic style... but sometimes that is also fine because we can’t all be involved in all decisions. Sometimes we just need to implement a decision that has been made... What I like... is that you learn a lot from one another. If you have a legal person, a finance person, and everyone provides an opinion.” (NGO 1_Leader 2_14)

“You gather your information, document things, come with your agenda items... and say, ‘How are people going to respond? Do we have capacity?’ Then we discuss everything collectively before we decide.” (NGO 4_Leader 2_24)

“First, everyone involved was given the opportunity to present their views... after considering the various perspectives, we weighed the pros and cons of each option and worked towards finding common ground.” (NGO 5_Leader 2_17)

This balance of inclusivity and efficiency fosters organisational learning while ensuring decision-making remains responsive.

6.4.4 Cross-departmental and subject expert consultations

A critical nuance of conventional decision-making is the deliberate inclusion of subject matter experts from different functional areas, such as HR, finance, legal, and programme operations, to ensure decisions are well-informed and technically sound.

“So, you know, if someone wants some operational knowledge, they’ll phone you... But I think [NGO 1] is one of the organisations [that] mastered it, the managers must fit into the consultative culture, listen, interpret, choose the best course, but still give direction... not in an autocratic environment.” (NGO 1_Leader 3_22)

“So, a few years ago, we implemented... a performance management system. It was something that was in my court to kind of lead and open discussions... So, you come with your agenda items, and then you draw on everybody’s expertise... exploring unintended consequences and how people would respond. So, it’s quite intensely interrogated.” (NGO 4_Leader 2_23)

This cross-departmental approach strengthens decisions by ensuring they are grounded in practical realities, regulatory requirements, and operational risks.

6.4.5 Collective buy-in and organisational cohesion

Another emerging property is the role of conventional processes in building collective buy-in, even when decisions may be unpopular or when not all viewpoints prevail. This buy-in sustains cohesion and accountability during implementation.

“Before it even comes to the table, we talk, just one-on-one or in smaller groups. You already have a sense of where people stand.” (NGO 1_Leader 2_8)

“We don’t start cold. By the time the Exco meets, we’ve already canvassed, shared thoughts, and know what we want to do... We make it a point of making all staff aware throughout the year about the strategic direction... so that they are constantly aware of what the organisation is trying to achieve.” (NGO 3_Leader 2_11)

“You don’t just show up. You need to prepare... then we have a fruitful discussion.” (NGO 4_Leader 1_12)

“Where differences arise, we seek common ground or compromise, guided by what is most practical and aligned with our mission.” (NGO 5_Leader 2_12)

Such collective buy-in mitigates risks of fragmentation, resentment, or passive resistance, especially when decisions affect staff livelihoods, geographic relocations, or resource allocation.

6.4.6 Scenario analysis and risk anticipation

A further property is the routine use of scenario analysis to weigh pros and cons, assess risks, and anticipate unintended consequences, especially for complex or high-stakes decisions.

“There was the whole discussion that we needed to make... Can we do it according to USAID rules? Is there a way to fairly distribute assets within the regulations? It was complex, but the team met several times and agreed on a practical path forward.” (NGO 1_Leader 2_22)

“It’s more of looking at: What is the challenge? What are the pros and cons of each approach? Collectively, you go through those pros and cons and then make a decision... Such that if things go bad or well, people know they were consulted and they stand behind it.” (NGO 1_Leader 5_23)

“We looked at the places where we were working, we compared, and we came up with reasons. Why do we have to go to this certain place?” (NGO 2_Leader 3_32)

“It’s also about exploring the unintended consequences... What problems are you going to create for yourself from making this decision, what additional work are you creating, do people have capacity?” (NGO 4_Leader 2_24)

This iterative, interrogative approach is a hallmark of conventional strategic collective decision-making, allowing organisations to protect themselves against reputational, financial, or operational fallout.

6.4.7 Summary of Conventional SCDM key properties

The highlighted properties, together, illustrate that Conventional SCDM goes beyond mere bureaucratic routine. It is an intentional organisational practice. By leveraging formal structures, well-established policies, reliable procedures, and an effective balance between inclusivity and efficiency, health NGOs can navigate complex decisions while preserving strategic continuity, accountability, and the confidence of stakeholders. Collectively, these six key features demonstrate that this mode of decision-making is both dynamic and multi-dimensional. It equips health NGOs to fulfil donor requirements, adhere to governance standards, and maintain organisational unity in the face of challenging funding environments.

6.5 Sub-categories and participant narratives

While the structural features of Conventional SCDM offer insight into *how* decisions are made, the sub-categories unpack *what this process feels like, how it is experienced, and what it symbolises* to those involved. Drawing on rich participant narratives, this section reveals the meaning-making processes underpinning this category. These narratives surface tensions, values, expectations, and coping mechanisms that are not always visible in formal processes but are crucial to understanding decision-making culture in NGOs. Five dominant sub-categories emerged: (1) psychological comfort and security, (2) relational power and deference, (3) procedural legitimacy and moral order, (4) Silent consent and strategic compliance, and (5) pride in cohesion and collective identity. Each is illustrated below using embedded participant voices.

6.5.1 Psychological comfort and security

A recurring narrative in the data was that conventional decision-making provided emotional security, particularly during times of uncertainty. Participants expressed a sense of predictability and reduced anxiety when decisions followed familiar patterns and were guided by trusted figures.

“I think it’s fine sometimes if decisions are made higher up. It gives us space to focus and not worry too much about the big things.” (NGO 1_Leader 2_14)

“The system’s a bit old school, but it gives structure. You know what to expect, and that’s reassuring, especially in a chaotic environment... It’s not just ‘do it my way’, we ask each other first. There’s a ritual to it.” (NGO 1_Leader 3_22)

“We’ve worked together for years. We know how decisions get made.” (NGO 2_Leader 2_6)

“At Exco, it’s not just rubber stamping. Everyone contributes, but we know we’re there to decide. We’ve heard the views; now it’s our job to make the call.” (NGO 3_Leader 2_12)

“It’s not exciting, but it works. It feels like we’re ticking the boxes, but no one feels left out, and we get to a decision eventually.” (NGO 3_Leader 3_6)

“You come into the room knowing what’s likely to be said. It’s not rigid, it’s just... known. That’s comforting.” (NGO 4_Leader 1_12)

This comfort is not complacency, but a coping strategy in complex, resource-constrained environments. The predictability of the process was experienced as emotionally stabilising, helping participants feel anchored even when the content of the decision was difficult.

6.5.2 Relational power and deference

Participants often described their engagement in strategic decision-making as respectful and collegial yet subtly shaped by relational hierarchies. Subject matter experts and long-serving leaders were granted symbolic authority, and their proposals carried inherent weight.

“If our CFO puts something on the table, people will think hard before pushing back. We trust his view, and he’s earned that.” (NGO 3_Leader 2_12)

“Sometimes I know I won’t win the debate, but I still give my input. It’s part of the process, even if the outcome is already clear.” (NGO 4_Leader 2_16)

This relational power does not operate through formal coercion but through deference to expertise, seniority, and institutional memory. As such, participation is present, but weighted, with some voices carrying more influence than others.

6.5.3 Procedural legitimacy and moral order

Participants emphasised that the process matters as much as the outcome. Even when decisions were tough or unpopular, what mattered was that they were made “the right way”, consultatively, transparently, and through proper structures.

“Even if it’s not your way, if the process is fair, you respect the outcome.” (NGO 1_Leader 2_14)

“Even if it’s a top-down decision, the structure allows for discussion. We may not always agree, but we understand the process.” (NGO 3_Leader 1_10)

“We had to cut bonuses, and that was painful. But the way we did it, everyone understood the “why”. That made the difference... We end every Exco meeting with deliverables, there’s no confusion about next steps” (NGO 3_Leader 2_12)

Here, the decision-making process is not merely technical. It carries moral weight. Procedural fairness became a proxy for justice, allowing leaders to accept decisions they may not have fully supported. This dimension reveals the moral order embedded in the collective, where legitimacy is constructed not by unanimity but by perceived fairness.

6.5.4 Silent consent and strategic compliance

A more implicit dimension involved silent assent, where participants complied with decisions out of organisational loyalty or professional norms, even when they personally disagreed.

“Sometimes it feels autocratic, but that’s okay. We can’t all be involved in every decision.” (NGO 1_Leader 2_14)

“There are times when you just nod and move on. You know it won’t change and fighting it will only waste energy.” (NGO 1_Leader 5_21)

“I think all of us have been there... when a decision goes against your viewpoint, you have to carry that out. You need to stand behind the collective decision, even if it wasn’t what you wanted. The worst thing you can do is to say, ‘Yeah, the CEO made the decision.’ You need to own that...I’ve implemented decisions I didn’t agree with. But I had to stand behind it. You can’t tell your team, ‘I didn’t want this.’ That undermines everything.” (NGO 4_Leader 2_38)

These statements show how traditional decision-making is sustained by more than just process. It depends on emotional labour, professional restraint, and strategic silence. While such compliance ensures continuity, it may also erode innovation, weaken trust, and strain relationships over time.

6.5.5 Pride in cohesion and collective identity

Despite limitations, many participants expressed pride in their team’s unity and capacity to maintain cohesion during difficult times. The conventional model was valued for its role in preserving organisational identity and solidarity.

“It’s not always about getting your way, it’s about moving together. That’s what matters in the long run.” (NGO 2_Leader 2_6)

“When we expanded to the North West, we did it as a team. Everyone knew their part. That was a high point for us.” (NGO 3_Leader 3_14)

Such reflections speak to the symbolic function of conventional decision-making, not just as a process for making choices, but as a ritual of reaffirming organisational values, history, and cohesion.

6.5.6 Summary of the sub-categories

The participant narratives reveal that Conventional SCDM mode is more than a procedural tool. It is a cultural practice, emotional anchor, and involves relational negotiation. It embodies trust, experience, and moral legitimacy, while also carrying risks of exclusion, silence, and rigidity. By foregrounding how strategic leaders experience and interpret this process, the section

deepens understanding of why this mode of decision-making persists and what it means for the future of strategic leadership in South African health NGOs. The following section elaborates on the high-level process flow of Conventional SCDM, aiming to capture the overall sequence and logic of the stages involved.

6.6 The Conventional SCDM process flow

This section outlines the distinct yet interlinked stages that characterise the conventional strategic collective decision-making process within the organisation. As illustrated in Figure 6.1, the process unfolds through six stages, from the initial identification of a strategic challenge to the final endorsement of a conventional collective decision. The figure provides a visual roadmap that helps situate each stage within its broader organisational context and highlights the iterative flow of information, influence, and formal deliberation that underpins how conventional decisions are collectively shaped and legitimised.

6.6.1 Stage 1: Identifying and framing the challenge

In this initial stage, a specific challenge or strategic issue is identified within the organisation's operational or strategic context. This challenge could arise from internal operational gaps, external pressures such as donor demands, compliance requirements, or emerging policy shifts. The framing of the challenge is often broad, allowing multiple perspectives to shape its understanding. This openness at the outset is crucial in conventional collective decision-making as it sets the tone for inclusive dialogue. The challenge is presented to relevant stakeholders, initiating a chain of shared comprehension that mobilises strategic collective attention.

6.6.2 Stage 2: Information gathering

Once the challenge is identified, diverse inputs and perspectives are gathered to develop a foundational understanding. This stage is characterised by multiple streams of information input types, such as peers' contributions, operational input, experiential knowledge, policies & procedures, and donor & external influences which are detailed individually below.

6.6.3 Types of information gathering

6.6.3.1 Peers' contributions

Once the strategic challenge has been surfaced and framed, the next critical phase is the systematic gathering of shared inputs and information from across the organisation's formal and informal knowledge networks. This stage is not merely an exercise in collecting facts; rather, it is an inclusive process that weaves together diverse voices, experiences, and institutional memory to build a coherent foundation for action. At the heart of this stage are the contributions from peers. These are colleagues who bring their own vantage points shaped by their roles, responsibilities, and historical involvement in similar issues. These peer inputs are valuable because they inject a layer of realism into the collective decision-making process. Experiences and insights from colleagues help contextualise the issue in the organisational setting. Through peer exchange, different dimensions of the challenge come into sharper focus, as individuals share candid reflections on what has or has not worked before.

6.6.3.2 Operational inputs

Equally important are the operational insights that emerge from the people who are closest to the daily workings of programmes and activities. Inputs from operations anchor the discussion in practical realities, highlighting constraints and opportunities that might otherwise be overlooked in purely strategic dialogue. These insights ensure that any potential decision does not lose sight of the frontline context, which is vital for effective implementation. Practical insights from frontline operations highlight feasibility and implementation considerations.

6.6.3.3 Experiential knowledge

In addition to peers and operational inputs, experiential knowledge plays a pivotal role at this stage, where tacit knowledge gained from past successes or failures is mobilised. This is the tacit wisdom that resides within individuals and teams, the accumulated lessons learned from navigating past challenges, crises, or transitions. This informal body of knowledge is often unwritten yet deeply influential, shaping how proposed options are judged for their feasibility and acceptability within the organisation's culture.

6.6.3.4 Policies and procedures

Beyond lived experience, formal sources such as policies, procedures, and standard operating frameworks are consulted to ensure that any emerging options align with established organisational rules and compliance requirements. These documents serve as a safeguard against decisions that might inadvertently contravene contractual obligations, regulatory standards, or institutional norms. This alignment is especially important in contexts where donor funding and reporting requirements place clear boundaries on permissible actions.

6.6.3.5 Donor and external influences

External factors, especially donor expectations and mandates, exert significant influence in shaping the range of viable options. Donors often articulate specific conditions, priorities, or funding restrictions that must be factored into the decision-making calculus. In a conventional setting, this external guidance is taken seriously, as misalignment can jeopardise financial sustainability and strategic relationships. Basically, funding requirements and external stakeholder expectations are considered to ensure alignment. This stage is highly consultative and ensures that the eventual decision is grounded in both formal structures and lived realities. The process is relatively open but still bounded by conventional norms of whose input holds weight.

6.6.4 Stage 2: Gathering shared inputs and information-overview

Taken together, this stage is a deliberately broad consultative process. It honours multiple knowledge sources and seeks to generate a balanced, multi-perspective understanding of the challenge at hand. This inclusivity, however, remains bounded by the conventional norms that privilege certain voices or sources over others, subtly reinforcing the organisation's hierarchical and procedural orientation.

6.6.5 Stage 3: Informal meetings with selected strategic leaders

At this stage, informal meetings are held involving a select group of strategic leaders who play a key role in shaping the decision. These meetings serve as a platform for canvassing support and buy-in from influential stakeholders within the organisation. Although an informal decision is reached during these discussions, the emphasis is on leveraging existing relationships and strategic insights to align perspectives before moving forward. This stage reflects a behind-the-

scenes approach where initial consensus and support are quietly secured, ensuring that the formal decision-making process later receives minimal resistance.

6.6.6 Stage 4: Informal preconceived decision

Following the informal meetings, the decision is largely preconceived even before formal approval processes take place. At this stage, the core strategic direction is already set based on prior informal agreements and shared understandings among key strategic leaders. This preconceived decision shapes the framing and outcomes of subsequent formal discussions, often streamlining the approval process but also potentially limiting the scope for new inputs or challenges. The informal preconceived decision acts as a strategic anchor, signalling where the collective leadership is heading before the decision becomes official.

6.6.7 Stage 5: Formal discussion and deliberations (Exco)

Having shaped the preconceived decision, the issue now enters the formal arena, typically in an Exco meeting. This stage is structured, documented, and guided by formal protocols. The preconceived decision is debated, refined, and sometimes contested. While the official narrative is that this stage is where collective decision-making happens. In practice, it often serves to legitimise and formalise what has been informally agreed. Nonetheless, this stage allows for accountability, the airing of minority views, and the opportunity to modify the preconceived solution if substantial objections arise.

6.6.8 Stage 6: Final conventional strategic collective decision

The process culminates in a conventional strategic collective decision that reflects both the informal negotiations and formal endorsement. This final stage confers legitimacy on the decision, making it actionable within the organisation. The decision is now binding, documented, and communicated to all relevant stakeholders. Implementation plans are typically drawn up immediately following this endorsement. In a conventional context, this decision serves as an anchor, offering predictability, coherence, and an agreed-upon path forward.

6.6.9 Conventional SCDM process timeline analysis

The entire conventional strategic collective decision-making process is typically structured around the organisation's formal management and governance calendar, with the monthly Exco meetings serving as the primary milestone for final deliberations and approval. While the formal

moment of decision-making is usually captured within a single Exco meeting, the preparatory stages unfold gradually and often overlap with each other in the weeks leading up to that meeting. In practice, once a strategic challenge is identified (Stage 1), the gathering of shared inputs and information (Stage 2) begins almost immediately and may span several weeks. During this time, managers, team leaders, and relevant staff are tasked with sourcing insights, convening discussions, and compiling data from operations, peer networks, and donor communications. This often happens in a semi-structured way through regular team meetings, informal discussions in the corridors, and scheduled check-ins with key stakeholders.

The informal canvassing and alliance-building phase (Stage 3) tends to take place concurrently, with strategic leaders holding side conversations, one-on-one catchups, or small-group meetings to test ideas and secure buy-in from influential individuals. Although these activities may not be formally documented, they are a well-understood aspect of the conventional process, ensuring that there is an informal preconceived decision (Stage 4) before Exco so that the final discussion at Exco is less likely to be derailed by unexpected objections. By the time the formal Exco meeting convenes (Stage 5), most of the groundwork has been laid. The agenda, which is usually circulated a week or so in advance, includes supporting documents and background notes that draw from the shared inputs and preconceived options developed earlier. The Exco deliberations themselves typically happen within a single session, where the challenge, proposed solutions, and implications are discussed, debated, and either endorsed, modified, or unlikely deferred for further work.

The final decision (Stage 6) is formally recorded in the Exco meeting minutes and communicated through official channels such as follow-up emails, circulars, or reporting frameworks ensuring that all relevant teams are aware of the agreed-upon course of action. The decision's legitimacy derives not only from the formal consensus reached in the meeting but also from the careful orchestration of the preceding stages that build alignment and coherence over time. In essence, the timeline reflects the rhythm of the organisation's governance culture: one meeting may capture the formal decision, but the real work is done in the spaces between meetings. This cyclical, monthly cadence provides predictability, reinforcing the conventional nature of strategic collective decision-making, where strategic change is navigated within established organisational boundaries rather than through abrupt shifts.

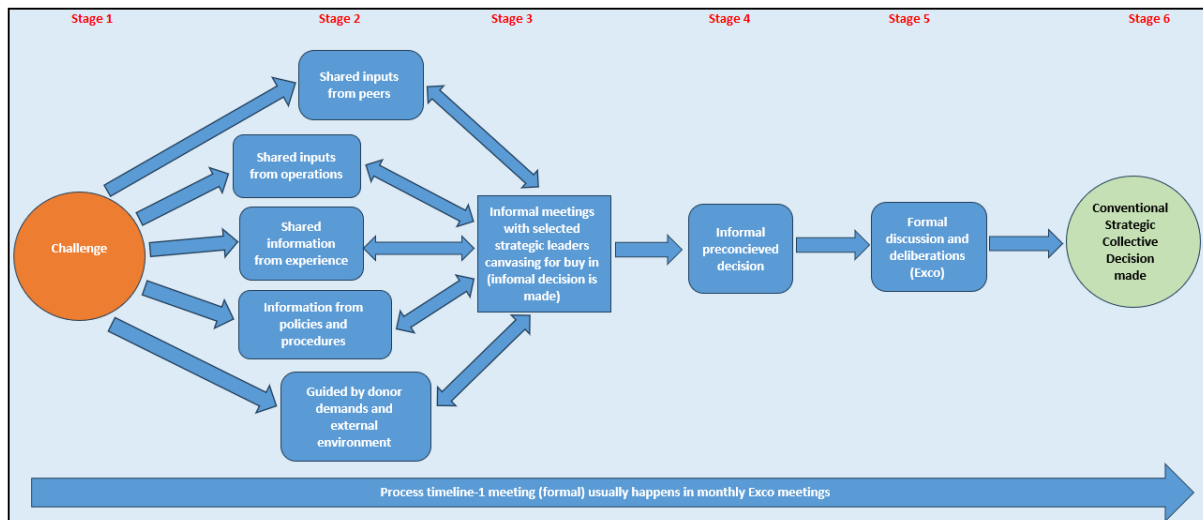


Figure 6.1: Conventional strategic collective decision-making process flow

Source: Author’s construction

6.7 The familiar river course-Conventional SCDM analogy

The analysis of Conventional SCDM reveals a well-established, institutionally embedded approach to leadership engagement, one that carefully balances structured consultation with hierarchical control, and procedural routine with interpersonal dynamics. This mode offers predictability, cohesion, and operational efficiency, qualities particularly valued in the complex and often uncertain environment of health NGO management in South Africa. Yet, it also carries subtle limitations, including a tendency toward muted dissent, selective participation, and cautious, risk-averse choices. An apt analogy for this decision-making approach is the *familiar river course*. Like a river that follows a long-established path carved over time, Conventional SCDM flows within the boundaries of deeply institutionalised norms and expectations. Its channels are shaped by years of accumulated experience, governance rules, and donor-driven constraints. The leadership steers this flow with practiced precision, navigating known turns, expected currents, and familiar banks. There may be opportunities to forge new tributaries or diverge into untested waters, but these are often approached with caution.

Even when the current shifts or debris momentarily blocks the way, there is a strong gravitational pull back to the familiar flow. Those who have journeyed this course for years are trusted to read the waters and guide the organisation through familiar terrain. New voices, like younger or less experienced staff, may point to unexplored routes, but the helm tends to remain with those who have charted the river many times before. This analogy captures the essence of

Conventional SCDM: a strategic flow that is smooth, collectively reinforced, and institutionally secure, but one that may quietly sidestep innovation or dissent. The organisation moves steadily and safely, but often within the confines of precedent. The journey is stabilising, efficient, and comfortingly known, but it is also shaped by undercurrents of inertia, exclusivity, and an aversion to unpredictable waters.

6.8 Conclusion

This chapter has presented and analysed the study's findings on Conventional SCDM, drawing on interviews with strategic leadership teams from five South African health NGOs and examining their experiences through real incidents. The evidence shows that Conventional SCDM progresses from informal exchanges to formalised decision-making, integrating input from operational teams, historical knowledge, organisational policies, expert advice and governance procedures. The process prioritises logical analysis, consistency, and transparency, ensuring decisions are well-founded and clearly communicated across all organisational levels. The incidents shared illustrate how strategic leadership teams and committees tackle complex strategic choices by leaning on familiar structures and codified norms to ensure decisions remain compliant, transparent, and collectively owned. The conventional approach helps health NGOs manage risks tied to donor compliance, reputation, and regulatory scrutiny, while also fostering a shared sense of responsibility among stakeholders. Overall, the insights from this chapter add depth to the emerging grounded theory by showing how health NGOs use Conventional SCDM to maintain operational continuity, earn stakeholder trust, and uphold organisational legitimacy. This category demonstrates that 'conventionality' is not mere bureaucracy but a strategic decision, one that balances inclusion, consistency, and compliance.

Having explored how health NGOs rely on conventional structures and well-established organisational norms to guide strategic collective decision-making, the discussion now turns to contexts where these familiar frameworks become inadequate. The next chapter examines *Onerous Strategic Collective Decision-Making (OSCDM)*, a mode characterised by heightened complexity, resource constraints, and competing interests that can render conventional processes insufficient or even obstructive.

CHAPTER 7: ONEROUS STRATEGIC COLLECTIVE DECISION MAKING (OSCDM)

7.1 Introduction

Strategic collective decision-making is a defining feature of leadership in any organisational context, yet for health NGOs operating in resource-constrained, donor-dependent environments, it is rarely straightforward. This chapter focuses on the third major category, *Onerous Strategic Collective Decision-Making (OSCDM)*, by examining how collective decisions at the strategic level become weighed down by the very structures and principles designed to support accountability, inclusivity, and compliance. Unlike the simple and conventional decision-making processes described in the preceding chapters, incidents presented in this chapter reveal that when multiple formal procedures, stakeholder interests, and contextual constraints converge, strategic decision-making often becomes protracted, circular, and emotionally draining for those involved. The analysis that follows illuminates the strategies that leaders employ to navigate the complexities of decision-making, such as convening multiple meetings, forming sub-committees, or seeking board-level validation. Yet, as the incidents show, these strategies frequently produce consequences that deepen the burden on strategic leadership teams, including decision fatigue, disengagement, and the erosion of psychological safety.

This chapter is structured in four key parts. First, it presents a series of richly detailed incidents, drawn directly from participant narratives, that illustrate how the collective decision-making processes unfold in practice. It then moves to present the key properties of the Onerous SCDM before illustrating categories from the incidents. The chapter then moves on to highlight the stages of Onerous SCDM before it distils a typology of the phenomenon using the metaphor of “*rowing a cumbersome barge through narrow canals*”, capturing the core dimensions and tensions that characterise this category.

7.2 Background: understanding onerous strategic collective decision-making

Chapter 5 highlighted one of the most salient emergent categories of strategic decision-making processes as *onerous*. This characterisation reflects the perceptions of participants who engaged in slow, layered, and often inconclusive deliberative processes, particularly when confronting issues of strategic significance. This category allows for a layered exploration of how strategic decision-making is socially constructed, and experienced by different strategic leaders within

the organisational hierarchy. By focusing on participant narratives and analytic categories, this chapter not only illustrates the complexities and frustrations of collective strategic decision-making but also provides insights into the structural and cultural dynamics that shape decision-making in South African health NGOs. It highlights the tension between inclusivity and efficiency, consultation and authority, and the ideal versus the reality of collective decision-making in strategic leadership roles.

7.3 Outline of incidents

Participant narratives across the incidents offered vivid illustrations of how strategic decisions unfold or fail to unfold within health NGO leadership environments. The following incidents highlight the procedural burdens, interpersonal tensions, and systemic inefficiencies that give rise to the category of Onerous SCDM. To deepen the grounded understanding of Onerous SCDM, this section presents a series of detailed incidents drawn directly from participants' lived experiences. These contextualised incidents illustrate how the stages of the process unfold in practice, revealing the strategic dynamics, tensions, and consequences that make strategic decision-making feel heavy, circular, and energy-draining for the strategic leadership teams.

7.3.1 NGO 1: Contract renewal under unclear donor conditions

In NGO 1, leaders described a decision around renewing a large service provider's contract when new donor terms had not yet been finalised. Apart from the service being critical to organisational strategy, the uncertainty over funding levels made the renewal risky. What might have been a straightforward procurement decision instead spiralled into weeks of debate. One participant explained:

"We sat in that Exco meeting at least three times over this one contract. Some people said just renew it, others wanted to wait for clarity from the donor. It went back and forth, each time with new conditions." (NGO 1_Leader 3_24)

The repeated back-and-forth reflects how funding uncertainty, a common context for health NGOs, can add layers of caution and circularity to otherwise simple strategic decisions.

7.3.2 NGO 1: Asset disposal under donor compliance

In NGO 1, a relatively simple strategic decision about redistributing surplus IT assets during a project close-out became a prolonged process due to strict donor compliance rules. Unlike the Simple SCDM process approach seen in Chapter 6, this incident demonstrates how, on the other hand, layers of external conditions transform even simple strategic decisions into onerous strategic decisions. A participant explained:

“If it was a private company, we would have just given the laptops to staff. But with USAID regulations, we needed to go through meetings, justifications, and get legal approval. It took weeks.... So, it goes through Exco, then the Chair might even ask the Board for sign-off, just to be safe. By the time it’s approved, sometimes the equipment is outdated.” (NGO 1_Leader 2_22)

The incident highlights the tension between strategic pragmatism and the onerous layers of accountability demanded by donors and internal governance.

7.3.3 NGO 1: Sub-recipient funding debate

In this case, NGO 1’s leadership faced a contentious decision about whether to increase a sub-recipient’s funding. Technical teams argued for cuts based on efficiency data, while senior leaders pushed to align with the NGO’s broader strategic expansion goals. The resulting discussions were described as repetitive and draining. A senior strategic leader reflected:

“The data said spend less, the mission said spend more. So, we went round and round, forming a working group. In the end, the final decision left people feeling it was all for nothing.” (NGO 1_Leader 2_32)

This incident illustrates the classic push-and-pull of onerous strategic collective decision-making where technical rationale clashes with mission-driven priorities, leading to extended debates and deferred outcomes.

7.3.4 NGO 1: Office space rationalisation

In NGO 1, an operational issue around office space for a cash-strapped programme escalated into a strategic issue. Leaders needed to decide whether to downsize, relocate, or invest in

shared spaces. The conversation exposed deeper questions about the programme's long-term sustainability. One leader explained:

“The issue went from being about space to being about sustainability and strategic focus. We had to ask, Why are we keeping this office? What's the cost-benefit?” (NGO 1_Leader 2_12)

Multiple Exco meetings, budget reviews, and consultations with local teams followed, yet no final decision emerged for months, illustrating how seemingly minor, simple strategic matters can become onerous strategic debates.

7.3.5 NGO 2: Delays in approving a new strategic partner

In NGO 2, the leadership team explored partnering with a new local CBO to expand community outreach. Although the partner was vetted and recommended by field teams, final sign-off was deferred multiple times because only a few decision-makers felt fully informed. A strategic leader elaborated:

“We were supposed to finalise this partnership in one meeting. But people said they needed more info. Then we formed a small group to look at the risks. By the time it came back, the community had already found other options.” (NGO 2_Leader 1_20)

This example shows how limited preparation and uneven information-sharing can slow collective decision-making, sometimes to the point where strategic opportunities are lost altogether.

7.3.6 NGO 3: Managing board feedback loops

In NGO 3, an issue around expanding the youth outreach portfolio was referred upwards to the board for strategic input. The leadership team found that, rather than clarifying the decision, the board's feedback introduced new queries, sending the matter back to the strategic leadership team for further work. A participant explained:

“Sometimes you send things to the board for guidance, hoping they'll close it. But you end up getting more questions, so it comes back to us. Then we sit with it again. It's tiring.” (NGO 3_Leader 2_30)

This incident highlights how overlapping strategic leadership and board-level governance, while promoting accountability, can unintentionally prolong decisions and lead to fatigue among participants.

7.3.7 NGO 3: Maternity leave policy reform

In NGO 3, leaders debated changing the organisation's maternity leave policy to pay 100% regardless of tenure, aiming to support gender equity and staff retention. Although widely supported in principle, the policy reform required alignment with legal frameworks, budget projections, and board oversight, turning a simple HR strategic proposal into an extensive, onerous strategic process. One leader reflected on the layers involved:

“We decided to pay 100% maternity leave regardless of tenure... that sounds simple, but it wasn't. Finance, HR, Exco, we all had to weigh in. Then we needed board approval.”
(NGO 3_Leader 1_22)

While the decision ultimately aligned with the organisation's values, the slow and repetitive consultations highlight how even seemingly clear-cut changes can become onerous when intersecting with compliance and budget cycles.

7.3.8 NGO 3: Budget revisions and bonus cuts

In NGO 3, an urgent decision had to be made on whether to suspend staff bonuses due to unforeseen exchange rate fluctuations that severely impacted the annual budget. Although the issue was first raised at Exco, multiple follow-up meetings, consultations, and board-level referrals turned what could have been a direct, albeit difficult, decision into a draining strategic debate. A participant shared:

“We realised we had shot ourselves in the foot with the budget. There wasn't enough to pay bonuses. We had to revisit everything. The CEO pushed for consensus, but even then, people felt the process was too top-down.” (NGO 3_Leader 2_12)

The outcome revealed a pattern common to onerous collective decision-making: the intention to reach consensus ironically extended deliberations and increased tension within the leadership team, leaving some feeling unheard despite the formal process.

7.3.9 NGO 3: Programme pivot and board approval

In NGO 3, leaders needed to pivot programme activities due to a sudden funder withdrawal. While all agreed on the need for a new strategy, aligning programme, operations, and board input created a recursive cycle of partial decisions and new data requests. A participant shared:

“You would think the urgency would push things forward. But it made people more cautious. It went up to the board, came back down, and went back up. By the time we had a plan, the timeline had shifted again.” (NGO 3_Leader 2_30)

This case demonstrates how urgent strategic pivots, rather than prompting decisive action, can intensify layers of procedural caution and board consultation, prolonging uncertainty for the entire leadership team.

7.3.10 NGO 3: Expanding services into new provinces

In another incident, NGO 3’s leadership team deliberated on expanding its programme to new provinces (Limpopo and the North-West) in line with donor (USAID) priorities. While the decision aligned with the NGO’s mission, its execution involved a web of feasibility studies, stakeholder consultations, risk assessments, and numerous reconvened meetings. One participant described the drawn-out process:

“It wasn’t just a yes or no decision. We had to look at infrastructure, staffing, budgets, local buy-in... Every choice opened another set of questions. It was big.” (NGO 3_Leader 3_14)

While ultimately a positive outcome, this incident reflected the extensive cognitive and operational labour demanded of strategic decision-making teams.

7.3.11 NGO 4: Reorganising programme teams

In NGO 4, a major restructuring was proposed to reduce overlapping roles in two overlapping health programmes. The issue quickly exposed power dynamics and turf sensitivities, turning an operational adjustment into a complex strategic debate involving HR, legal, programme heads, and the board. One leader described the exhaustion:

“It felt endless. You’d think you have a plan, then new people raise the same concerns again. We’d agree on principles, then someone would come back with new risks. It just circled for months.” (NGO 4_Leader 2_28)

Here, the procedural need to manage reputational, legal, and HR implications compounded the burdens of collective decision-making, creating fatigue and deferring the final decision.

7.3.12 NGO 4: Geographic realignment driven by donor conditions

In NGO 4, the leadership team confronted a difficult strategic decision when a major funder shifted its programme priorities to new provinces that did not align with the organisation’s existing operational footprint. While the expansion offered new funding, it posed logistical risks and potential mission drift. A senior leader described the process:

“So, I think from an external perspective... if we don’t feel it’s the right fit, we’ll walk away... but we still go through the process... HR, finance, all weigh in. It’s never a one-man show.” (NGO 4_Leader 1_26)

This incident illustrates how externally imposed changes can force NGOs into prolonged collective decision-making as they balance donor expectations with sustainability and organisational vision.

7.3.13 NGO 4: The performance management system rollout

An incident in NGO 4, a senior HR leader recalled the protracted decision-making process involved in developing and implementing a new performance management system. Although initiated with strategic intent, the process became laborious due to excessive rounds of consultation, documentation, and unanticipated complications. The participant elaborated:

“So obviously the process you follow is research, engage managers, prepare a framework... but even then, in the meeting, people raise unintended consequences we hadn’t thought of. We had to pause and rework. That happened more than once.” (NGO 4_Leader 2_23)

This incident shows how an initiative designed for organisational improvement became onerous because each stage of decision-making triggered new layers of discussion, delaying implementation and creating frustration among leadership.

7.3.14 NGO 5: Establishing policies for the new organisation

The process of developing and approving organisational policies, such as HR, financial, and compliance frameworks, became a long-drawn-out task. Unlike operational forms that were simply adapted, core policies required repeated revisions, alignment with donor templates, and collective review across leadership levels.

“Policies... we are still redesigning, but most of the forms we just tweaked to fit our [NGO 5], it is a process of back and forth with new versions as we align the policies with our organisation.” (NGO 5_Leader 2_16)

This demonstrates how some decisions, by virtue of their scope and legal implications, fall into onerous modes, demanding detailed drafting, consultation, and compliance assurance.

7.3.15 NGO 5: Board composition and governance setup

Although the initial identification of board members was simple and network-driven, the process of finalising membership took on a heavier tone. Leaders described needing to balance representation, skills, and legal governance requirements. This moved the process from informal chats into an extended negotiation that required formal consensus.

“So, with our board, we had a pool of potential candidates, we disagreed on some and agreed on some, the disagreements were valid but time-consuming and draining” (NGO 5_Leader 1_17)

This incident underscores how governance-related decisions, while rooted in personal trust, can evolve into onerous processes because of their long-term strategic and reputational weight.

7.3.16 Reflections on incidents

These illustrative incidents collectively reveal how, within South African health NGOs, formalised structures intended to ensure accountability as well as robust and inclusive decision-making can, paradoxically, result in inertia, drawn-out deliberations, and leadership exhaustion. Through narrating these real-life scenarios, this chapter demonstrates how this category manifests in strategic organisational practice and highlights why striking a balance between procedural thoroughness and timely action is critical for strategic effectiveness. The incidents show that onerous strategic collective decision-making is characterised by emotional strain,

ethical dilemmas, damaged relationships, and stalled progress. In contrast to simple, conventional decision-making, these examples of onerous collective decision-making reveal how uncertainty, disruptions, and pressure can strain the very frameworks that enable such processes to function.

7.4 Key properties of Onerous SCDM

To distil the core dimensions of Onerous SCDM into sharper analytical focus, this section sets out the key properties that consistently emerged across incidents, participant narratives, and axial coding. These properties represent the defining features that shape how strategic decisions become heavy, repetitive, and slow-moving within health NGOs. Each property highlights a specific pattern, from formal procedural layering and knowledge asymmetries to superficial consultation and extended external validation loops, showing how they intersect to produce the collective experience of decision-making as burdensome rather than enabling. Together, these properties underpin how well-intentioned structures for inclusivity and accountability can paradoxically entrench inertia, decision fatigue, and leadership frustration.

7.4.1 Laborious and emotionally draining processes

Prolonged or repeated engagement on difficult strategic decisions can lead to strategic fatigue, where leaders become numb, disengaged, or cynical.

“You end up with decision fatigue. It’s not that people are indecisive, it’s the system that tires them out.” (NGO 1_Leader 2_14)

“I cried the night we closed that office. I didn’t show it in the meeting, but it broke me... We knew whatever we chose, someone would suffer. It wasn’t just strategic; it was deeply personal.” (NGO 3_Leader 1_22)

“We went around in circles for weeks trying to decide on that partnership. Everyone had their own agenda, and no one wanted to budge.” (NGO 3_Leader 2_12)

“By the fourth round of restructuring, we were numb. We just went through the motions, hoping for the best.” (NGO 4_Leader 2_23)

Onerous strategic decision-making sometimes lacked clarity and cohesion, leading to an emotionally draining process and decision-making stagnation rather than resolution.

7.4.2 Power imbalances and exclusion

A recurring feature of onerous decision-making was exclusion, whether perceived or actual. The leadership team often reported decisions having been made above them with limited explanation or consultation, leading to resentment and demotivation.

“It does feel like you are excluded [from] something that has a big impact on you... It's a feeling of exclusion, and it's not being valued enough to be involved in that... Sometimes decisions are just made and handed to us. You wonder, was my input even considered... Sometimes we just need to implement a decision that has been made. And if you're not in agreement or don't understand the context, it's very frustrating.” (NGO 1_Leader 2_38)

“You have to own it... even if you disagreed. The worst thing you can do is say, ‘It wasn't my decision.’ You've got to say, ‘We decided.’” (NGO 4_Leader 2_38)

These comments reflect the emotional toll when decision-making lacks transparency or inclusion.

7.4.3 External pressures and conflicting priorities

Another significant contributor to onerous decision-making was external pressure, often from donors or other external stakeholders. Shifting priorities and unexpected changes to funding or geographic scope strained organisations' ability to respond effectively and quickly.

“The funding said, ‘cut the mental health work,’ but our values said we can't. That decision haunted me.” (NGO 1_Leader 3_22)

“All of a sudden, you've got to shut down KZN and move to Mpumalanga. We're not being forced, but you weigh the pros and cons. People will lose jobs. You sit down and come to a consensus... When the donor shifts priorities, we don't bypass our processes, but it creates a lot of internal stress. Everyone's scrambling.” (NGO 4_Leader 1_26)

“This was mainly because the organisation's vision and foundational focus are on CPSN activities, which we see as central to providing meaningful support for people aged 50 and above. At the same time, the funder's mandate prioritised tracking and tracing, which is more quantity-driven. Balancing these two priorities with very limited resources created tension. Our values emphasised quality and long-term impact through CPSN, while the funder required

immediate numerical results through tracking and tracing. This conflict of priorities made the decision-making process challenging.” (NGO 5_Leader 2_16)

Participants spoke of feeling caught between organisational values and funder directives, making collective decisions more fraught and time-consuming.

7.4.4 Psychological safety and organisational culture

Participants linked the difficulty of strategic decision-making to a lack of psychological safety. In addition, participants identified organisational culture and the prevailing undercurrent of trust as factors that can undermine psychological safety and hinder inclusive collective decision-making. They warned against superficial consultation and environments where staff were afraid to speak up.

“It’s a superficial thing to say you’re consulted, but ultimately your input isn’t taken seriously... if you’re not empowered, you risk making poor decisions as a leader... It becomes a Chernobyl-type environment... people knew there was a disaster coming, but they kept quiet because there was no safety to raise their voice.” (NGO 1_Leader 5_22)

This narrative underscores the stakes of ineffective collective decision-making. When staff feel silenced or disregarded, the risk of organisational failure increases.

7.4.5 Inefficiencies and delays in implementation

Participants also described how a drawn-out, or conflict-laden decision-making process led to delayed implementation, misaligned teams, and unmet deadlines. This was particularly common when coordination across departments or external partners was required.

“We all sit there, nod, take minutes, and you know next month you’ll be sitting over the same thing again. That’s the tiring part.” (NGO 1_Leader 2_12)

“It’s like no one wants to integrate. Everyone works in silence, and someone needs to force collaboration, otherwise it breaks down.” (NGO 1_Leader 3_22)

“We didn’t sleep. There were WhatsApp’s at midnight, you’d wake up and see five new options, none of them perfect.” (NGO 2_Leader 1_20)

“You need to give yourself ample time to accommodate them... it defies timelines because they have their own plans. It delays your implementation.” (NGO 2_Leader 3_40)

“The same things kept coming back to the table. People stopped caring, we lost momentum.”
(NGO 4_Leader 2_15)

“Everyone had a say, and no one wanted to take responsibility. We kept going in circles for months.” (NGO 4_Leader 3_22)

In these narrations, structural silos and operational disconnects weakened the effectiveness of collective decision-making processes.

7.4.6 Resigned alignment and role conflict

One of the most profound frustrations expressed by participants was the dissonance between personal beliefs and professional obligations, particularly when implementing decisions they had opposed.

“Each partner had their own agenda. What was meant to be collective turned into political manoeuvring.” (NGO 1_Leader 5_22)

This highlights the emotional labour required to carry out collective decisions, especially when alignment is missing or when consensus is perceived as forced.

7.4.7 Summary of key properties

Taken together, the key properties outlined in this section demonstrate that Onerous SCDM is not the result of a single flaw or isolated weakness, but rather the product of multiple, interconnected patterns embedded in organisational structures, cultures, and external dependencies. These properties, formal procedural layering, uneven preparation, superficial consultation, recursive sub-committee cycles, extended external feedback loops, and the cumulative psychological burden, reveal how the intention to protect accountability and inclusivity can, paradoxically, entrench inefficiency and frustrate leaders’ ability to act decisively. By bringing these properties into view, this section clarifies how each dimension adds weight to the collective decision-making process, shaping the notion that decision-making, when overly encumbered, risks becoming an organisational drag rather than a catalyst for strategic clarity and action.

7.5 Sub-categories and participant narratives

While the structural properties of onerous collective decision-making help to explain how these decisions unfold, the sub-categories reveal what they mean to leaders and how they are lived. Participant narratives offer rich insight into the emotional weight, relational strain, and symbolic tensions embedded in these decisions. These incidents provide a textured account of the inner strategic organisational life of leadership under pressure. To illustrate how the core dimensions of Onerous SCDM play out in the day-to-day realities of leadership work, this section weaves together the categories with rich, contextualised excerpts from participants' own words. These narratives anchor each dimension in lived experience, showing how the structural, procedural, and cultural patterns identified through axial coding take shape in practical strategic situations. By presenting these narratives alongside each dimension, the analysis highlights not only what makes the collective decision-making process feel heavy and cyclical but also how leaders navigate, contest, and make strategic decisions under these burdens.

7.5.1 Formal procedural structures

A defining property of Onerous SCDM is the heavy reliance on formal routines and governance layers. Strategic issues move through standing structures such as Exco, subcommittees, and, often, board sign-offs, each adding time and potential bottlenecks.

“A lot of things could be solved quickly, but because we need to protect the donor and the organisation, it goes through Exco, then sometimes the board.” (NGO 1_Leader 2_12)

“It’s about protecting ourselves, but it means small things take forever.” (NGO 2_Leader 1_20)

Well-intentioned formal structures meant to protect accountability can slow down momentum, dilute urgency, and add procedural drag to decisions that require timely action.

7.5.2 Lack of preparation and information asymmetry

Leaders noted how inconsistencies in preparation and information-sharing limit the effectiveness of collective deliberations. Some come well-briefed, while others encounter the issue for the first time during the meeting. Many leaders enter strategic meetings with minimal prior exposure to the decision topic, whether due to the unexpected nature of the issue, the sudden onset of the challenge, or a lack of informal briefing beforehand.

“It’s always the same few people who are fully up to speed. The rest of us just try to catch up in the meeting.” (NGO 1_Leader 3_22)

“You’re expected to do your homework, but it doesn’t always happen. So, the same point gets raised again next time.” (NGO 2_Leader 1_20)

“Sometimes it’s the first time I’m hearing about the issue when I walk into that meeting. Then you feel pressured to have an opinion on something you haven’t thought about... There is an expectation that you don’t just show up... but some still come underprepared, and it makes robust decision-making difficult” (NGO 4_Leader 1_12)

In practice, this unevenness results in superficial debate, repetitive conversations, and sometimes repeated deferrals. While some are asked in advance to research or brief themselves on the topic, this is inconsistently enforced, contributing to uneven participation and the dominance of a few knowledgeable voices at the outset. This unevenness in information sharing undermines trust, causing some strategic leaders to contribute less than they should and feel sidelined, perceiving their role in the meeting as merely to rubber-stamp decisions.

7.5.3 Circularity and protracted processes

When Exco is unable to come to a decision, issues are often delegated to sub-committees or task teams based on subject matter expertise, which may report back with partial answers, feeding a cycle of deferrals. The recursive nature of these strategic discussions often leads to frustration and disengagement. While intended to deepen analysis, this property usually fragments responsibility and introduces fresh layers of coordination.

“It’s like we meet, defer, meet again... it goes in circles. Nothing gets finalised... It becomes exhausting. The same item can appear three, four times, each time with new variables... It’s like a merry-go-round, the same issue bouncing between the big team and the small team.”
(NGO 1_Leader 2_10)

“It’s the same items. Every month, they come back slightly changed, but never final. People start to tune out because they know it won’t be decided.” (NGO 2_Leader 1_18)

“We don’t always resolve it in Exco. We’ll set up a task team, but then they need more input, so it comes back to Exco again.” (NGO 3_Leader 1_18)

“Sometimes by the time feedback comes, the urgency has passed, or the board has shifted priorities again.” (NGO 4_Leader 2_23)

While this approach allows deeper technical engagement, it often delays outcomes and fragments accountability. It also means that responsibility becomes fragmented and decisions loop through recursive sub-committees without clear ownership or momentum toward resolution.

7.5.4 Superficial consultation

Participants described how consultation sometimes feels more like a procedural ritual than genuine engagement, eroding trust and willingness to contribute meaningfully. Leaders described feeling that their input did not meaningfully shape outcomes and that collective meetings could become a ritual of “rubber-stamping” decisions that had already been made elsewhere. There is also a risk of superficial consultation, where input is requested but not seriously considered.

“It can be demoralising. You go through the motions, but you know your input won’t change the outcome...Let it be real engagement, not superficial. People need to feel heard and responsible for the outcome... You are not empowered... If that’s taken away from you, the result is poor job satisfaction and staff attrition.” (NGO 1_Leader 5_22)

“They say you were consulted, but you were not really listened to. It’s a superficial box-ticking thing.” (NGO 2_Leader 3_22)

“Everybody has a voice... But some people’s opinions carry more weight... You end up executing something you never agreed with, and that’s tough... but you have to own it” (NGO 4_Leader 2_15)

Superficial consultation drains leaders’ energy and creates disengagement, reinforcing the idea that the collective effort is more for appearances than real influence. This pattern erodes trust in the process and discourages meaningful participation even when structures for input formally exist. Notably, this tendency echoes aspects of the *Conventional Strategic Collective Decision-Making* category described in Chapter 6, where organisational tradition and hierarchical deference can also result in consultation that is more performative than substantive. Here, however, the stakes are amplified by the added procedural processes. Participants expressed a

strong desire for a balance between consultative integrity and decision efficiency, a space where informed collective decision-making is possible without paralysis.

7.5.5 Extended external validation loops

Leaders explained that final decisions often require donor or board approval, which can introduce new conditions or return the issue for further revisions due to accountability requirements, compliance standards, or shifts in external priorities. While this adds accountability, it can extend the timeline significantly.

“We look to the board for final approval, but sometimes they send it back with new concerns. So, we’re back where we started... Ultimately, the decision might go to the board... and then we start over again.” (NGO 3_Leader 2_30)

“One issue can bounce between the donor, the board, and us for months. You lose steam.” (NGO 4_Leader 2_26)

This means that even after thorough internal discussions, external governance processes can reopen issues, extend decision-making timelines, and contribute to decision fatigue among participants.

7.5.6 Psychological and organisational costs

Finally, leaders highlighted the emotional toll of repeated meetings, unresolved items, and the sense that progress is perpetually deferred. This drawn-out, often inconclusive process has a tangible effect on morale and efficiency.

“After a while, you just want to do what you’re told. You stop putting energy into these debates because they never end... By the third or fourth time the same issue comes back, people just say ‘Whatever you decide is fine.’” (NGO 1_Leader 2_14)

“You feel like you’re paddling hard, but you’re stuck in the same place.” (NGO 2_Leader 1_20)

“It feels like we’re just firefighting. Decisions are made in panic, not through proper engagement.” (NGO 2_Leader 3_40)

“In the end, people disengage. They say, ‘I’ll do what I’m told,’ rather than contribute meaningfully... We always said, ‘no one gets left behind,’ but when budgets got tight, we had to cut some teams. It felt like a betrayal of who we are.” (NGO 3_Leader 2_14)

The cumulative strain undermines psychological safety, trust, reduces ownership, and discourages open, courageous contributions. Some respondents described this as contributing to a toxic work culture characterised by superficial consensus and minimal ownership, which in turn leads to low morale, job dissatisfaction, and risk aversion.

7.5.7 Summary of sub-categories and participants’ narratives

The dimensions and accompanying participants’ narratives presented in this section reveal how Onerous SCDM is not merely an abstract structural pattern but a deeply felt, lived reality within the leadership experiences of health NGOs. The narratives illuminate how each dimension, from procedural layering and deferred decisions to superficial consultation and extended external loops, psychological and organisational costs manifest in everyday practice, creating a sense of burden, frustration, and collective fatigue. By grounding these dimensions in authentic participant voices, this section reinforces the compelling evidence that decision-making cultures, when weighed down by structural and relational inefficiencies, risk undermining the very ideals of inclusion, accountability, and shared leadership they aim to protect.

7.6 The Onerous SCDM stages

To unpack the procedural complexity of Onerous SCDM more systematically, this section distils the recurring patterns identified in participants’ accounts into a seven-stage process model. This staged process, visualised in Figure 7.1, illustrates how a strategic challenge typically flows through multiple formal decision-making loops before arriving at an outcome. Each stage reflects the layered interactions between leadership teams, committees, external stakeholders, and governance structures, showing how information gaps, recursive consultations, and multiple feedback loops contribute to a drawn-out and burdensome process. This section describes each stage in detail, demonstrating how structural factors, cultural expectations of consensus, and external accountability demands collectively shape the heavy, slow-moving nature of onerous strategic decisions within health NGOs.

7.6.1 Stage 1: Identifying the challenge

The first stage begins when an emerging issue or strategic challenge is formally recognised and brought to the attention of the leadership team. These challenges often originate from sudden changes in donor conditions, programme performance concerns, or shifts in organisational priorities. While the nature of the challenge may vary from funding reallocations to policy reforms, what unites these issues is their complexity, novelty, unexpectedness, potential disruptiveness and strategic impact, making them unsuitable for quick resolution through informal channels. This initial recognition signals the start of a lengthy process where multiple strategic leadership teams will attempt to understand, dissect, and address the problem within a collective framework.

7.6.2 Stage 2: Formal Exco meeting with limited information

Once the challenge is flagged, it typically proceeds directly to a formal Exco meeting, as little is known about the challenge to warrant informal consultations. At this point, information available to guide a decision is often incomplete, outdated, or inconsistently distributed among decision-makers. In some cases, leaders may be hearing about a critical matter for the first time, relying on the meeting itself to bring them up to speed. Leaders may arrive underprepared or with differing levels of contextual knowledge, creating a knowledge asymmetry that hampers robust debate. As highlighted in several incidents, the expectation to reach consensus under these conditions frequently exposes gaps in preparation and raises more questions than it answers. Rather than clarifying a path forward, the initial Exco meeting often expands the scope of uncertainty and sets the stage for prolonged deliberations as it will be grappling with how to redefine the challenge and potentially its scope.

7.6.3 Stage 3: Decision deferred and committee formation

When the Exco is unable to reach a conclusive decision either due to insufficient information, competing perspectives, or the recognition that the issue demands specialised input, the matter is deferred to a sub-committee, task team, or working group. This delegation is framed as an opportunity to deepen technical analysis, draw on subject matter expertise, or test possible scenarios. While the creation of sub-groups can, in theory, enhance the quality of recommendations, it also fragments responsibility and introduces further layers of coordination. This stage often initiates the recursive cycle that characterises Onerous SCDM, where decisions

bounce between the core leadership team and the smaller committee, losing momentum and clarity with every loop between the strategic leadership team and sub-committee.

7.6.4 Stage 4: Gathering broader inputs and external feedback

The newly formed committees typically embark on an information-gathering phase, reaching out to a range of internal and external sources. This includes aligning the issue with the broader organisational strategy, consulting communities or other stakeholders, sourcing technical advice from SMEs or consultants, reviewing funder conditions, and, in many cases, seeking board-level feedback through the Executive Director. While these diverse inputs are critical for ensuring decisions are contextually grounded and stakeholder-informed, they can also produce conflicting perspectives, create further layers of negotiation, and extend timelines. This stage often reveals the tension between robust due diligence and the risk of “analysis paralysis”, where new data or perspectives continuously reshape the parameters of the original challenge.

7.6.5 Stage 5: Informal canvassing and preconceived decision-making

As with the Conventional SCDM processes explored in Chapter 6, this stage marks a subtle but critical shift from formal deliberation to informal influence-building. Crucially, at this stage, leaders also described a subtle but powerful form of canvassing for buy-in outside of formal meetings. Certain decision-makers, often chairs, CEOs, or influential voices within the Exco, may engage with key individuals in advance of the formal discussion to test support, shape thinking, or mitigate anticipated resistance. While intended to smooth the decision process, this informal lobbying can lead to perceptions that the formal Exco meeting functions more as a rubber-stamping forum than a genuine site of open deliberation. This pattern echoes the dynamics discussed in Chapter 6 under the sub-category of *silent consent and strategic compliance*, where decisions are complied with, even when privately contested, to preserve unity, professionalism, or political standing within the organisation. In this context, collective decision-making takes on a layered complexity: formal procedures may give the appearance of inclusion and debate, while real influence may be exercised through quiet persuasion or pre-aligned consensus. The result is often a diluted sense of agency among some team members, who feel the decision trajectory is already determined before formal agreement is reached. Thus, while the agenda and principles remain like Conventional SCDM, in Onerous SCDM, this stage introduces additional informality and delays, compounded by heightened political sensitivity, increased accountability pressures, entrenched trust issues, and significant external

costs. The informal phase, far from being a strategic shortcut, becomes another extended loop in the overall process.

7.6.6 Stage 6: Exco deliberation and extended discussions

The multiple strands of feedback are eventually channelled back to the Exco for renewed deliberation. At this point, the leadership team must reconcile different inputs, weigh trade-offs, and attempt to move toward a resolution. However, this renewed discussion frequently reopens earlier debates, surfaces new areas of uncertainty, or reveals fresh disagreements about risk, feasibility, or alignment with organisational values. As reflected in participant narratives, the same issue may appear on the agenda multiple times, with each iteration framed as an attempt to achieve “collective buy-in,” but often producing decision fatigue and a growing sense of frustration among leaders. In the worst cases, the loop between Exco and sub-committees restarts if the decision is again deferred for more information or alignment.

7.6.7 Stage 7: Arriving or not arriving at an Onerous SCDM

Stage 7 represents the pivotal outcome point in the Onerous SCDM process where, after exhaustive cycles of deliberation, feedback loops, and informal canvassing, the Exco either arrives at a collective strategic decision or fails to do so. As visualised in Figure 7.1, this stage splits into two distinct paths: a green resolution path where a final decision is formally endorsed, and a red continuation path where no decision is reached, prompting another return to the deliberative cycle. In many cases, despite substantial effort, consultation, and alignment-building, ExcOs remain unable to secure consensus or clarity, particularly where the decision carries major compliance, financial, or reputational implications. This deferral, referred to as a need for further information, stakeholder validation, or risk recalibration, reinforces the procedural weight, trust deficit and psychological toll of Onerous SCDM. Conversely, when a decision is successfully made, it is often the result of significant negotiation, informal alliance-building, and a shared tolerance for residual ambiguity. Yet even at this resolution point, the decision may be seen as a “fragile consensus” rather than a fully owned and energised outcome. This dual possibility at Stage 7, whether a decision is made or not, captures the core tension of the Onerous SCDM process: high-stakes collective leadership is inherently non-linear, and outcomes are never guaranteed despite extensive process investment, because the decisions often carry significant organisational, financial, and reputational consequences.

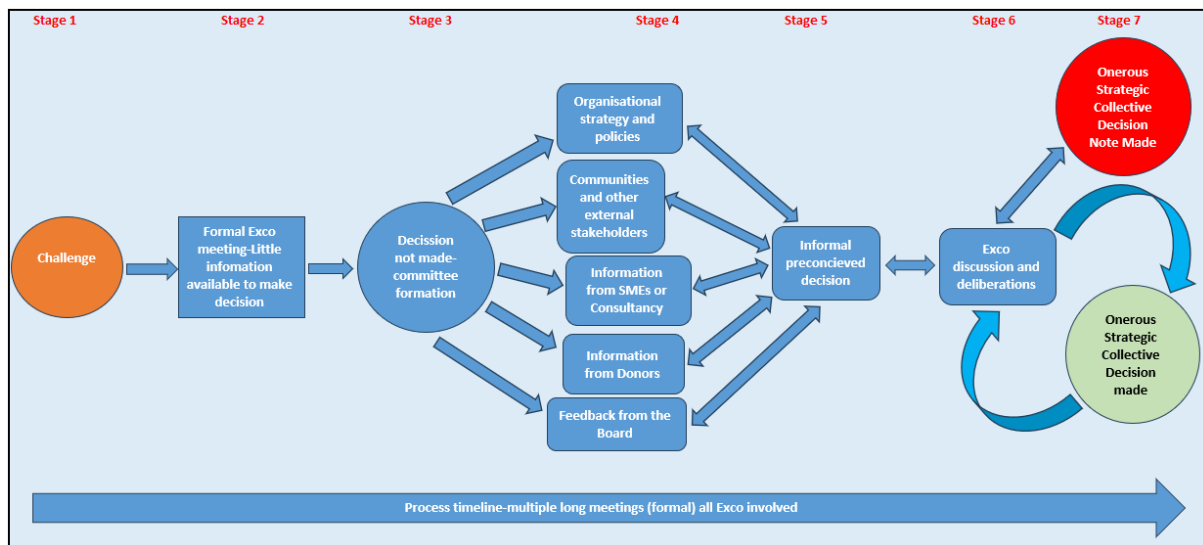


Figure 7.1 Onerous strategic collective decision-making process flow

Source: Author’s construction

7.6.8 Process timeline: the slow drift of collective momentum

An important dimension of Onerous SCDM is its inherently protracted nature, characterised by a drawn-out timeline that spans from the moment a challenge is first identified to its eventual (and sometimes inconclusive) resolution. Indeed, there were instances in the data where decisions were either not made or were left unresolved for prolonged periods. Participants described situations in which agenda items were repeatedly deferred, often being sent back for additional information, stakeholder consultation, or alignment with donor or board expectations. While such actions could be framed as due diligence, they also had the effect of stalling resolution. In some cases, the appointment of committees or task teams to “further explore” an issue functioned less as a mechanism for clarity and more as a delaying tactic, intentionally or unintentionally postponing a final decision. Similarly, the failure to prepare adequately for meetings, such as withholding briefing documents or neglecting to circulate critical information in advance, meant that decision-makers entered discussions without sufficient grounding to reach closure. These practices contributed to a cycle of inconclusiveness, where decisions lingered without resolution, heightening frustration and eroding both trust and efficiency within the collective leadership process. Such inconclusiveness underscores the paradox of Onerous SCDM: while designed to ensure accountability and rigour, the very mechanisms meant to strengthen decision quality can instead entrench indecision, leaving critical organisational challenges unresolved.

Unlike the simple or conventional decision-making processes described in Chapters 5 and 6, this mode is characterised by multiple, long-form formal meetings and iterative loops that extend well beyond what leaders often expect or plan for. The timeline typically begins with an initial challenge that is escalated swiftly to the Exco level, but with only partial information available for robust deliberation. This initial gap in readiness frequently results in an early deferral of the decision, triggering the formation of committees or task teams tasked with gathering further evidence, consulting with internal and external stakeholders, and testing potential scenarios. Each of these activities demands additional time, often weeks or even months, particularly when dependent on donor feedback cycles, legal compliance reviews, or board approvals. This elongated process, or what Figure 7.1 illustrates as “multiple long meetings (formal) with all Exco involved”, is a defining feature of Onerous SCDM. It reinforces the study’s central insight that while collective decision structures are intended to ensure accountability and buy-in, without clarity, preparation, and strong facilitation, they can stretch timelines to the point where decision-making becomes a burden rather than an enabler of strategic agility.

7.7 The barge metaphor: navigating heavy strategic decisions

The incidents and analytic categories that define Onerous SCDM in this study can be encapsulated in the metaphor of “*rowing a cumbersome barge through narrow canals.*” This metaphor vividly conveys how strategic decisions within health NGOs, while designed to be inclusive and robust, become weighed down by their very structures. Like a heavily loaded barge, these decisions require the collective effort of many rowers, each leader, subcommittee, or board member representing an oar that must pull in coordinated rhythm for any meaningful progress to occur. Yet, the barge’s sheer size and weight mirror the layered formal procedures, repeated signoffs, and overlapping governance loops that make every decision heavy to manoeuvre. The narrow canals symbolise the tight channels of donor compliance, limited resources, and shifting priorities that restrict the organisation’s room to pivot or respond quickly. When some rowers are out of sync, arriving underprepared, disengaged, or lacking relevant information, the barge drifts off course or stalls altogether, echoing the incidents where knowledge asymmetries and inconsistent preparation prolonged discussions unnecessarily. Locks and barriers along the canal stand for the board approvals and external validations that, while intended to keep the barge secure and accountable, often slow its passage and create frustrating bottlenecks. The crew’s energy becomes depleted as they circle through the same

narrow passages, turning what should be straightforward navigation into exhausting loops. In this typology, the *onerous* nature of collective decision-making is not merely a function of the stakes involved but a consequence of structures that, without careful alignment and disciplined coordination, transform collective effort into procedural drag. The barge, while sturdy and designed to carry valuable cargo, the organisation's mission, resources, and accountability, risks becoming stranded if its crew cannot row with shared direction and trust. This resemblance powerfully captures the core insight of this chapter, that strategic collective decision-making, while noble in principle, can become a heavy vessel weighed down by its own processes, requiring immense collective energy to keep it moving through the tight, often shifting channels of health NGO governance.

7.8 Conclusion

This chapter has provided an in-depth examination of the third major category emerging from this study, Onerous SCDM, illustrating how, within health NGOs, the principles of inclusivity, shared responsibility, and procedural accountability can paradoxically generate processes that feel burdensome, repetitive, and ultimately draining for those tasked with making and implementing strategic choices. Through the detailed incidents and narrative examples presented, it is evident that this mode of decision-making is characterised by a series of interlocking conditions: formalised structures and overlapping governance layers, knowledge asymmetries among leadership, repeated use of sub-committees, and frequent deferral to external authorities such as boards or funders.

Together, these factors create a cycle in which decisions often loop back on themselves, requiring multiple rounds of deliberation that do not always move the organisation closer to resolution. The cumulative impact, as participants described, is one of decision fatigue, diminished psychological safety, and in some cases, a sense of disempowerment, where consultation becomes symbolic rather than substantive. The metaphor of "*rowing a cumbersome barge through narrow canals*" captures this dynamic vividly, portraying a collective leadership process that demands significant energy and coordination, yet is prone to stalling when the organisational channels are too tight, the crew is not fully synchronised, or the route itself keeps shifting under external pressures. This category, when contrasted with the simple and conventional modes explored in earlier chapters, shows that collective decision-making is not a single, stable process but a dynamic spectrum that shifts in response to organisational values such as trust, stakeholder demands, and contextual pressures. Chapter 8

draws these insights together, offering a synthesised findings that situates all three modes *Simple*, *Conventional*, and *Onerous* within a coherent grounded theory of collective strategic decision-making, highlighting their interconnections, consequences, and implications for leadership and governance in complex health NGO environments.

CHAPTER 8: STRATEGIC COLLECTIVE DECISION-MAKING AS AN INTERACTIVE MODE OF ORGANISATIONAL ALIGNMENT

8.1 Introduction

This chapter presents the findings of the grounded theory study that investigated the nature, processes, and contextual influences shaping collective decision-making within South African health NGOs. Guided by the methodological principles of Straussian Grounded Theory (Strauss and Corbin, 1998), this chapter systematically articulates the categories that emerged during selective coding, facilitated by constant comparison, memo writing, and theoretical sampling. The central aim of this chapter is to provide a transparent and coherent account of the empirical patterns derived from the data. These patterns reflect the social processes, relational dynamics, and structural conditions that characterise how strategic collective decisions are formed within the sampled health NGOs in South Africa. The findings are presented through three typologies of strategic collective decision-making, namely:

- Simple Strategic Collective Decision-Making (SSCDM)
- Conventional Strategic Collective Decision-Making (CSCDM)
- Onerous Strategic Collective Decision-Making (OSCDM)

Each of these typologies represents a distinct mode of collective decision-making, its process, and characteristics. They are shaped by issues such as the nature of the challenge, intensity of deliberations, duration of the decision-making process, and cost of the decision-making. Rather than being static categories, these modes are conceived as fluid, context-sensitive processes that reflect the shifting realities and pressures confronting health NGOs in South Africa. Each typology is introduced by outlining its core characteristics, followed by a detailed discussion of its associated categories, including their properties and dimensions. While Chapters 5 through 7 presented in-depth, narrative-driven accounts of Simple SCDM, Conventional SCDM, and Onerous SCDM, respectively, this chapter serves a synthesising and theory-building function. It revisits the three processes and integrates them into a broader conceptual understanding. The chapter introduces the substantive theory developed in this study, which conceptualises *strategic collective decision-making as an interactive mode of organisational alignment*.

By bringing together the key dimensions of the three typologies, this chapter also highlights the variation and coherence across different strategic decision-making modes. It elaborates how these processes leverage on relationships and reflect the ways in which health NGOs mediate between competing internal and external demands during collective decision-making. The

chapter is structured as follows; it starts with a summary of each of the three collective strategic decision-making processes (Simple SCDM, Conventional SCDM, Onerous SCDM), it then goes on to discuss the patterns and relationships across the three typologies. This chapter goes on to identify key relational and contextual drivers of decision mode variation before articulating the grounded theory developed in this study. In doing so, the chapter forms a conceptual bridge between the empirical analyses in earlier chapters and the discussion presented in Chapter 9. It captures the essence of how strategic collective decisions are enacted, resisted, delayed, or accelerated, revealing the dynamic interplay between the challenges to be addressed, the process, and the context of strategic collective decision-making in South African health NGOs.

8.2 Revisiting and synthesising the three categories

Chapters 5, 6 and 7 presented a detailed account of three emergent categories that define the strategic collective decision-making processes within health NGOs in South Africa. These categories, Simple SCDM, Conventional SCDM, and Onerous SCDM, reflect the diverse ways in which organisations engage during the strategic collective decision-making process, depending on the complexity of the issue, internal dynamics, and external pressures. Each category represents a distinct yet interrelated mode of collective decision-making, grounded in participants' lived experiences and organisational contexts. This relationship is depicted in Figure 8.1. Rather than being mutually exclusive, the three categories form a continuum of collective decision-making practice, varying by level of formality, intensity, strategic leaders involved, and strategic collective decision scope.

This section revisits each category with the aim of synthesising its key characteristics and interconnections. By doing so, it becomes possible to articulate how NGOs transition between modes in response to evolving internal and external conditions, and how these transitions reflect underlying organisational strategic collective decision capacities and strategic imperatives. The analysis presented here not only brings together the findings but also lays the foundation for the integrated typology developed later in this chapter. This typology frames collective decision-making as a dynamic, interactive process, rather than a fixed or uniform practice, offering a deeper understanding of how health NGOs adaptively align their collective decision-making approaches to fit the realities of their dynamic environments.

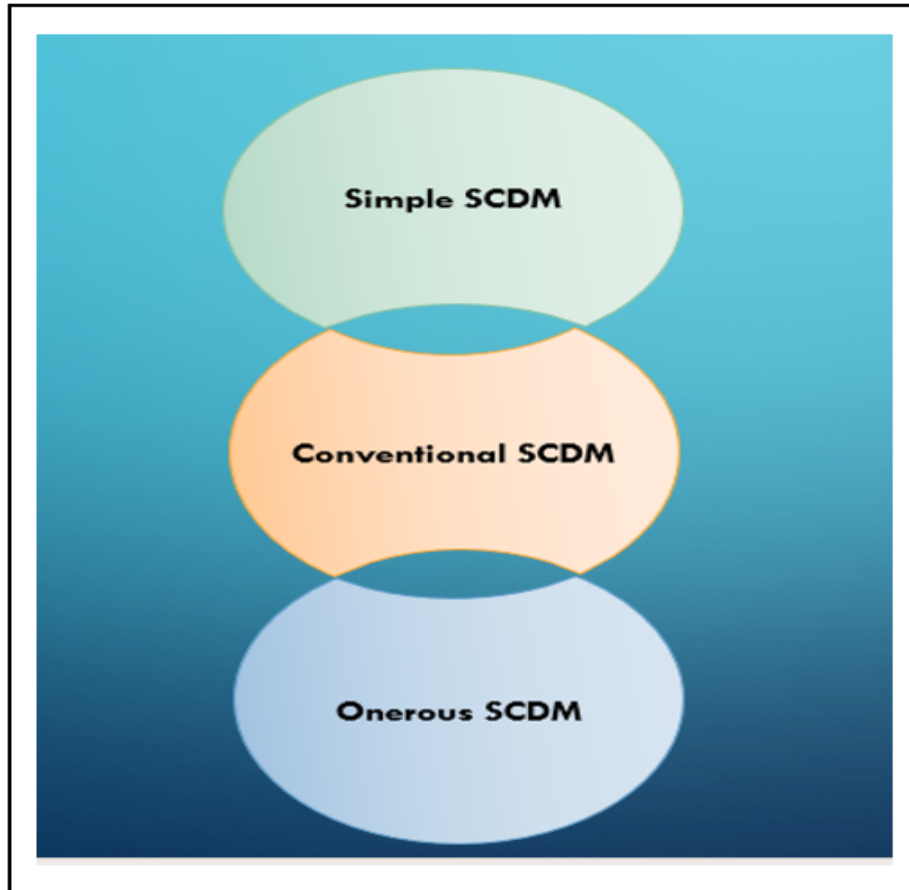


Figure 8.1: Collective decision-making mode synergy

Source: Author's construction

8.2.1 Simple strategic collective decision making (SSCDM)

Simple SCDM is characterised by its informal nature, operational clarity, and efficiency. Decisions in this mode typically unfold in stable organisational environments marked by mutual trust, shared understanding, and alignment with the organisation's strategic direction. These processes are often experienced as intuitive and unproblematic, frequently concluding in a single informal meeting or conversation. This mode of decision-making is especially common in contexts involving low-stakes strategic issues, where outcomes are relatively predictable and familiar. Strategic leadership involvement tends to be limited to divisional heads or subject matter experts, who contribute specialised knowledge without requiring the full involvement of the broader executive team. The information relied upon is often drawn from experience, established policies, operational data, or internal organisational statutes.

The simplicity of these collective decisions is not due to a lack of analytical depth, but rather to the alignment among collective decision-makers, clarity of purpose, and cultural cohesion within the organisation. Trust in leadership and in each other allows strategic leadership teams

to move swiftly from problem identification to action without extensive deliberation. Simple SCDM captures environments where decision-making is informal yet functional, supported by clear role expectations, team cohesion, and regular interpersonal engagement. Communication is typically direct, and although formal procedures are minimal, decision-making authority is exercised in ways that are viewed as legitimate and inclusive, even if not overtly participatory. The outcome is a process that is empowering and efficient, particularly when decisions reinforce already accepted goals or established practices. Chapter 5 explored this category in greater depth, illustrating how organisational stability, leadership openness, and shared values enable and sustain this streamlined mode of collective decision-making. Simple SCDM was likened to a team *navigating a river in a kayak*, where time, resources, and pressure collide; it also acts as an adaptive compass. Simple SCDM represents a process that is low-cost, rapid, and minimally contested, making it particularly well-suited for fast-moving health NGOs dealing with competing strategic issues. Typically emerging in contexts of relational trust and operational clarity, these collective decisions rarely require prolonged deliberation or formal structures. The positioning of Simple SCDM in Figure 8.2 underscores its relevance in environments where agility, cohesion, and informal consensus are essential to effective health NGO functioning.

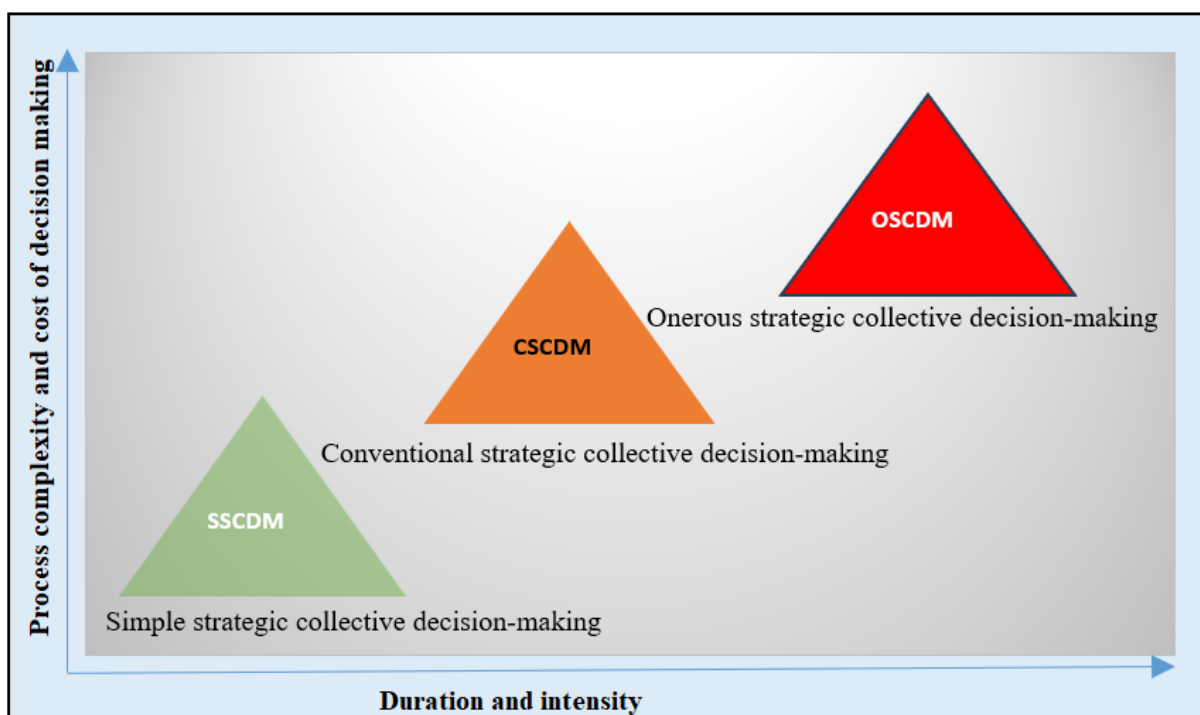


Figure 8.2: Collective decision-making complexity drift

Source: Author’s construction

8.2.2 Conventional strategic collective decision making (CSCDM)

Conventional CSCDM represents the middle ground between the informality of Simple SCDM and the intensity of Onerous SCDM. It is characterised by structured yet familiar decision-making practices that are widely regarded as legitimate, inclusive, and predictable. While these processes may not be the fastest or most innovative, they are embedded in organisational routines, hierarchies, and norms that inspire confidence and continuity. Decisions in this mode often begin with informal consultations or prior discussions but culminate in formalised forums such as Exco meetings. The process typically involves deliberate information gathering from operational data, input from subject matter experts, and institutional memory. Subject matter experts frequently lead the technical aspects, while senior leadership provides oversight and endorsement, balancing analytical rigour with strategic accountability. While there is room for negotiation and dialogue, discussions tend to remain within the boundaries of known institutional practice.

The strength of Conventional SCDM lies in its ability to foster psychological safety, encourage broad participation, and draw on accumulated organisational wisdom. It reflects elements of incrementalism, where change is evolutionary rather than disruptive. Decisions are shaped by a combination of tradition, relational trust, and procedural legitimacy, offering stability in moderately complex contexts where coordination across departments or stakeholder groups is required. However, the same qualities that provide stability can also lead to inertia. Familiar processes may delay or deflect transformative change, as organisations lean toward what is tried and tested. In this way, Conventional SCDM can be both an asset, supporting cohesion and shared accountability, and a constraint, limiting the pace or scope of innovation. Within the typology as shown in Figures 8.1 and differently presented in Figure 8.2, Conventional SCDM occupies a central position between Simple SCDM's low-cost, low-intensity efficiency and Onerous SCDM's high-cost, high-intensity deliberations. It represents a balanced approach that sacrifices some speed and flexibility in favour of trust, consensus-building, and procedural fairness, qualities especially valuable for health NGOs navigating moderately complex decisions in resource-constrained environments. Chapter 6 explored this category in greater depth, resembling it as *sailing a familiar river course* where collective decisions are made within the boundaries of deeply institutionalised norms and expectations.

8.2.3 Onerous strategic collective decisions (OSCDM)

Onerous SCDM represents the most complex, high-stakes, and emotionally demanding mode in the typology. It typically arises in times of crisis, strategic uncertainty, or significant organisational transition, such as major funding cuts or structural realignment. In this mode, collective decisions involve multiple and sometimes conflicting priorities, limited or ambiguous information, and significant consequences for organisational direction, personnel, or partnerships. The process is highly formalised and time-intensive, often led by an organisational head (such as CEO, COO, Chief of Party, or Country Director) with active participation from the full strategic leadership team. External consultations, board-level scrutiny, and coordination with donors, partners, or government agencies are common within Onerous SCDM.

Unlike Simple SCDM and Conventional SCDM, Onerous SCDM lacks the comfort of established precedents. Collective decision-making becomes iterative, with prolonged deliberations, multiple revisions, and extensive stakeholder engagement. The emotional labour involved is considerable, particularly when power asymmetries or contested priorities are present. Where trust is fragile, psychological safety may erode, leading some stakeholders to disengage or remain silent. In the South African health NGO context, Onerous SCDM reflects the intense influence of external pressures, donor conditionalities, shifting policy mandates, and urgent community needs on internal governance. While sometimes unavoidable, especially during strategic pivots or emergencies, this mode carries significant relational risks. Without transparent communication, inclusive leadership, and deliberate trust-building, Onerous SCDM can result in morale fatigue, withdrawal, and weakened ownership.

Interestingly, not all Onerous SCDM scenarios ended in gridlock. Some decisions were eventually made, often after senior leadership imposed a direction or after a triggering event or forced action. Yet, even when outcomes were achieved, the process left emotional residue: resignation, burnout, or disengagement. When decisions were not made, the organisation either internalised the cost through silent suffering - such as stretching limited resources or postponing necessary restructuring - or externalised it, for instance by losing funding or staff. These outcomes underline the systemic risks of unresolved Onerous SCDM, suggesting that while inclusivity is critical, it must be balanced with timely and courageous leadership. The metaphor described in Chapter 7 of *rowing a cumbersome barge through narrow canals* was fitting as Onerous SCDM vividly conveys how strategic collective decisions within health NGOs, while designed to be inclusive and robust, become weighed down by their very structures.

8.3 Comparative analysis

The three identified modes of strategic collective decision-making; simple, conventional, and onerous; illustrate a continuum of strategic and significant organisational responses to differing levels of complexity within health NGOs. These modes vary in terms of their degree of formality, the inclusivity of leadership and stakeholders, the adequacy and sources of information used, and the cost of time and effort invested in collective decision-making processes. This section builds on the comparative insights presented in Table 8.1, offering a contextual analysis of the key similarities and distinctions among the three categories explored in this study.

Simple SCDM typically occurs in informal environments, where a limited group of experts drives the process, utilising sufficient information derived from operational data, peer input, and subordinate contributions. These decisions are grounded in factual evidence, past experiences, and established policies and practices. The approach enables swift resolution, often within a single informal meeting, due to its streamlined and expert-led nature. Leadership is typically concentrated in the hands of one or a few knowledgeable leaders, whose guidance is seldom contested. Such decisions are marked by their efficiency and are best suited for routine or operational issues characterised by low conflict and a high degree of trust among participants.

In contrast to the Simple SCDM, the Conventional SCDM occurs across both formal and informal settings, combining structured procedures with collaborative engagement, as depicted in the different intersections in Figure 8.1. While it similarly relies on adequate information from operational data and peer insights, it distinguishes itself through its inclusivity, engaging a wider group of stakeholders beyond just subject matter experts. The information considered is more comprehensive, encompassing factual data, historical insights, and formal policy or statutory frameworks. Though still relatively swift, decisions are made with broader participation, usually within a single Exco meeting. Leadership is shared between experts and officially designated individuals, reflecting a more organised governance structure. This mode of collective decision-making strikes a balance between procedural formality and collective involvement. It integrates experiential knowledge with data-driven input and is typically embedded within routine organisational practices, offering clarity, consistency, and broader legitimacy as presented in Table 8.1.

At the opposite end of the decision-making continuum, Onerous SCDM unfolds strictly within formalised settings and is characterised by limited access to adequate information. Despite these

informational challenges, the process is notably inclusive, involving both the broader leadership team and technical experts. The knowledge base is highly specialised and governed by strict adherence to policy directives, statutory requirements, and expert interpretation. This results in a protracted decision-making process, often requiring several Exco meetings to achieve consensus. Leadership in this context is typically vested in a formally appointed or designated expert, reflecting the hierarchical structure and procedural discipline that define this mode. Onerous SCDM emerges in complex, high-stakes scenarios marked by uncertainty, divergent interests, and external influences. The Onerous SCDM demand significant time and formal engagement, frequently extending beyond internal leadership structures to include consultations with boards, donors, and external specialists.

Each strategic collective decision-making mode responds to specific organisational demands shaped by the contextual and structural realities within health NGOs. Effectively aligning the mode of decision-making with the complexity of the issue at hand allows organisations to act with strategic precision, balancing efficiency with meaningful stakeholder participation. Notably, these decision-making modes are neither fixed nor mutually exclusive. Participants frequently described fluid transitions between modes, influenced by the evolving nature of the issue, different phases of decision-making, or changing internal and external conditions, as illustrated in Figure 8.1.

For example, a decision initially perceived as straightforward and non-contentious may become more complex and demanding if disagreements arise or donor requirements shift. Similarly, what was once a routine and familiar process may become more contested in response to leadership changes or funding uncertainties. One participant shared:

“Some decisions are easy, and we just do them. Others drag on and on. It depends on who’s involved and what’s at stake.” (NGO 1_Leader 3_22)

This insight reinforces the central proposition of the grounded theory developed in this study, that collective strategic decision-making within NGOs is inherently dynamic, emerging as an interactive, relational, and contextually responsive process. As illustrated in Figure 8.1 and Figure 8.3, the three identified decision-making modes are interrelated, rather than existing as isolated categories. Recognising this continuum allows organisations to better anticipate challenges, align collective decision-making processes with the contextual demands they face, and ultimately cultivate more adaptive and responsive governance practices.

Table 8.1: Collective decision-making category comparative summary

Collective decision settings			
Properties and their dimensions	Simple strategic collective decision-making	Conventional strategic collective decision-making	Onerous strategic collective decision-making
setting: formal - informal	informal	formal & informal	formal
information source & adequacy: operations, peers, subordinates; & adequate - inadequate	information from operations, subordinates and peers; adequate	information from operations, subordinates and peers; adequate	inadequate
who: all/collective; some; expert	some expert/s	all/collective	all/collective; expert
type of info: facts; experience/history; policy/statutes/regulations; expert analysis	facts; experience/ history; policy	facts; experience/history; policy/statutes/regulations	experience/history; policy/statutes/regulations; expert analysis
time taken to decide: quick/little & one meeting - extensive/drawn out & several meetings	quick/little & one meeting	quick/little & one meeting	extensive/drawn out & several meetings
leader of the collective: expert; appointed/designated leader	expert	expert; appointed	expert; appointed/designated leader

Source: Author’s construction

8.4 Typology of collective strategic decision-making in health NGOs

Figure 8.3 visually represents the emergent typology of collective strategic decision-making derived from the grounded theory analysis of this study. It depicts the three interrelated modes, Simple, Conventional, and Onerous SCDM, positioned along underlying challenges of strategic organisational complexity, relational intensity, and stakeholders' demands. The base layer, *Simple SCDM*, anchors the typology as the routine, operational mode that relies on clear authority, minimal contestation, and predictable processes. Above this, *Conventional SCDM* illustrates decisions that draw on institutional memory, shared norms, and participatory dialogue within trusted frameworks. At the apex, *Onerous SCDM* highlights the emotionally charged, high-stakes decisions that emerge during periods of crisis, significant strategic change, or resource volatility. The arrows between the layers indicate the fluid and dynamic nature of movement between these modes. Rather than rigid categories, the model illustrates how health NGOs navigate across modes in response to internal organisational conditions and external contextual demands. The visual synthesis underscores the study’s key insight that effective collective decision-making is relational, contextual, and adaptable, rather than purely linear or rational. These modes are neither static nor mutually exclusive. An issue that begins as simple may escalate into a conventional or onerous decision if tensions surface or external

requirements shift. Conversely, a complex decision may be broken into simpler steps to ease the cognitive and emotional load.

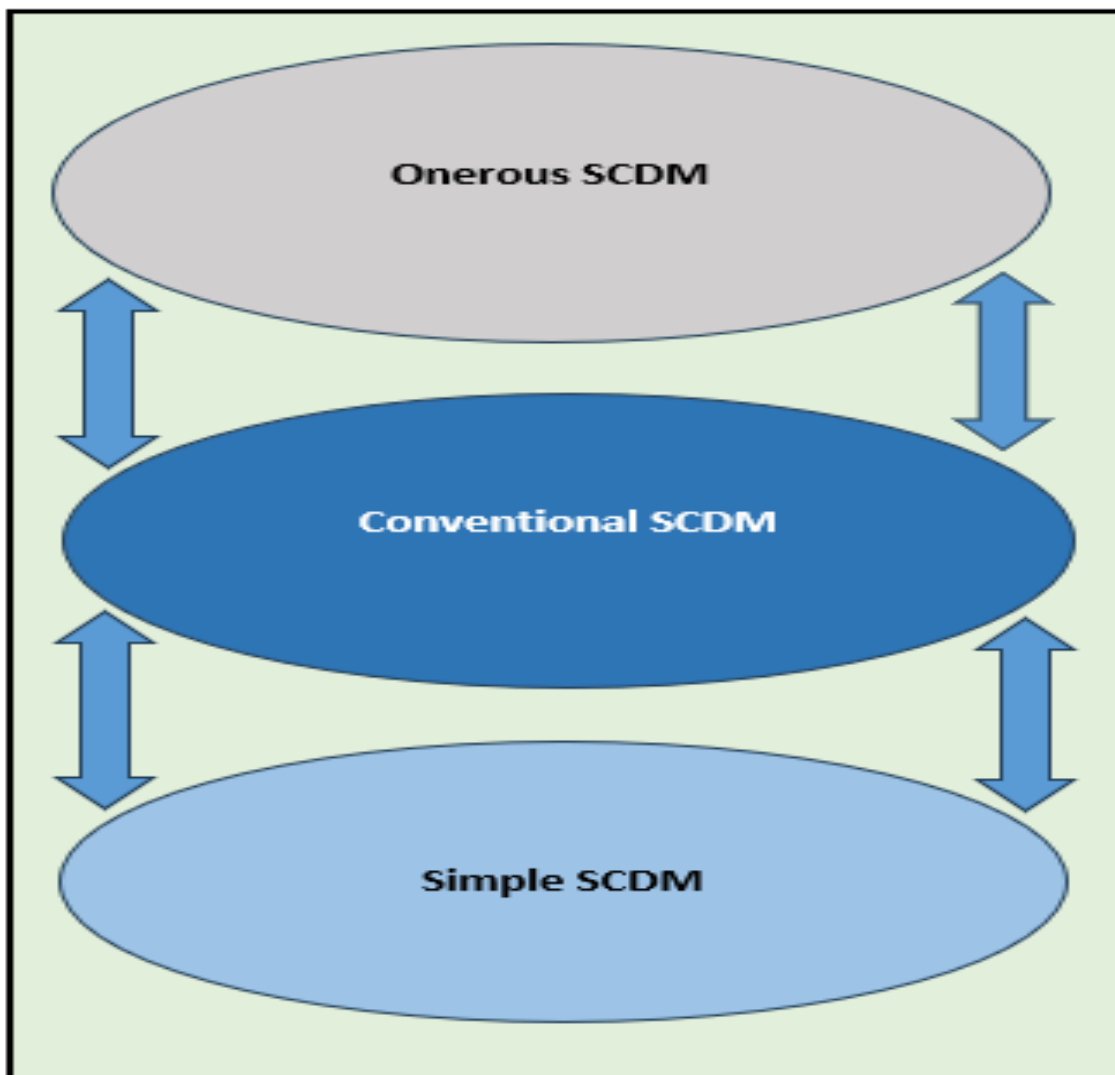


Figure 8.3 Typology of collective decision-making in health NGOs

Source: Author's construction

8.5 Key aspects driving different modes of collective decision-making

The grounded theory developed in this study reveals that the mode through which health NGOs in South Africa engage in collective strategic decision-making is not random or uniform but is shaped by a constellation of interrelated factors. These factors determine whether a decision will follow a Simple, Conventional, or Onerous SCDM pathway. While the three modes form a continuum, transitions between them are influenced by the nature of the problem, the intensity and scope of deliberations, the duration over which the process unfolds, and the cost, both tangible and intangible, of engaging in collective decision-making. Each of these dimensions,

as depicted in Figure 8.2 on the X and Y axis, contributes to how an organisation calibrates its collective decision-making approach in response to contextual realities and strategic demands. These four key factors —nature of the challenge, intensity of deliberations, duration of the collective decision-making process, and cost of collective decision-making —interact dynamically to determine how NGOs navigate their strategic decision-making. Understanding how these drivers shape different collective decision-making modes enables the strategic leadership team to tailor their engagement approaches to specific contexts, ensuring that the collective decision-making process is both fit-for-purpose and strategically aligned.

8.5.1 Nature of the challenge

The complexity, ambiguity, and strategic weight of the issue at hand significantly influence the collective decision-making mode. Routine, low-risk, or technically straightforward matters tend to activate Simple SCDM, where urgency and efficiency are prioritised. In contrast, issues that involve significant organisational change, reputational risk, or donor scrutiny typically require a more elaborate and consultative process, often leading to an Onerous SCDM mode. Problems that are neither strategically trivial nor critical often fall into the Conventional SCDM mode, where existing norms and precedents guide strategic collective decision-making, tempered by moderate consultation and reflection. The nature of the challenge is influenced particularly by the availability of information to reach a collective strategic decision.

The availability, accessibility, and perceived reliability of information emerged as a decisive factor influencing the adoption of a particular mode of strategic collective decision-making among the participating health NGOs. Across incidents, the quality and completeness of information determined not only the structure of deliberations but also the level of trust and confidence among participants. The findings suggest that the informational environment acts as both a *trigger* and a *mediator* in determining the collective decision-making mode. The availability of credible information tends to support more efficient and collaborative decision-making, while informational scarcity or contestation can escalate otherwise manageable, simple, or conventional decisions into onerous, high-stakes processes.

In Simple SCDM contexts, decisions were often enabled by readily available information, clear performance indicators, and established policy frameworks. Because the information was timely, sufficient, and uncontested, participants were able to proceed with minimal debate, focusing instead on efficient execution. Here, the decision-making process benefited from shared factual baselines and a high degree of informational alignment among participants. In

Conventional SCDM environments, information was generally adequate but often required synthesis from multiple sources, including undocumented institutional memory and technical expertise. The process often involved cross-verifying data, reconciling differing interpretations, and incorporating contextual knowledge. This resulted in more deliberative engagement, as participants sought to balance factual evidence with experiential insights and relational considerations. By contrast, Onerous SCDM settings were frequently characterised by unavailable, incomplete, contested, or ambiguous information. The sharing of the limited information available was also seen as a form of political leverage, where certain influential strategic leaders used it as a means of inclusion or exclusion to navigate the internal political agenda. In some cases, external factors such as donors, regulators, or community leaders introduced conflicting narratives or additional requirements late in the process, thereby aggravating an already onerous strategic decision-making process. Participants often became entrenched in their interpretations of information, making consensus difficult, increasing the emotional and cognitive load of the process, and fuelling mistrust, which in turn prolonged collective decision-making.

8.5.2 Intensity of deliberations

The intensity of deliberations reflects the degree of cognitive engagement, emotional investment, and contestation that characterise collective strategic decision-making. In Simple SCDM, discussions are typically brief, pragmatic, and solution-oriented. These decisions often fall within clearly understood mandates. Strategic agreements tend to emerge swiftly, as participants share an established understanding of priorities and decision-making norms. The process is marked by procedural efficiency and a focus on compliance with existing rules or frameworks. Emotional investment is minimal because outcomes are predictable and rarely challenge established power or relational balances. The resulting decisions convey a sense of harmony and decisiveness, but they also reflect the bounded nature of deliberation where alignment is achieved not through exploration but through shared assumptions and institutional familiarity.

By contrast, Conventional SCDM introduces greater relational depth and negotiation for alignment. Here, strategic leaders engage more actively with one another's perspectives, drawing on collective experience and professional judgement. Deliberations are characterised by mutual respect, reliance on established interpersonal trust, and a balance between structure and flexibility. Disagreement is permitted, but it is usually contained within established

procedural or relational norms. Strategic decision-making under this mode often reflects the rhythm of established collaboration - participants deliberate, persuade, and occasionally compromise, but the interactional climate remains collegial. The focus is on maintaining cohesion while achieving functional consensus. Although these discussions may take longer and involve multiple iterations, they seldom escalate into open contestation because participants perceive both the process and one another as legitimate contributors to the strategic decision outcome.

In contrast, Onerous SCDM exemplifies the highest level of deliberative intensity. These decisions often emerge during periods of strategic uncertainty, such as funding disruptions, organisational restructuring, or public health crises. Under such conditions, deliberations become emotionally charged and politically sensitive. Members bring divergent priorities, loyalties, and risk perceptions to the table, which amplifies tension and makes agreement elusive. Emotional labour becomes central as participants navigate personal frustration, moral obligation, and institutional pressure. Extended debates, rhetorical manoeuvring, and coalition building become common, reflecting the contestation over both substance and legitimacy. The process is iterative and protracted; decisions evolve through rounds of persuasion, compromise, and recalibration rather than through linear progression. The intensity of deliberations in this mode reveals not only the complexity of the strategic issue but also the underlying trust dynamics, political capital, and power asymmetries that shape how strategic collective alignment is eventually reached, if at all.

8.5.3 Duration of the collective decision-making process

The temporal dimension of collective decision-making is an important indicator of both organisational responsiveness and the complexity of the issue at hand. In Simple SCDM, decisions are typically made quickly and decisively. They often occur during informal discussions, brief check-ins, or routine operational meetings where the parameters are well understood. Because these issues are familiar and carry low strategic risk, strategic decision-making relies heavily on precedent, delegated authority, and established protocols. The speed of these processes conveys institutional efficiency but can also reflect a low tolerance for prolonged debate. In such instances, time serves as an enabler of continuity, enabling the organisation to act swiftly without consuming scarce deliberative capacity. However, the brevity of these processes also means that opportunities for reflection or innovation are minimal, as the focus remains on procedural completion rather than learning or exploration.

In contrast, Conventional SCDM unfolds over a moderate time frame, usually aligning with the organisation's formal decision-making calendar, such as monthly Exco meetings. The duration in this mode reflects a balance between inclusivity and efficiency. Strategic leaders seek to incorporate input from relevant stakeholders while maintaining momentum in their decisions. Consultations occur through structured discussions, email exchanges, or smaller preparatory meetings, allowing for reflection and feedback without stalling progress. Time is used deliberately to build consensus, clarify information, and manage differing expectations, but within boundaries that prevent decision fatigue. This mode of temporal pacing reflects an organisational rhythm of governance, one that values procedural legitimacy and consultation, yet remains attentive to performance pressures and donor accountability timelines.

By contrast, Onerous SCDM is marked by protracted and sometimes circular decision processes. These decisions often emerge during periods of uncertainty, conflict, or strategic transformation, where the stakes are high and reaching an agreement is difficult. The process spans weeks or months, sometimes revisiting earlier discussions or involving multiple consultation forums. Time in this mode becomes both a reflection and a mechanism of complexity: extended deliberation allows for sense-making, negotiation, and coalition building, but it also imposes significant organisational costs. The repetition of meetings, delays in implementation, and ongoing uncertainty can erode morale and exacerbate fatigue among decision-makers. Yet, participants often perceive this duration as necessary to ensure legitimacy and buy-in, particularly where divergent interests and external accountability demands are at play. In this sense, the elongated time frame of Onerous SCDM reveals the deeper social and political work required to transform disagreement into actionable consensus, highlighting how the temporal cost of decision-making becomes a function of both its complexity and its relational demands.

8.5.4 Cost of collective decision-making

The findings of this study reveal that strategic collective decision-making within health NGOs reflects an inherent cost associated with strategic collective decision-making, suggesting that these organisations need to be cognisant of and attempt to minimise this cost. In this study, collective decision-making costs are defined as the time, effort, and resources expended in consulting, deliberating, gathering information, and reaching agreement among strategic

leaders. These costs rise with increased participation, extended consultation, or heightened procedural formality, and they encompass both direct and indirect dimensions, including time, financial expenditure, energy, and relational capital. Simple collective decisions tend to have low transaction costs, requiring few resources and little coordination. Conventional collective decisions, however, incur moderate costs, particularly in terms of time spent building alignment and maintaining relational harmony. On the other hand, onerous collective decisions carry the highest cost burden, prolonged meetings, emotional fatigue, disruption of routine functions, and, in some cases, organisational strain. Recognising and managing these costs is crucial for ensuring that the collective decision-making process remains sustainable and proportionate to the issue at hand.

The three modes identified in this study illustrate how health NGOs adapt their collective decision-making processes to balance the costs associated with this process. Simple SCDM emerge when collective decision-making costs are low. Simple strategic matters with minimal disagreement are resolved informally and swiftly, minimising unnecessary consultation and the collective decision-making cost. Whereas Conventional SCDM represent situations where external costs are moderate. Broader consultation, formal procedures, and structured routines are used to legitimise collective decisions and reduce the risk of internal resistance or stakeholder disengagement. In contrast, Onerous SCDM are characterised by high potential external costs, such as when decisions involve significant restructuring, closures, or realignment in response to donor pressures. In these cases, organisations accept higher decision-making costs in the form of extended deliberations, multiple consultations, and broader leadership involvement to mitigate conflict, secure buy-in, and manage reputational risks. This dynamic trade-off underscores the study's core proposition that collective strategic decision-making is an interactive and context-sensitive process. By adjusting the level of consultation and procedural complexity in response to the perceived external impact of a collective decision, health NGOs strive to maintain organisational alignment and legitimacy in a dynamic and challenging environment.

Stakeholder pressures, particularly from donors, government agencies, community representatives, and partner organisations, were found to significantly influence the cost and mode of collective decision-making in health NGOs. These pressures often manifest in the form of funding conditionalities, compliance requirements, political expectations, or community accountability demands, each of which can shape not only *what* collective strategic decisions

are made, but *how* they are reached. In lower-cost Simple SCDM contexts, stakeholder influence is typically indirect, with decisions aligning to pre-agreed donor frameworks or strategic agreements guidelines, thereby reducing deliberation time and associated costs. In Conventional SCDM, stakeholder expectations become more explicit, requiring negotiation and alignment across multiple stakeholders to balance organisational priorities with external demands, adding to the time, information-gathering, and relational effort involved. In high-cost Onerous SCDM settings, stakeholder pressures frequently escalate complexity by introducing competing priorities or urgent compliance deadlines, often necessitating multiple iterations of collective decision-making and heightened engagement with external stakeholders. These dynamics can amplify emotional labour, create tensions between strategic autonomy and external accountability, and lead to trade-offs that impact organisational cohesion and trust. Thus, stakeholder pressures operate as a critical cost driver, pushing collective decision-making towards more intensive, formalised, and sometimes contentious modes.

8.6 Relational dimensions in strategic collective decision-making

One of the most significant insights from this study is that relational dynamics are central to how strategic collective decisions are made, and legitimised in health NGOs. While formal structures, roles, and policies establish the procedural framework for decision-making, it is the quality of interpersonal relationships, the emotional climate, and the informal social rules that often determine who participates, how freely they speak, and whose perspectives hold sway. These relational factors act as a “hidden infrastructure” that can enable, shape, or constrain the decision-making process. They influence not only the flow of information but also the degree of openness, the balance of power, and the perceived legitimacy of outcomes. In this way, they bridge the gap between formal governance systems and lived organisational practice. Across the data, four interlinked relational dimensions consistently emerged as shaping strategic collective decision-making: psychological safety, trust, the interplay between formal and informal settings, and the phenomenon of rubber-stamping. These dimensions were evident in all three decision-making modes: Simple, Conventional, and Onerous SCDM, but their intensity, configuration, and consequences varied. For example, psychological safety tended to be strongest in conventional decision-making environments characterised by high trust, whereas rubber-stamping was most prevalent in onerous contexts marked by power asymmetries and low openness. The following subsections unpack each of these four dimensions, illustrating how they operate within and across the three collective decision-

making modes, and how they contribute to or undermine the legitimacy, inclusivity, and effectiveness of strategic collective decisions in the health NGO sector.

8.6.1 Psychological safety

In this study, psychological safety emerged as a critical enabler of authentic participation in strategic collective decision-making. In organisations where psychological safety was high, strategic leaders reported being able to offer alternative perspectives and challenge the status quo without fear of retribution. This openness fostered richer debate, reduced blind spots, and increased the quality of decisions, particularly in Conventional SCDM settings where trust and familiarity were strong. Conversely, in environments where psychological safety was low, decision-making often became a formalised performance. Staff withheld dissenting views, rehearsed expected responses, or avoided participation altogether, especially in Onerous SCDM contexts where stakes were high and power asymmetries pronounced. This tendency led to overlooked risks, undermining both the inclusivity and the robustness of the final decision.

8.6.2 Trust as an undercurrent

Trust is closely linked to psychological safety. According to this study, trust is the expectation that others will act competently, honestly, and with goodwill. Trust emerged as both a foundational and fluid condition for effective strategic collective decision-making. Its presence shaped who spoke, who listened, and whose contributions carried weight; its absence led to guardedness, second-guessing, and disengagement. In Simple SCDM, trust was often assumed rather than actively negotiated. Established rules and clear delegation meant that decisions could be implemented swiftly, underpinned by confidence in leaders' competence and fairness. In Conventional SCDM, trust was typically rooted in long-standing interpersonal relationships, shared histories, and organisational memory, particularly among long-serving staff. Trust enabled swift and intuitive decisions through formal documentation and fostered an atmosphere of mutual respect. However, it could also produce exclusionary dynamics, where newer staff without relational capital struggled to participate fully and constructively.

In Onerous SCDM, trust was often fragile or fractured. Historical grievances, perceived bias, and opaque leadership practices created climates of suspicion. In such contexts, strategic collective decision-making became less about open agreement and more about strategic positioning, with participants calculating what to reveal, contest, or withhold, creating an environment of opportunism and strategic holdouts. Trust deficits frequently triggered political behaviour as participants sought to protect or advance their interests amid uncertainty.

However, these same political manoeuvres, through selective disclosure, alliance formation, or resistance, further undermined trust, creating a reinforcing cycle of mistrust and politicisation. This reciprocal dynamic is explored in greater depth in the following section. Even when participation was nominally invited, mistrust often undermined genuine collaboration and eroded commitment to implementation. Across all collective decision-making modes, both affective trust (based on interpersonal bonds) and cognitive trust (based on perceived competence and reliability) were essential to sustaining constructive engagement. Where either was lacking, decision-making became defensive, performative, or prone to inertia.

Within the context of health NGOs, trust deficits often created fertile ground for organisational politics to take root, particularly within the Conventional SCDM and Onerous SCDM modes. In Conventional SCDM, politics was more subtle and relational, often manifesting as the quiet influence of long-standing alliances or informal networks that shaped deliberations behind the scenes. These political undercurrents were not always overtly disruptive, but they could skew the consultation process towards predetermined outcomes, reinforcing the dominance of certain individuals or groups and marginalising dissenting voices. The presence of "trusted insiders" and "perceived outsiders" influenced who had access to critical information and whose contributions were taken seriously, subtly undermining the stated ideals of inclusivity and collective deliberation.

In Onerous SCDM, the political dimension was more pronounced and adversarial. Here, entrenched trust deficits amplified factionalism, leading to open contestation, strategic withholding of information, and alliances formed to block or delay collective decisions. Strategic leaders often acted defensively, perceiving proposals through the lens of "who benefits" rather than "what benefits the organisation." This adversarial environment heightened decision paralysis, as each faction sought to secure its own position or resist perceived threats from opposing groups. In extreme cases, political manoeuvring replaced evidence-based collective decision-making altogether, with procedural rules and consensus-building mechanisms manipulated to protect vested interests. Across both modes, politics born of mistrust eroded the integrity of collective decision-making processes. Instead of functioning as a collaborative exercise aimed at achieving organisational goals, collective decision-making became a terrain for power struggles, where maintaining positional advantage often outweighed organisational purpose. These dynamics underscore the critical role of trust not only as a lubricant for effective collaboration but also as a safeguard against the corrosive effects of organisational political infiltration.

8.6.3 Formal and informal settings

While strategic collective decision-making in health NGOs formally occurs in structured arenas such as Exco meetings, this study found that many of the most consequential deliberations take place in informal spaces. These include corridor conversations, WhatsApp groups, pre-meeting briefings, and spontaneous staff gatherings. In Simple SCDM, the role of informal spaces was prominent. Low-stake strategic decisions were usually handled directly within established informal processes. The select strategic leaders would meet informally and make a strategic decision without formalising the meeting. In Conventional SCDM), informal spaces often acted as relational enablers. Strategic leaders used them to test ideas, build consensus, clarify misunderstandings, and prepare proposals before formal Exco meetings. This fostered what participants described as *relational readiness*, a sense that collective decisions were made in a consultative, humanising way. However, in Onerous SCDM, informal spaces could shift from inclusive consultation to exclusive gatekeeping. Key decisions were sometimes shaped or finalised by a small group of participants before entering formal spaces, reducing formal meetings to a validation exercise. This dynamic undermines participatory ideas, risks entrenching elite consensus, and can erode trust, particularly when contentious or high-stakes issues are at play. The findings suggest that power in strategic collective decision-making is not exercised only in formal arenas, but also in the relational undercurrents of the organisation. When inclusive and informal spaces are present, they can enhance participation, allowing diverse voices to contribute ideas that might be difficult to share in formal settings. When exclusive, they can marginalise dissent, limit transparency, and reinforce hierarchical dominance.

A recurrent informal practice observed across several participating health NGOs was *canvassing*, the deliberate effort by strategic collective decision-making participants to secure support, test reactions, or neutralise opposition before formal deliberations took place. Canvassing occurred through private conversations, the selective sharing of information, or the strategic framing of issues in informal settings, such as WhatsApp exchanges, corridor encounters, or one-on-one calls. While often subtle, these pre-meeting interactions shaped the tone, scope, and likely outcome of subsequent formal discussions. In its most constructive form, canvassing functioned as a relational bridge-building activity. Leaders or project heads used informal engagement to clarify complex proposals, allay concerns, and identify potential areas of compromise. In such cases, canvassing enhanced preparedness and reduced the risk of

misunderstandings during formal Exco meetings, thereby contributing to smoother and more focused deliberations. This proactive canvassing role was particularly evident in Conventional SCDM and Onerous SCDM contexts, where relational trust and shared norms enabled open dialogue in advance of decision sessions.

However, in other contexts, especially those characterised by low trust or political undercurrents, canvassing became a mechanism for consolidating influence and pre-determining outcomes. Selective engagement with key allies or influential strategic leaders allowed certain strategic participants to frame the agenda in their favour, sometimes marginalising dissenting voices before they had a chance to be heard. In these cases, the formal meeting risked becoming a performative exercise, with the appearance of debate masking the reality that decisions had already been shaped in private. This dynamic was more prevalent in Onerous SCDM settings, where heightened stakes and contested priorities incentivised behind-the-scenes lobbying. The dual nature of canvassing highlights its complex relational aspects. When grounded in transparency and inclusivity, it can be a valuable preparatory tool that strengthens decision quality. When driven by strategic exclusion or power consolidation, it undermines the principles of openness and shared ownership that underpin effective strategic collective decision-making.

8.6.4 Rubber-stamping

A recurring pattern in both Simple SCDM, Conventional SCDM and Onerous SCDM was the phenomenon of *rubber-stamping*, where strategic collective decision-making leaders formally endorse decisions that have already been made informally. While this practice can expedite action in urgent contexts, repeated reliance on it erodes organisational learning, critical engagement, and trust in governance processes.

In Simple SCDM settings, rubber-stamping typically occurs when low-stakes decisions are made by a small group of experts in informal meetings. Here, it was often seen as a harmless efficiency measure. In Conventional SCDM and Onerous SCDM contexts, however, rubber-stamping carried heavier consequences. It was particularly prevalent when time pressures and donor conditionalities issues demanded swift collective decision-making closure. Under these conditions, consultation became a formality, with little scope for critical debate in some instances. This dynamic was most visible in organisations where psychological safety and trust were already low. In such environments, strategic leadership teams functioned less as deliberative bodies and more as legitimising mechanisms, endorsing predetermined outcomes to maintain cohesion or satisfy external scrutiny. While rubber-stamping can be pragmatic in

crisis situations, it risks decoupling collective decision-making from organisational values of inclusion, accountability, transparency and trust. Over time, it discourages dissent, masks unresolved tensions, and undermines the legitimacy of strategic collective decision-making process.

8.7 Conclusion

This chapter has presented the empirical foundation for the grounded theory developed in this study, offering a detailed and contextually grounded account of strategic collective decision-making as it unfolds in South Africa's health NGO sector. The study analysis identified three interrelated yet distinct modes of strategic collective decision-making: Simple SCDM, Conventional SCDM, and Onerous SCDM. These modes represent adaptive, rather than fixed, responses to internal relational dynamics, organisational histories, and external pressures. Each mode reflects a unique interplay of formality, leadership engagement, informational flow, and time commitment. The grounded theory generated here provides a diagnostic and planning tool for health NGOs to assess the suitability of their strategic collective decision-making practices, considering situational demands and organisational capacity. For instance, Simple SCDM thrives in routine, low-stakes decisions grounded in trust and shared history, while Conventional SCDM introduces deliberative structure in moderately complex or symbolic matters. In contrast, Onerous SCDM reflects high-stakes decisions marked by uncertainty, power struggles, and emotional fatigue, often leading to decision paralysis or protracted negotiation.

Key relational dimensions, trust, psychological safety, institutional memory, and stakeholder salience emerged as foundational to effective strategic collective decision-making. The interplay between formal and informal processes revealed a choreography of influence that shapes legitimacy and consent. Conversely, instances of "rubber-stamping" or disengagement signalled relational breakdowns, where compliance supplants authentic participation. Importantly, the typology is not intended to prescribe ideal forms of strategic collective decision-making but rather to offer a vocabulary and framework for recognising patterns, diagnosing dysfunctions, and enhancing collective strategic decision-making. It emphasises that strategic collective decisions are made not in the abstract but in embodied, situated, and relational contexts, contexts that demand flexibility, reflexivity, and a deep appreciation of the organisation, its environment or context, and strategy. This concluding section sets the stage for Chapter 9, which revisits and discusses these empirical findings through the lens of established theoretical frameworks. In Chapter 9, the grounded theory is further elaborated,

positioned within scholarly discourse, and discussed in terms of its implications for theory and practice.

CHAPTER 9: DISCUSSION

9.1 Introduction

This chapter interprets and theorises the findings presented in Chapters 5 to 8 by situating them within broader scholarly debates on organisational collective decision-making, stakeholder dynamics, and relational governance in health non-profit contexts. Whereas Chapters 5 to 8 presented the grounded typologies of Simple, Conventional, and Onerous Strategic Collective Decision-Making (SSCDM, CSCDM, OSCDM), this chapter advances the analysis by linking these categories to relevant conceptual frameworks and extant literature. In grounded theory research, the discussion chapter positions the emergent theory within the academic landscape while extending or challenging existing knowledge (Strauss and Corbin, 1998; Charmaz, 2014). The discussion draws on both classical decision-making theories and contemporary organisational frameworks. Classical theories of decision-making, including Rational, Intuitive, and Political models (Simon, 1977; Pfeffer, 1992; Klein, 1998), provide a foundational lens for interpreting how Simple SCDM reflects rational logics, Conventional SCDM draws on intuitive judgment and institutional memory, and Onerous SCDM foregrounds political negotiation and contestation. Alongside these, three broader theories and frameworks are engaged to contextualise and extend the findings: (1) Internal Social Capital Theory (Nahapiet and Ghoshal, 1998; Leana and Van Buren, 1999), which accounts for the role of trust, relational networks, and shared understanding in enabling or constraining collective decision-making; (2) Stakeholder Theory (Freeman, 1984; Mitchell, Agle, and Wood, 1997), which elucidates the competing claims and influence dynamics that shape NGO decision-making; and (3) the Cynefin Framework (Snowden and Boone, 2007), which explains how decision modes vary across simple, complicated, complex, and chaotic domains. Taken together, these theories and frameworks enable a multi-dimensional analysis of collective decision-making in NGOs linking grounded findings to established literature while demonstrating how relational, contextual, and emotional dynamics reshape classical assumptions of organisational decision-making. While this chapter focuses on integrating the study's major findings and theoretical contributions, it is important to acknowledge the underlying role of cultural norms in shaping strategic collective decision-making within health NGOs. Across the preceding chapters, cultural norms emerged as a subtle yet powerful undercurrent influencing how consensus is pursued, disagreement is expressed, and authority is negotiated in strategic collective decision-making processes. These norms, rooted in both organisational traditions and broader socio-cultural contexts, affect relational dynamics, perceptions of legitimacy, and expectations around

participation. As such, even though cultural norms may not have been foregrounded as a discrete theme in this chapter, they remain embedded within the interpretive fabric of collective decision-making, framing the ways in which participants engage with one another, balance hierarchy and participation, and enact strategic collective decisions aligned with organisational values.

The chapter proceeds in six steps: first, it revisits the three emergent categories of strategic collective decision-making: Simple SCDM, Conventional SCDM, and Onerous SCDM. Second, it revisits the research questions. Thirdly, it examines how these categories align with classical theories of rational, intuitive, and political decision-making. Fourthly, it integrates relational and institutional perspectives through Internal Social Capital Theory and Stakeholder Theory. The fifth step applies the Cynefin Framework to situate NGO decision-making within broader contexts of complexity, uncertainty, and crisis. Finally, it concludes by focusing on the practical implications of the theories discussed.

9.1.1 The substantive theory: Strategic collective decision-making as an interactive mode of organisational alignment

The grounded theory developed through this study conceptualises *strategic collective decision-making as an interactive mode of organisational alignment*. This process is dynamic, relationally embedded, and context-contingent, unfolding through constant adaptation to decision stakes, relational climate, information adequacy, leadership configuration, and stakeholder pressures. Rather than following prescriptive or universal decision-making models, strategic collective decision-making is understood here as an interactive, multi-logical process that draws simultaneously on rational, intuitive, and political logics. These logics are activated in different combinations depending on the complexity of the issue, the quality of internal trust, and the level of external scrutiny. Collective decisions are therefore influenced not only by formal governance structures or analytical frameworks, but equally by who is involved, the nature of the dialogue, and the historical dynamics that shape the collective decision-making space.

The theory of *strategic collective decision-making as an interactive mode of organisational alignment* captures the reality that strategic collective decisions emerge through deliberation and compromise among strategic leadership teams with differing priorities, perspectives, and power positions, who must reach *sufficient* rather than *perfect* alignment to decide collectively.

This study therefore advances the *substantive theory of strategic decision-making as an interactive mode of organisational alignment*, which conceptualises collective decision-making in health NGOs as a fluid, context-responsive process in which participants deliberately shift between distinct yet interconnected modes-*Simple, Conventional, and Onerous Strategic Collective Decision-Making*-in response to variations in decision-making challenges, complexity, stakeholder configurations, and environmental pressures.

The theory foregrounds the relational, political, and emotional dimensions of collective decision-making, emphasising how trust, historical memory, donor influence, and organisational culture shape both the process and outcomes of strategic collective decisions. In doing so, it challenges linear, purely rational models by demonstrating that collective decision-making in resource-constrained, stakeholder-intensive environments is inherently interactive, adaptive, and embedded in the lived realities of organisational strategic leaders. The next section revisits the research questions to reaffirm the analytical pathway from the study's aims to the developed theory.

9.2 Revisiting the research questions

The primary aim of this research was to develop a substantive grounded theory that describes and explains the collective decision-making process in the South African health NGO sector. To address this aim, two secondary objectives were formulated: (a) to describe and analyse the collective decision-making process in health NGO organisations; (b) to examine how organisational characteristics and environmental opportunities or constraints influence collective decision-making.

Chapters 5, 6 and 7 addressed the first objective by providing detailed accounts of the collective decision-making processes observed in participating health NGOs in South Africa. The second objective was examined in Chapters 2, 5, 6, and 7, which explored the influence of organisational features, cultural assumptions, and contextual pressures, such as donor dependencies, governance structures, and sectoral dynamics, on collective decision-making practices.

Chapter 8 synthesised these insights into the substantive theory of *strategic decision-making as an interactive mode of organisational alignment*, comprising three sub-processes: *Simple, Conventional, and Onerous Strategic Collective Decision-Making*, which explain how strategic leaders adapt their collective decision-making approach to differing levels of complexity, risk, and stakeholder requirements.

Having addressed these objectives, the purpose of this chapter is to fulfil the final stage of a grounded theory study: positioning the developed theory within the broader theoretical landscape. As Strauss and Corbin (1990, pp. 50–55) emphasise, theories are not intended to exist in isolation but should connect to, clarify, and extend the existing body of knowledge. Accordingly, the discussion that follows analyses the emergent theory in relation to relevant conceptual frameworks, identifying points of convergence, divergence, and contribution to scholarship and practice.

9.3 Revisiting the three categories

The findings of this study revealed three distinct yet interconnected modes of strategic collective decision-making in South African health NGOs: Simple, Conventional, and Onerous SCDM, which were discussed extensively in Chapters 5 to 8. In summary, these categories emerged from the data as patterned responses to varying levels of complexity, ambiguity, and relational strain. *Simple SCDM* was characterised by routine, procedural decisions reached with minimal contestation. Simple SCDM captures strategic decisions that typically occur in predictable organisational environments where roles are clearly defined, authority is recognised, and consensus is easily achieved. In the health NGO context, Simple SCDM was most visible in areas where the collective decision-making process prioritised efficiency and procedural clarity over extended deliberation. *Conventional SCDM*, on the other hand, involved more structured, consultative processes grounded in organisational history and institutional norms. Conventional SCDM describes a more collaborative yet stable mode of collective decision-making, positioned between the procedural efficiency of Simple SCDM and the contested nature of Onerous SCDM. Decisions in this category draw heavily on institutional memory, established routines, and strong relational trust, reflecting the deep imprint of organisational culture and legacy. While this mode is more inclusive than Simple SCDM, it still operates within the boundaries of familiar institutional practices. *Onerous SCDM* reflected high-stakes, protracted, and emotionally charged decisions, often marked by conflict and delay. It captures the most complex, high-stakes, and emotionally demanding form of collective decision-making observed in the study. While decisions are nominally collective, the process is frequently fraught with tension, competing priorities, and unclear pathways to resolution. Importantly, these categories do not represent rigid or mutually exclusive categories, but rather a continuum of decision-making modes that organisations move between, depending on the context. The following sections situate each category in relation to existing theory and

frameworks, demonstrating how they align with, extend, or challenge classical and contemporary understandings of collective decision-making.

9.4 Linking the emergent categories to decision-making classical theories

In revisiting these three categories, it is important to note how they intersect with established theoretical perspectives on decision-making. Classical models emphasise rational decision-making, where actors follow logical, evidence-based processes to maximise efficiency and outcomes (Kolbe, Bossink and de Man, 2019). In contrast, intuitive approaches highlight the role of tacit knowledge, experience, and “gut-feel” judgments, particularly under conditions of time pressure or uncertainty (Calabretta, Gemser and Wijnberg, 2017). A third stream, political decision-making, recognises that organisational decisions are often interactive, contested, and shaped by power dynamics rather than technical logic alone (Pfeffer, 1992). The emergent typology of Simple, Conventional, and Onerous SCDM reflects these theoretical orientations in practice: Simple decisions align most closely with rational logics, Conventional decisions blend rational analysis with intuitive judgment and institutionalised routines, and Onerous decisions foreground the political, where emotion, conflict, and competing interests dominate. The following section examines these three theoretical perspectives in greater depth, illustrating how they enrich our understanding of the categories identified in this study.

9.4.1 Relational and contextual drivers of strategic collective decision-making

Strategic collective decision-making in health NGOs does not occur in a vacuum; it is embedded in a complex web of relational dynamics, organisational histories, and external constraints. This section examines the internal and contextual conditions that influence the process of collective decision-making, drawing on the grounded categories presented in Chapter 8 and supported by existing theoretical literature. The rational model of decision-making, rooted in classical organisational theory, views decision-making as a linear, logical process aimed at achieving optimal outcomes through systematic analysis and the weighing of alternatives (Simon, 1977). It assumes that actors operate with clear goals, stable preferences, and access to relevant data. Although this assumption rarely holds in complex NGO environments, elements of rationality were visible in this study, particularly within Simple SCDM, where collective decisions followed a relatively clear problem–solution logic. Participants described relying on predefined processes, reflecting Simon's (1977) notion of “bounded rationality,” where choices are made within defined procedural limits rather than through exhaustive optimisation. These processes prioritised efficiency, predictability, and

legitimacy, producing consistent outcomes that maintained organisational accountability. However, the rational approach was largely confined to low-risk strategic decisions. In more ambiguous or high-stakes contexts, its assumptions of complete information and stable preferences were inadequate.

Beyond these structural and procedural aspects, the study reveals that the quality of collective decision-making was profoundly shaped by relational dynamics. Rational procedures provided a formal framework, but it was the interpersonal climate that determined how decisions were framed, contested, and legitimised. Participant accounts consistently highlighted four key relational dimensions: psychological safety, trust, the role of formal and informal settings, and the phenomenon of rubber-stamping. Taken together, these findings suggest that relational and contextual drivers form a hidden infrastructure of collective decision-making in health NGOs. While rational procedures offered efficiency and legitimacy, it was ultimately trust, psychological safety, and the informal social order that determined participation, voice, and influence. These relational undercurrents shaped the extent to which collective decision-making was efficient, inclusive, or contested across the three modes of Simple SCDM, Conventional SCDM, and Onerous SCDM, as shown in Table 9.1.

9.4.2 Intuitive decision-making

The intuitive model of decision-making, rooted in behavioural decision theory and psychology, recognises that decisions are often made under conditions of uncertainty, time pressure, or incomplete information. In these contexts, participants rely on tacit knowledge, pattern recognition, and affective cues, rather than systematic analysis (Dane and Pratt, 2007; Kahneman and Klein, 2009). Intuition emerges from accumulated experience, allowing decision-makers to act decisively without exhaustive deliberation. This model was particularly evident in Conventional SCDM. Here, leaders and long-serving staff frequently drew upon organisational memory, cultural familiarity, and deep relational knowledge to guide collective decisions. Rather than relying on formal analysis, collective decisions often rested on the “gut feel” of long-serving leadership teams, who drew on past experiences to justify their present choices. As one senior officer observed, *“We don’t need to reinvent the wheel; we’ve been here before.”* Such accounts demonstrate the role of pattern recognition as a central mechanism of intuitive judgement (Dane and Pratt, 2007). The intuitive model offered important advantages in Conventional SCDM. It enabled agility, allowing decisions to be made efficiently in familiar contexts without unnecessary debate. It also fostered cohesion, as shared histories and institutional memory provided a common interpretive framework for participants. This aligns

with research suggesting that intuitive decision-making strengthens relational continuity and trust in organisations with strong cultural legacies (Sadler-Smith and Shefy, 2004).

However, the reliance on intuition also presented limitations. Intuitive judgments often privileged experienced voices, sometimes excluding newer perspectives or alternative evidence. This reinforced existing practices, occasionally resisting innovation or external critique. In some cases, participants noted that “gut feel” became a shield against dissent, where historical precedent outweighed data or fresh insight. Overall, intuition in Conventional SCDM reflects the intermediate space between rational and complex collective decision-making logics, which is spread across the three modes in Table 9.1. While less rigid than rationality and less turbulent than onerous processes, it highlights how relational trust and institutional memory function as collective decision-making resources in health NGOs. Intuitive decision-making thus represents both a strength, enabling efficiency and cohesion, and a constraint, potentially entrenching tradition at the expense of adaptation.

9.4.3 Political decision-making

The political model of decision-making views organisations not as neutral or purely rational systems, but as arenas where individuals and groups pursue divergent interests, exercise power, and negotiate outcomes (Pettigrew, 1973; Pfeffer, 1992). Decisions in this model emerge through bargaining, persuasion, and coalition-building, rather than through the logical optimisation assumed by rational models. Outcomes often reflect participants' relative power more than the intrinsic logic of the problem (Pfeffer, 1992). This dynamic was most evident in Onerous SCDM. In these high-stakes contexts, such as retrenchments, strategic repositioning, or programme closures, decision-making was marked by prolonged debate, competing interests, and deep emotional strain. Participants recounted episodes where formal procedures gave way to informal lobbying, selective information sharing, and behind-the-scenes manoeuvring by strategic leaders. These practices exemplify Pettigrew's (1973; 2014) description of decision-making as a political process shaped by context, history, and power relations.

The political model was not merely dysfunctional but often a necessary mechanism for managing the competing demands of stakeholders. In Onerous SCDM, decision-making required balancing donor expectations, internal staff factions, and community needs; a process that inevitably involved negotiation and compromise. While this sometimes produced suboptimal or contested outcomes, it preserved organisational legitimacy and survival under conditions of uncertainty. The findings extend classical political decision-making theory by highlighting the interplay of trust, psychological safety, and social capital. In some instances,

dense relational networks facilitated coalition-building and enabled compromises. In others, entrenched loyalties and fractured trust slowed progress, exacerbating the contentiousness of the process. Thus, political dynamics were not only about power struggles but also about the quality of relational infrastructure within the organisation.

Overall, political collective decision-making was present in all modes, as depicted in Table 9.1, but was more dominant within Onerous SCDM, where the stakes were highest and ambiguity was greatest. It underscores the reality that in health NGO contexts, survival imperatives and external dependencies make politics an unavoidable part of the collective decision-making process. While rationality ensured efficiency in Simple SCDM and intuition fostered cohesion in Conventional SCDM, political dynamics defined Onerous SCDM by revealing how power, negotiation, and coalition-building shape strategic outcomes in times of crisis and uncertainty.

Table 9.1 Mapping classical theories to emergent themes

Decision-Making Theory	SSCDM	CSCDM	OSCDM
Rational	Dominant – routine, technical, low ambiguity decisions made with clear criteria and procedural fidelity.	Present but often blended with tradition and precedent.	Weak – often undermined by uncertainty, ambiguity, and lack of consensus.
Intuitive	Limited – reliance on logic rather than affect.	Significant – based on historical knowledge and ‘gut feeling’ of founders/long-serving leaders.	Present – especially in quick judgements during strategic ambiguity.
Political	Minimal – roles, policies, and decisions are largely uncontested.	Emerging – subtle negotiations in legacy leadership cultures.	Dominant – decisions shaped by negotiation, influence, and competing interests.

Source: Author’s construction

9.5 Internal social capital and relational capacity

The findings of this study reveal that internal social capital, the relational resources of trust, norms, and shared understanding embedded within organisational networks (Nahapiet and Ghoshal, 1998; Leana and Van Buren, 1999) plays a pivotal role in shaping the nature and quality of strategic collective decision-making (SCDM) in South African health NGOs. Internal social capital emerged as both an enabler and an inhibitor, depending on its strength, distribution, and use across the three decision-making modes identified in this study.

9.5.1 Social capital as an enabler of efficient decisions (Simple SCDM)

In Simple SCDM, strong and cohesive internal networks enabled quick, minimal-contestation decision-making. Trust was largely a strategic, task-based endeavour: members relied on each other's competence, role clarity, and reliability in routine decisions, such as compliance reporting or budget approvals. This form of cognitive and structural social capital (Nahapiet and Ghoshal, 1998) reduced transaction costs, promoted efficiency, and supported organisational stability. However, these ties were primarily instrumental rather than affective, reflecting a reliance on cognitive rather than relational trust (Levin and Cross, 2004), which limited opportunities for creative exchange or robust debate.

9.5.2 Social capital as institutionalised relational continuity (Conventional SCDM)

In Conventional SCDM, internal social capital was effective and historically sedimented, sustained by long-serving staff and a shared organisational memory. Relational continuity fostered loyalty, mutual respect, and cohesion, enabling decisions to be reached through consensus and legitimacy rather than efficiency. As Nahapiet and Ghoshal (1998) and Coleman (1988) observe, affective and trust-based ties strengthen tacit coordination and reinforce collective identity, anchoring the organisation in stable social norms. Yet, these same relational bonds often produced status inertia: newcomers lacking established social capital were marginalised, and dissent was subtly discouraged. This dynamic aligns with Uzzi's (1997) "paradox of embeddedness," where the same ties that sustain cooperation can limit adaptability and critical reflection. Thus, while social capital supported harmony and institutional continuity, it simultaneously reproduced traditional authority and constrained reflexive engagement with emerging challenges.

9.5.3 Fragmented or politicised social capital (Onerous SCDM)

In Onerous SCDM, internal social capital was often fractured, unevenly distributed, or politicised. Collective strategic decisions such as restructuring or donor-driven reallocations unfolded amid mistrust, burnout, or high leadership turnover. In some health NGOs, social capital functioned less as a collective asset than as a political resource, mobilised selectively by factions or individuals to build influence or protect interests. This reflects Bourdieu's (1986) critique that social capital is not inherently cooperative but can reinforce hierarchy and exclusion. In these contexts, strategic collective decision-making became gridlocked, emotionally taxing, and procedurally fraught. At times, however, moments of facilitated dialogue or trusted mediation helped reconstitute social capital, enabling decisions to progress.

9.5.4 Integrating dimensions of social capital with SCDM

The findings affirm Nahapiet and Ghoshal's (1998) conceptualisation of social capital, which identifies three interrelated dimensions through which value is created in organisational settings: structural (the overall pattern of connections-*who knows whom*), relational (the quality of those relationships, including trust, norms, and obligations), and cognitive (the shared codes, language, and understanding that facilitate collective action). Their model, originally developed to explain how social capital fosters knowledge exchange and intellectual capital within firms, provides a useful foundation for understanding interactional dynamics in NGOs. This study extends their framework by introducing a *strategic lens*, highlighting how these social capital dimensions underpin collective decision-making processes that shape organisational direction and adaptability within health NGOs. In Simple SCDM, structural and cognitive dimensions dominate, supporting rapid strategic decisions. In Conventional SCDM, relational and affective bonds underpin consensus and continuity. In Onerous SCDM, all three dimensions are strained, fragmented, or politicised, undermining collective legitimacy. Internal social capital thus acts as a mediating mechanism that either facilitates or constrains the flow of information, influence, and legitimacy in collective decision-making. This study, therefore, advances theory by explicitly linking internal social capital to strategic decision outcomes in resource-constrained, mission-driven organisations. It demonstrates that the strength or weakness of relational resources directly affects whether decisions are made in a timely, coherent, and collectively owned manner, or instead are delayed, contested, and emotionally burdensome. Importantly, it reframes internal social capital not as a static organisational asset, but as a dynamic and politically contested resource that shifts across collective decision-making modes. Practically, these insights highlight the need for NGOs to consciously cultivate internal social capital through trust-building, inclusive participation, and reflexive communication. In doing so, organisations can strengthen resilience and adaptive capacity, particularly in contexts of volatility and uncertainty where collective decision-making carries high stakes.

9.6 Integrating stakeholder theory into collective strategic decision-making

This study demonstrates that collective decision-making in South African health NGOs is strongly influenced by the dynamics of stakeholder salience—the extent to which stakeholders possess power, legitimacy, and urgency (Mitchell, Agle, and Wood, 1997). In this framework, *power* refers to a stakeholder's ability to influence organisational decisions or outcomes; *legitimacy* denotes the perceived appropriateness or validity of the stakeholder's relationship

with the organisation; and *urgency* captures the degree to which stakeholder claims call for immediate attention. These three attributes interact to shape which stakeholders are prioritised in collective decision-making processes. Decision-making modes are shaped not only by internal relational capacity but also by the competing and often contradictory demands of donors, boards, beneficiaries, and regulatory authorities.

9.6.1 Stakeholder salience and collective decision-making modes

The findings of this study show that the three modes of Strategic Collective Decision-Making correspond to different configurations of stakeholder influence. With Simple SCDM, stakeholder pressures were relatively aligned with internal agendas, enabling quick, minimal-contestation collective decisions. Stakeholder engagement was narrow and implicit, often confined to internal role-based authority and procedural responsibilities (Bryson, 2004). With conventional SCDM, broader engagement was necessary, typically involving senior management, boards, and, in some cases, donors. Here, stakeholder salience extended beyond formal authority to include relational capital and historical legitimacy, with decisions often reflecting long-standing norms and expectations. This mode resonates with Bryson's (2004) notion of "basic stakeholder analysis," where organisational memory and relational trust act as stabilising forces. On the other hand, at the highest levels of contestation and complexity, Onerous SCDM, stakeholders presented competing, urgent demands, such as funders pressing for rapid restructuring, while strategic leaders advocated for caution. In these cases, organisations were compelled to engage in more comprehensive stakeholder analyses (Bryson, 2004), balancing formal authority with informal power, coalition-building, and legitimacy concerns. This often results in gridlock, protracted negotiations, and emotionally taxing strategic collective decision-making processes.

9.6.2 Navigating stakeholder pressures

The study highlights that NGOs are not passive recipients of stakeholder demands but active mediators. Strategic leaders frequently employed strategies such as selective transparency, disclosing enough to maintain legitimacy with donors and boards while protecting organisational autonomy. This suggests that stakeholder salience interacts with organisational memory and relational capacity, producing differentiated outcomes. When internal social capital was strong, organisations could absorb external pressures and negotiate decisions more effectively. When weak or fractured, external demands exacerbated conflict and inertia. At the same time, this study extends stakeholder theory by demonstrating that stakeholder salience is

relationally mediated: the effect of external power and urgency is filtered through internal trust, cohesion, and organisational history. Thus, collective decision-making outcomes are best understood not as the product of external influence or internal capacity alone, but as the intersection of the two.

By integrating stakeholder theory with the three-mode typology of SCDM, this study contributes a dual-lens model of collective decision-making in NGOs. It shows that: firstly, in Simple SCDM, aligned and predictable stakeholder demands reinforce efficiency. Secondly, in Conventional SCDM, relationally grounded stakeholder engagement produces legitimacy and continuity. Thirdly, in Onerous SCDM, conflicting external demands combined with fractured internal capacity yield contested and onerous processes. This perspective positions stakeholder responsiveness and internal relational capital as co-constitutive drivers of NGO collective decision-making under uncertainty. It also underscores the practical importance of cultivating strong internal networks to interpret, negotiate, and balance stakeholder expectations in high-stakes environments (Bryson, 2004; Ebrahim, 2010).

9.7 The Cynefin framework and collective decision-making contexts

The findings of this grounded theory study revealed differentiated patterns of strategic collective decision-making across South African health NGOs, ranging from *simple, conventional, and onerous modes* to adaptive or emergent responses in the face of uncertainty. These patterns resonate strongly with the Cynefin Framework developed by Snowden and Boone (2007), which offers a typology of decision-making contexts: *simple, complicated, complex, and chaotic*. The framework offers a powerful heuristic for understanding how leaders perceive their environment and adjust their decision-making approaches accordingly.

The alignment between the study's modes of SCDM and the Cynefin framework is notable. Simple SCDM, characterised by strategic yet routine and compliance-driven decisions, mirrors the *simple domain*, where cause-and-effect relationships are clear, and best practices can be applied. Conventional SCDM corresponds to the *complicated domain*, where decisions require consultation, expert input, and historical grounding but remain relatively predictable. Onerous SCDM, with its high stakes, contested, and often paralysing processes, aligns with the *complex domain*, where outcomes are uncertain, and solutions must emerge through iterative sensemaking and dialogue. Finally, brief but critical episodes of crisis decision-making, such as sudden donor withdrawals, echo the *chaotic domain*, where strategic leaders must act swiftly to stabilise conditions before returning to more ordered modes of deliberation.

Taken together, the Cynefin framework illuminates why health NGOs often shift between different collective decision-making styles depending on context. It also underscores that mismatches between decision context and leadership approach often contribute to delays, conflict, or organisational strain. As Snowden and Boone (2007, p. 5) caution: “*Leaders who try to impose order in a complex context will fail, but those who set the stage, step back a bit, allow patterns to emerge, and determine which ones are desirable will succeed.*” This study affirms that NGO leaders, even when constrained by resource scarcity and governance pressures, displayed adaptive capacity in navigating between ordered and unordered domains of decision-making. To deepen this theoretical integration, the subsequent sections (9.7.1–9.7.4), in alignment with Table 9.2, provide detailed comparative discussions of each Cynefin domain in relation to the study’s findings, illustrating how strategic collective decision-making practices in health NGOs map onto, extend, or challenge the Cynefin framework.

9.7.1 Navigating the Cynefin simple domain

In Snowden and Boone's (2007) Cynefin Framework, the simple domain is characterised by clear cause-and-effect relationships, stable environments, and the applicability of best practices. Leaders are advised to “sense–categorise–respond,” relying on established routines and proven methods. In health NGOs, Simple SCDM was observed in strategic yet routine, low-risk strategic decisions. These processes were efficient, procedurally rational, and heavily supported by established structures and policies. However, the study extends Cynefin’s conception by highlighting the relational dynamics within Simple SCDM. While the Cynefin model emphasises process clarity, this research demonstrates that internal social capital also underpins decision efficiency, facilitating rapid information flow and minimising contestation. Simple SCDM thus demonstrates that simplicity can be a form of strategic competence in NGOs, balancing donor compliance, limited resources, and operational complexity. Simple SCDM thus aligns with the Simple Domain in Cynefin. In both, cause-and-effect relationships are clear, best practices are known, and decision-making proceeds with procedural rationality and efficiency. This mode is suitable for collective decision-making on strategic issues, where efficiency and clarity take precedence over inclusivity or creativity.

9.7.2 Navigating the Cynefin complicated domain

In Snowden and Boone's (2007) Cynefin framework, the complicated domain is characterised by cause-and-effect relationships that exist, but are not immediately obvious. Multiple right answers are possible, and leaders adopt a “sense–analyse–respond” approach, drawing on

expertise, data, and comparative evaluation. This study identifies Conventional SCDM as aligning with this domain. In Conventional SCDM, strategic collective decisions require consultation, structured debate, and the integration of expert knowledge. While solutions are not self-evident, they remain predictable within established boundaries, making analysis and deliberation both necessary and feasible. However, the findings extend Cynefin's framework in two important ways. First, while Snowden and Boone (2007) highlight technical expertise as the primary driver of decision quality, this study shows that in NGO contexts, relational trust and institutional memory function as forms of "soft expertise." Leaders rely not only on professional analysis but also on shared organisational history, established norms, and interpersonal credibility when navigating complex stakeholder expectations. Second, collective decision-making in this domain is as much about facilitation as it is about analysis: leaders curate knowledge, ensure multiple voices are considered, and build legitimacy by framing outcomes as both evidence-based and collectively owned. In practice, Conventional SCDM processes mitigate risk in moderate- to high-stakes decisions. These decisions were not paralysed by ambiguity (as in Onerous SCDM) but required careful negotiation and consultation to ensure defensibility and legitimacy. Thus, Conventional SCDM illustrates how the complicated domain operates in NGOs, where cause-and-effect logic is mediated not only by expert judgment but also by relational capital and institutional continuity. This nuance adds a sector-specific contribution to Cynefin, highlighting that in resource-constrained and trust-dependent environments, expertise is inseparable from the relational context in which it is embedded.

9.7.3 Navigating the Cynefin complex domain

The complex domain in Cynefin arises when cause-and-effect relationships are unclear and can only be discerned retrospectively (Snowden, 2002; Kurtz and Snowden, 2003). Leaders in such contexts are encouraged to "probe-sense-respond," engaging in iterative experimentation and adaptive learning (Snowden and Boone, 2007; Uhl-Bien, Marion and McKelvey, 2007). This study aligns Onerous SCDM with this domain, evident during strategic crises such as major funding reallocations or restructuring, where competing interests and emotional strain made linear solutions impossible. Decisions unfolded through negotiation and sense-making (Maitlis and Christianson, 2014). While the Cynefin model emphasises emergence and adaptation (Snowden and Boone, 2007), this study adds nuance by showing that collective decision-making in health NGOs is also shaped by emotional and political labour (Hochschild, 1983). Trust deficits and contested social capital (Nahapiet and Ghoshal, 1998) complicate alignment

efforts and raise the stakes. The grounded theory thus extends Cynefin by embedding power, trust, and social capital as critical variables influencing how complexity is navigated in practice (Ospina and Foldy, 2010).

9.7.4 Navigating the Cynefin Chaotic Domain

In Snowden and Boone's (2007) Cynefin framework, the chaotic domain is characterised by the absence of discernible cause-and-effect relationships. Leaders must adopt an “act–sense–respond” approach, intervening decisively to stabilise the environment before analysis and deliberation can resume. This study found limited evidence of sustained chaotic decision-making within the NGOs studied. However, moments of crisis escalation, such as sudden donor withdrawals or urgent community health emergencies, temporarily pushed organisations into chaotic dynamics. In such situations, strategic leaders were compelled to act unilaterally to protect continuity of operations, after which decisions typically transitioned back into more complex and deliberative processes.

Beyond these organisational-level crises, the chaotic domain was also triggered by systemic shocks beyond the NGOs' control. A striking example is the impact of the USAID executive orders; particularly policy shifts such as the reinstatement of the “Global Gag Rule”; which abruptly restricted funding to organisations involved in reproductive and HIV-related services. These externally imposed directives created sector-wide chaos: funding streams were terminated overnight, programme activities suspended, and organisational legitimacy undermined in communities still dependent on services. For some of the studied NGOs, the implications were catastrophic, with closures or severe downsizing threatening their very going concern status. Unlike routine donor fluctuations, these policy shocks were non-negotiable and immediate, leaving strategic leaders with no time for consultative processes and forcing survival-driven, unilateral responses. The findings therefore suggest that in the NGO sector, chaos is rarely a permanent domain but occurs episodically in moments of acute external shock; whether through global policy shifts (e.g., USAID orders) or sudden health emergencies. These crises reveal the tension between urgency and participatory governance: while Cynefin prescribes decisive action, the cultural emphasis in NGOs on inclusivity and consensus often led to delayed responses or decision paralysis, exacerbating the consequences. Such delays sometimes produced tangible costs: missed donor deadlines, funding losses, and weakened staff morale.

Two refinements to Cynefin emerge from this study. First, chaos in NGOs should be understood as episodic and multi-scalar: it manifests not only in localised operational crises but also in

global policy shocks that cascade through the sector. Second, the capacity to transition out of chaos depends heavily on relational trust and internal social capital. Organisations with cohesive leadership and trust networks recovered more quickly, whereas fractured relational capacity prolonged paralysis or collapse. In sum, the chaotic domain was not a dominant or sustained mode of decision-making in the NGOs studied, but its episodic presence; particularly under external shocks such as USAID executive orders; had catastrophic implications. Recognising these dynamics underscores the importance of cultivating adaptive resilience: the ability to balance moments of necessary unilateral action with longer-term, inclusive deliberation.

Table 9.2: Cynefin Framework comparison with the emerging theory

Domain	Cynefin Definition	Study Findings (SCDM Alignment)
Simple	Clear cause-and-effect; best practices apply.	Simple SCDM (SSCDM) Routine, procedural decisions Efficiency and compliance focus Procedural rationality
Complicated	Cause-and-effect requires analysis or expert input.	Conventional SCDM (CSCDM) Relationally grounded decisions Reliance on institutional memory Expert judgment and incremental change
Complex	Cause-and-effect unclear; patterns emerge retrospectively	Onerous SCDM (OSCDM) High-stakes, contested decisions Iterative negotiation, sensemaking Political dynamics and trust fractures
Chaotic	No clear cause-and-effect; urgent action required	Limited NGO evidence Crisis moments (e.g., sudden donor exit) Rapid stabilisation before sensemaking

Source: Adapted from Cynefin Framework (Snowden and Boone, 2007)

9.8 Conclusion

This chapter has synthesised the findings of this grounded theory study to advance a nuanced understanding of strategic collective decision-making (SCDM) in South Africa's health NGO sector. The analysis demonstrates that collective decision-making in these organisations is neither uniform nor purely technical; rather, it is a relationally intensive, contextually bounded, and emotionally charged process shaped by organisational histories, donor dependencies, and interpersonal dynamics. The three emergent modes; Simple, Conventional, and Onerous SCDM; should not be seen as rigid categories but as points on a fluid spectrum. NGOs move between them depending on stakes, ambiguity, and relational climate. This insight echoes

Snowden and Boone's (2007) contention that effective decision-making requires situational diagnosis and context-specific approaches. Across all modes, relational dynamics emerged as a critical driver. Trust, psychological safety, and the balance between formal and informal settings determined whether decision-making was inclusive, contested, or symbolic. Internal social capital; shared norms, trust, and mutual understanding; functioned as a hidden infrastructure enabling or constraining strategic decisions. Strong internal social capital facilitated rapid, cohesive outcomes, while fractured networks produced delays, contestation, or gridlock.

The study extends decision-making theory into the NGO sector, a domain that remains under-theorised in organisational studies (Eisenhardt and Zbaracki, 1992; Langley et al., 1995). It shows that collective decision-making in NGOs is not reducible to rational analysis or intuitive judgment, but is an interactive process of organisational alignment, shaped by history, relational capacity, and external dependencies. This contributes to both decision-making theory and social capital theory, highlighting how relational infrastructure underpins governance and strategy in resource-constrained environments. The findings also carry practical implications. NGOs that align decision-making processes with the complexity of the issue at hand and that consciously cultivate trust, inclusivity, and psychological safety are more likely to produce legitimate, resilient, and ethically grounded outcomes. Conversely, neglecting relational capacity risks hollowing out participation and undermining organisational cohesion. This chapter demonstrates that NGO strategic decision-making is best understood as a relational, adaptive, and context-sensitive practice. These insights set the stage for the final chapter, which will consolidate the study's theoretical and practical contributions, reflect on methodological strengths and limitations, and outline future research directions.

CHAPTER 10: CONCLUSION

10.1 Introduction

This study opened with a vignette set in a rural community in Lusikisiki, Eastern Cape, South Africa, where the closure of an NGO-run clinic following donor funding withdrawal had immediate and profound consequences for vulnerable beneficiaries. That vignette was not intended as a rhetorical device, but as an empirical entry point into the central puzzle of this research: how health NGOs in South Africa engage in collective decision-making under conditions of uncertainty, resource scarcity, and competing stakeholder demands. Employing a Straussian grounded theory approach, the study developed a substantive theory of *strategic collective decision-making as an interactive mode of organisational alignment*, explaining how strategic leaders navigate three distinct yet interconnected decision-making modes: Simple, Conventional, and Onerous; each shaped by contextual pressures, cultural norms, and organisational dynamics. Revisited through the grounded theory developed in this study, the Lusikisiki clinic closure can now be understood not merely as an organisational outcome, but as the product of an onerous strategic collective decision-making process shaped by donor dependency, governance obligations, relational dynamics, and the limits of organisational capacity. This final chapter synthesises the study's key insights, highlights its theoretical, methodological, and practical contributions, acknowledges its limitations, and concludes by offering directions for future research.

10.2 Contributions of the study

The value of this grounded theory study lies in its combined scholarly, practical, and personal contributions. The theory of *strategic collective decision-making as an interactive mode of organisational alignment* was not developed as an abstract conceptual model but as a framework grounded in the lived realities of South African health NGO strategic leaders. The study contributes to both theory and practice by advancing understanding of how strategic collective decisions are shaped and enacted under volatile, resource-scarce, and relationally complex conditions.

10.2.1 Scholarly contribution

This study makes several contributions to organisational scholarship, specifically in the areas of (1) collective decision-making theory, (2) decision-making in NGOs, (3) NGO strategic collective decision-making in the Global South, and (4) grounded theory methodology.

10.2.1.1 Contribution to SCDM literature

The study develops a substantive grounded theory that conceptualises strategic collective decision-making as an interactive mode of organisational alignment, a process in which legitimacy, participation, efficiency, and survival are continually balanced. This perspective extends decision-making literature from researchers such as (Eisenhardt and Zbaracki, 1992; Langley et al., 1995) by showing that strategic decisions in mission-driven organisations are not linear, rational sequences but socially constructed and emotionally charged negotiations. The typology of Simple, Conventional, and Onerous SCDM contributes a novel framework that explains how different decision modes emerge under varying relational, informational, and contextual pressures.

10.2.1.2 Contribution to decision-making in NGOs

The study advances our understanding of decision-making within NGOs, a domain that has historically been underexplored compared to corporate or public-sector contexts. By foregrounding collective processes, relational trust, and the moral purposes underpinning NGO action, the theory demonstrates that NGO decision-making cannot be understood through assumptions of hierarchy. Instead, it unfolds within mission-driven, resource-constrained, and stakeholder-dense environments where legitimacy and alignment often outweigh efficiency. This insight extends and nuances existing governance frameworks in the non-profit sector (Cornforth, 2003).

10.2.1.3 Contribution to NGO decision-making in the Global South

Most decision-making and governance theories have emerged from contexts in the Global North. By situating its analysis in South African health NGOs, this study contributes to decolonising organisational scholarship, offering a theory grounded in the lived realities of leaders navigating donor dependency, shifting policies, and social inequities. The resulting theory highlights how cultural norms, relational obligations, and collective ethos shape the

legitimation of decisions. It invites comparative work across other Global South contexts to test the transferability of the typology and theoretical propositions.

10.2.1.4 Methodological contribution

Finally, the study demonstrates the value of Strauss and Corbin's (1998) grounded theory approach as both a rigorous and creative method for studying complex organisational processes. Through coding, constant comparison, and memo-writing, the research generated an integrative mid-range theory that connects micro-level interactions with macro-level organisational outcomes. The process affirms the utility of grounded theory in producing contextually rich yet analytically generalisable insights, thereby addressing calls for more qualitative, interpretive research in governance and organisational studies (Bryant and Charmaz, 2007; Charmaz, 2014).

10.2.2 Practical contribution

The findings of this study have implications for the governance and leadership of health NGOs in South Africa, and potentially for similar organisations regionally and globally. The emergent typology of Simple, Conventional, and Onerous Strategic Collective Decision-Making offers a diagnostic and reflective tool for NGO strategic leaders, boards, donors, and policymakers to enhance their strategic capacity in resource-constrained and volatile environments. The diagnostic and reflective tools will be summarised in the following subsection.

10.2.2.1 Diagnostic tool for collective decision-making

The typology equips leaders with a framework to assess the nature of a decision before embarking on the process. By recognising whether a decision is simple, conventional, or onerous, organisations can: firstly, anticipate the time, resources, and emotional energy required; secondly, select appropriate forums such as informal check-ins for simple decisions, structured meetings for conventional or onerous decisions; and thirdly, prepare psychologically for more demanding deliberations. This ability to “read the room” enhances organisational responsiveness, reduces decision paralysis, and prevents over- or under-investment in particular decisions. For example, Onerous SCDM processes frequently stall due to emotional intensity, value conflicts, and decision fatigue. This underscores the importance of leadership development in facilitation and structured deliberation, as well as emotional intelligence and psychological safety, in navigating conflict and mediation. Investments in coaching, reflective practice, and participatory facilitation can transform emotionally charged decision-making from a source of dysfunction into an opportunity for deeper legitimacy and organisational

learning. Apart from that, the leadership coaching will help anchor the study's findings, which caution against the assumption that all decisions require full participation and consensus. Over-emphasising inclusivity risks inefficiency, while bypassing participation undermines legitimacy. Leaders are encouraged to adopt a contingency approach, tailoring collective decision-making processes to the complexity, stakes, and urgency of the situation. This adaptive balance strengthens strategic agility, enabling NGOs to navigate volatile funding and policy environments more effectively.

The findings of the study highlight the differing stakeholder, who will also benefit from the study by being sensitive to the NGO environment and their indirect influence on the strategic collective decision-making process of organisations they support. Boards should monitor the conditions of decision-making, not just outcomes, and intervene when organisations become gridlocked in onerous modes. Adaptive governance requires a blend of oversight and developmental support, ensuring boards act as enablers of strategic collective decision-making flow rather than mere compliance monitors. For donors, the findings highlight the unintended consequences of rigid compliance and reporting frameworks. Short timelines and prescriptive expectations often push NGOs into dysfunctional collective decision-making cycles. A more relational and flexible donor approach, emphasising trust, long-term partnerships, and attention to the quality of processes, would better support sustainable outcomes and strengthen NGO resilience. Importantly, the study demonstrates that delays are not always indicative of dysfunction. In some cases, they reflect strategic pauses that enable broader consultation and legitimacy-building. This reframes governance away from purely efficiency-driven assumptions toward more contextually grounded, participatory approaches.

In practice, this study reframes strategic collective decision-making as a social and emotional process, not simply a technical or cognitive task. By naming and understanding the three decision-making modes, NGOs can: enhance strategic capacity, build resilience, and deepen participatory governance. For leaders, the typology functions as a diagnostic and planning tool. For boards, it signals when and how to intervene. For donors, it offers a framework to support adaptive processes rather than impose rigid timelines. For other stakeholders, it helps in understanding how the strategic collective decision-making process works, appreciating the delays in some decisions, and managing expectations. Together, these implications encourage more adaptive, inclusive, and relationally grounded governance in health NGOs and beyond.

10.2.2.2 Integrating theoretical perspectives: an integrative framework for SCDM

Strategic collective decision-making in health NGOs is best understood as the outcome of several interacting theoretical forces: (1) classical decision-making models (rational / bounded rationality) that describe how decisions are structured and how information is processed; (2) social capital theory (Nahapiet and Ghoshal, 1998) and the related concept of relational capacity, which explain how relationships, trust and shared cognition enable or constrain information exchange and collaboration; (3) stakeholder salience theory (Mitchell, Agle, and Wood, 1997) which foregrounds how power, legitimacy and urgency determine whose viewpoints are prioritised; and (4) the Cynefin complexity lens (Snowden and Boone, 2007) which guides leaders to diagnose the nature of a situation (simple/complicated/complex/chaotic) and select responses appropriate to that problem domain.

These perspectives operate at different levels and play complementary roles in shaping strategic collective decision-making. Classical models inform the form of decision processes for example, whether a group follows analytic, evidence-based steps (rational/bounded rationality) or relies on heuristics and experience under time pressure. Social capital and relational capacity provide the relational infrastructure that enables collective decision-making: dense networks, mutual trust, shared language, and routines reduce transaction costs, facilitate information flows, and support joint decision-making. Stakeholder salience theory explains which voices are heard and acted upon within these networks, where participants who hold power, are perceived as legitimate, or present urgent claims, will disproportionately shape outcomes. Finally, the Cynefin framework situates decision problems on a complexity spectrum, signalling whether an organisation should use best practice (simple), expert analysis (complicated), safe-to-probe experiments and emergent practice (complex), or rapid, stabilising action (chaotic). Together, these dynamics determine not only *what* decision is reached, but *how* the organisation proceeds to reach it. Practically, the interplay yields qualitatively distinct modes of strategic collective decision-making. In brief:

Simple SCDM emerges when problems are in the *clear/simple* Cynefin domain, social capital (especially shared cognitive frames and structural ties) is high, stakeholder salience is low or aligned, and classical/rational processing is feasible. Decisions can be rapid and routinised because participants share a common understanding, and there are few conflicting salient claims.

Conventional SCDM aligns with *complicated/ordered* contexts where expert analysis and structured deliberation are required. Here, organisations draw on specialist knowledge (bounded rationality plus expert heuristics), rely on established relational channels to translate expertise into collective action, and manage stakeholder salience by formal mechanisms (boards, policies, subject matter expert advisory groups). Decision processes are deliberative, moderately time-consuming, but typically resolvable with available expertise.

Onerous SCDM corresponds to *complex* (and often politically charged) contexts. In these settings, causal relationships are unclear, stakeholder claims are multiple and uneven (high salience heterogeneity), and social capital may be strained (low trust, weak shared cognition) or highly contested. Classical rational procedures fail or slow progress; instead, sense-making, experimentation, facilitation, and explicit attention to relational repair are necessary. These processes can be prolonged, emotionally intense, and vulnerable to gridlock unless relational capacity is actively cultivated and stakeholder salience is managed.

This integrated lens has two immediate practical uses for the diagnostic tool, which are summarised in Table 10.1. First, it helps leaders read the decision context (Cynefin) and choose an appropriate process (routinised, deliberative, or experimental). Second, it prompts them to assess relational readiness (social capital / relational capacity) and stakeholder configuration (power, legitimacy, urgency) before deciding how to convene and facilitate the collective decision-making process. In short, effective strategic collective decision-making requires a simultaneous assessment of problem type, relational infrastructure, distribution of salience, and the limits of analytic methods and tailoring the strategic collective decision-making participants as well as the process thereof accordingly.

Table 10.1: Compact mapping diagnostic tool

Theory element	Diagnostic question for leaders	Implication for SCDM mode
Cynefin (Snowden and Boone, 2007)	Is the problem Clear / Complicated / Complex / Chaotic?	Guides whether to apply routine, expert, experimental, or stabilising approaches.
Social capital (Nahapiet and Ghoshal, 1998)	Do we have trust, shared language, and working ties to exchange knowledge?	High → enables faster consensus (Simple); Low → need for trust-building and facilitation (Onerous).
Classical decision models (Eisenhardt and Zbaracki, 1992)	Are analytic, evidence-based processes feasible/adequate?	If yes → structured deliberation (Conventional); if no → rely on heuristics, experiments, facilitation (Complex/Onerous).
Stakeholder salience (Mitchell, Agle and Wood, 1997)	Which stakeholders have power, legitimacy, urgency?	High salience heterogeneity → risk of conflict, gridlock; manage via inclusion/mediation or governance clarity.

Source: Author’s construction

To be useful in practice the compact mapping diagnostic tool must prompt leaders to assess four linked dimensions simultaneously: (1) the nature of the problem (Cynefin), (2) the organisation's relational readiness (social capital / relational capacity), (3) the distribution of stakeholder salience (power, legitimacy, urgency), and (4) whether analytic/rational procedures are feasible (classical decision models). This four-part assessment explains why decisions mapped to the Simple/Conventional/Onerous typology require different forums, facilitation methods, and external supports, such as donor flexibility and board intervention.

10.2.2.3 Combined perspectives in previous research

A scan of the literature indicates that pairwise combinations of these theories have appeared in prior work (for example: social capital plus stakeholder theory; Cynefin applied to stakeholder engagement or public policy), but there is limited evidence of a single framework that explicitly integrates *all four* perspectives (classical decision theory, social capital/relational capacity, stakeholder salience, and Cynefin) into one diagnostic model for SCDM in NGOs.

Examples of partial integrations include:

- Studies that integrate social capital and stakeholder theory to explain how network resources shape stakeholder influence and performance, such as work on stakeholder social capital integrating stakeholder and social capital perspectives (Aisjah, Arsawan and Suhartanto, 2023).
- Practical and practitioner literatures that apply Cynefin to stakeholder engagement or to selecting decision approaches for messy problems, such as product/strategy, which guides and case applications showing how Cynefin aids stakeholder conversations (Snowden and Boone, 2007).
- NGO and supply-chain research applying social capital to NGO–business and NGO–donor relations, the study shows relational capital's role in smoothing tensions and enabling collaboration (Moshtari and Vanpoucke, 2020).

What is novel about this study's contribution is the explicit, theory-driven integration of: (a) complexity diagnosis (Cynefin) with (b) relational infrastructure (social capital / relational capacity), (c) stakeholder salience dynamics, and (d) classical notions of decision form and process *and* the application of that integrated lens empirically to strategic collective decision making in health NGOs in the Global South. In short, while previous work combines bits and

pieces, this grounded-theory model operationalises how these elements interact to produce the *three empirical modes* (Simple, Conventional, Onerous) and offers a practical diagnostic tool directly usable by health NGO leaders when making strategic collective decisions.

10.2.3 Policy implications

The grounded theory developed in this study reveals that strategic collective decision-making in South African health NGOs is deeply relational, context-contingent, and shaped by both organisational culture and external governance demands. These findings have implications for the policy and regulatory frameworks that shape NGO practice in South Africa and beyond, as detailed in the following sections.

10.2.3.1 Institutionalising participatory governance in the NPO policy framework

The Nonprofit Organisations Act (No. 71 of 1997) and the accompanying NPO Amendment Bill (2022) aim to strengthen accountability and governance in the sector. However, they remain largely compliance-oriented, with limited emphasis on participatory governance. The findings of this study suggest that policy reforms should explicitly promote participatory and collective governance as good practice in NGO leadership. Including provisions for inclusive decision-making structures such as strategic leadership-level stakeholder representation, participatory strategic reviews, and transparent internal consultation mechanisms can enhance legitimacy and trust within NGOs. These reforms would operationalise the NPO Act's intent to promote good governance, while aligning with the National Development Plan (NDP) 2030 vision of a "capable and developmental state" that values citizen participation in policy and programme design.

10.2.3.2 Aligning NGO capacity-building with relational and cultural competence

This study highlights how relational capacity and cultural norms act as undercurrents in strategic collective decision-making. Yet, existing NGO capacity-building initiatives, often guided by the Department of Social Development's NPO Directorate, National Treasury's compliance frameworks, or international donors, tend to emphasise technical and financial management skills over relational and intercultural competencies. Policy frameworks should thus integrate relational competence, including trust-building, negotiation, and cultural sensitivity, into capacity-building and leadership development programmes. Doing so would strengthen internal cohesion and responsiveness within NGOs, particularly in multicultural,

multilingual, and community-embedded settings where collective decision-making depends heavily on social capital and mutual understanding.

10.2.3.3 Embedding flexibility in donor compliance and reporting regimes

Funding frameworks, such as PEPFAR and the Global Fund, as well as bilateral donor agreements with the South African government, often impose rigid compliance and reporting requirements. While these are critical for accountability, they can unintentionally stifle adaptive and collaborative decision-making within NGOs. Policy dialogue between donors, the Department of Health (DoH), and implementing NGOs should aim to strike a balance between compliance and strategic flexibility. Incorporating adaptive management principles, such as allowing periodic review and modification of targets in response to contextual shifts, would enhance NGOs' ability to make timely, inclusive, and strategic decisions without compromising accountability.

10.2.3.4 Creating multi-stakeholder policy dialogue platforms

The study's findings affirm the importance of inter-organisational collaboration and stakeholder salience in decision-making. Policymakers should therefore promote multi-stakeholder dialogue forums where NGOs, government departments, donors, and community representatives can jointly deliberate on programmatic priorities and systemic barriers. Such platforms, aligned with NDP 2030's emphasis on social compacting and the District Development Model (DDM), could enhance alignment between community needs, NGO strategies, and national health objectives. This would also create opportunities for horizontal learning and knowledge exchange, strengthening sector-wide strategic collective decision-making capacity.

10.2.3.5 Recognising NGOs as strategic partners in health governance

The grounded theory developed in this study demonstrates that NGOs are not passive implementers of donor or government programmes but strategic actors who interpret, adapt, and negotiate within complex policy environments. Policy frameworks, particularly within the Department of Health's partnership models and PEPFAR Country Operational Plans (COPs), should thus acknowledge NGOs as co-creators of public health strategy, not merely contractors. Institutionalising mechanisms for NGO participation in health policy design, monitoring, and evaluation would leverage their proximity to communities and experience in adaptive strategic

collective decision-making, thereby enhancing the responsiveness and resilience of South Africa's public health system.

10.2.4 Personal value

On a personal level, conducting this grounded theory study has been transformative. Immersing in the lived experiences of health NGO leaders deepened the researcher's appreciation for the complexity, fragility, and courage that characterise leadership in resource-constrained, value-driven contexts. The research journey strengthened the researcher's ability to think theoretically while remaining grounded in practice, blending rigour with creativity. Engaging deeply with Strauss and Corbin's analytic tools sharpened methodological reflexivity, while prolonged engagement with participants fostered empathy and humility regarding the human dimensions of governance. This experience not only affirmed the power of grounded theory to reveal hidden organisational dynamics but also reshaped the researcher's scholarly identity, cultivating a deeper respect for interpretive, context-sensitive inquiry in organisational research.

10.3 Limitations of the study

Simon and Goes (2013:1) define limitations as "matters and occurrences that arise in a study which are out of the researcher's control," emphasising that all studies inherently possess limitations regardless of their methodological rigour. Grounded theory, like any research methodology, presents specific constraints as identified by Gorra (2007). The grounded theory study approach demands significant time investment due to its complex coding procedures and extensive memo-writing requirements during data analysis. Grounded theory, as deployed here through Strauss and Corbin's coding procedures, enabled the systematic development of a substantive theory from interviews. Apart from that, methodological choices also impose constraints. First, the study relied primarily on retrospective accounts of collective decision-making, meaning that participants' recollections and interpretations may have been shaped by hindsight, selective memory, or organisational politics. Second, the qualitative sample, though adequate for grounded theory saturation, was not statistically representative of all South African NGOs. This precludes broad generalisation, though it does not diminish the explanatory power of the emergent theory within the chosen context.

Contextually, the study was conducted during a period of pronounced funding uncertainty linked to the reduction of PEPFAR and other donor resources in South Africa. This temporal context shaped how participants experienced and narrated their strategic collective decision-

making processes. While this enriched the data by surfacing the tensions of precarity and resource dependency, it also means that some of the findings may reflect the specific pressures of this funding climate rather than universally applicable dynamics. Future research conducted in periods of financial stability, or in NGOs less reliant on external funding, may uncover different emphases in strategic collective decision-making processes.

Although the study has proposed a substantive theory with potential resonance beyond the health NGO sector, transferability to other sectors or geographical contexts should be approached with caution. South Africa's historical, socio-political, and cultural context strongly shapes the ways NGOs deliberate and align in strategic collective decision-making processes. The typology of Simple, Conventional, and Onerous decision-making modes may travel to other settings, but its application would need to be adapted and tested against the realities of those environments.

While these limitations inevitably shaped the boundaries of this research, they do not diminish the value of the grounded theory developed. Rather, they highlight the contextual conditions under which the findings should be interpreted and point to areas where further inquiry is both necessary and promising. Each limitation opens potential avenues for extending, testing, and refining the theory of strategic collective decision-making, whether through broader samples, comparative contexts, or methodological innovations. It is in this spirit that the following section outlines directions for future research to deepen and expand the insights generated by this study.

10.4 Future research directions

Building on the limitations outlined above, this study opens several promising avenues for future inquiry that can strengthen, extend, and refine the substantive theory of collective decision-making developed in this study. While this research focused on South African health NGOs, future studies could examine whether the typology of Simple, Conventional, and Onerous SCDM applies to other NGO domains, such as education, climate action, gender justice, or humanitarian response. Comparative work of this kind would highlight sector-specific nuances while testing the broader transferability of the typology. Beyond sectoral expansion, cross-national studies, whether within other African contexts or across the Global North, could further illuminate how cultural norms as an undercurrent shape strategic collective decision-making. The influence of cultural norms can be understood through the theoretical lenses reviewed in this study. For instance, classical decision-making theories often assume

universal rationality; yet, cultural expectations surrounding hierarchy, consensus, and deference to authority challenge these assumptions, producing different decision logics in collective contexts. Similarly, internal social capital theory (Nahapiet and Ghoshal, 1998) highlights the cognitive and relational dimensions, trust, shared understanding, and reciprocal obligations, that are deeply embedded in cultural meanings and socialised behaviours. Stakeholder theory (Mitchell, Agle and Wood, 1997) also intersects with culture, as the perception of power, legitimacy, and urgency may vary across cultural settings and organisational traditions. Finally, from a Cynefin perspective, cultural norms influence how decision-makers interpret complexity, ambiguity, and acceptable responses within their organisational ecosystems. By integrating these perspectives, this study suggests that cultural norms are not peripheral but *constitutive* of how collective decision-making unfolds, shaping the relational climate, interpretive frames, and legitimacy boundaries that underpin strategic collective decision-making in NGO governance frameworks, and donor relations shape decision-making differently, helping to distinguish locally contingent features from those with wider explanatory power.

A second avenue lies in the use of longitudinal research to capture how strategic collective decision-making evolves across different phases of an NGO's life cycle, from emergence and growth to crisis and renewal. Such work would enrich understanding of how strategic collective decision-making modes shift in response to changing organisational conditions. Relatedly, this study's focus on strategic-level decisions provides a boundary that could be broadened. Examining operational or tactical decision-making could test whether similar tensions and typologies emerge at other levels of organisational practice, thereby building a more holistic account of governance processes.

The methodological enrichment of this study lies in its potential to extend and deepen the grounded theory through complementary research designs. Future research using grounded theory could further refine and elaborate the emergent framework of strategic collective decision-making by engaging different contexts such as NGOs in other health domains, social justice sectors, or other regions of the Global South. Such studies would enable theoretical elaboration and comparative analysis, testing the *transferability* rather than the *generalisability* of the current theory, which aligns with the iterative and emergent nature of grounded theory research (Strauss and Corbin, 1998; Charmaz, 2014).

Ethnographic approaches and real-time observation, such as shadowing NGO leaders, recording deliberations, or conducting participant observation during strategy meetings, could provide finer-grained insights into the micro-dynamics of negotiation, conflict, and consensus-building. These qualitative extensions would complement the retrospective interviews used in this study and strengthen understanding of how cultural norms, relational capacity, and power asymmetries manifest in live decision-making settings.

Taken together, these avenues underscore that this study represents not an endpoint but a foundation. By testing, extending, and applying the emergent theory across diverse contexts and methods, future research can develop a richer, more nuanced understanding of how NGOs and mission-driven organisations navigate the tensions inherent in collective decision-making.

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Appendix A: Rhodes University Business School ethics approval



Rhodes University Human Research Ethics Committee
Room 8 & 24 Truro House, St Peters Campus
Makhanda, 6139
t: +27 (0) 46 603 7314 & 8073
e: ethics-committee@ru.ac.za
<https://www.ru.ac.za/researchgateway/ethics>
NHREC Registration number: RC-241114-045

10 August 2025

Mr Peter Mazunga

Email: g22m1860@campus.ru.ac.za

Review Reference: 2024-8080-9127

Dear Mr Mazunga,

Title: A grounded theory study of collective decision-making in the health Non-Governmental Organisation (NGO) sector in South Africa.

Researcher: Mr Peter Mazunga

Supervisor(s): Professor Noel J Pearse

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Research Ethics Committee (RU-HREC). Your Approval number is: 2024-8080-9127

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please apply for a protocol amendment should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Email your request to ethics-committee@ru.ac.za.

Please submit a brief report to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of.

If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Sincerely,

Dr Janet Hayward

Chair: Rhodes University Human Research Ethics Committee (RU-HREC)

Appendix B: Template of the gatekeeper letters



ACCESS LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

Rhodes University
~~Drostdy~~ Road,
Grahamstown,
6139

(Address of Organisation)

Date: (XX XX XXXX)

Dear (Name of organisation representative),

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a registered PhD student in the Rhodes Business School at Rhodes University. My supervisor is Professor Noel J Pearse

The proposed topic of my research is: A grounded theory study of collective decision-making in the health Non-Governmental Organization (NGO) sector in South Africa

The objectives of the study are:

- a) To describe and analyse the collective decision-making process in the health NGO sector organizations in South Africa.
- b) To explore how the characteristics of NGOs and/or their environmental opportunities and constraints influence collective decision-making.
- c) To develop a substantive grounded theory on collective decision-making in the health NGO sector in South Africa.

I am hereby seeking your consent to do my research at (name of the organisation). To assist you in reaching a decision, I have attached to this letter:

- (a) A copy of the provisional ethical clearance issued by the University
- (b) A copy the research instruments which I intend using in my research

I would be interviewing five of your staff members at leadership level, should you consent, may you kindly share with the five potential participants my email address g22m1860@campus.ru.ac.za or mobile number 078 711 8142 to start the engagements.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

Ethics Coordinator, Rhodes University Research Office,
Room 204, Main Admin Building, ~~Drostdy~~ Road, Grahamstown, 6139
ethics-committee@ru.ac.za t: +27 (0) 46 803 7314



Student: Peter Mazunga,
email address: g22m1880@campus.ru.ac.za,
cell number: 078 711 8142
Supervisor: Professor Noel J Pearse,
email address: n.pearse@ru.ac.za ,
telephone number: +27 (0) 48 603 8963/8617

Upon completion of the study, I undertake to provide you with feedback

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Signatures

Name: Peter Mazunga

(Name of organisation): XXXX

(Approver-Name and Surname): XXXX

Signature: XXX

Ethics Coordinator, Rhodes University Research Office,
Room 204, Main Admin Building, ~~Dunstable~~ ~~Road~~, Grahamstown, 6139
ethics-committee@ru.ac.za ~~t~~ +27 (0) 48 603 7314

Appendix C: Template of the consent form



PARTICIPANT INFORMED CONSENT DECLARATION (To be signed by research participant/s)

Project Title: A grounded theory study of collective decision-making in the health Non-Governmental Organisation (NGO) sector in South Africa.

Peter Mazunga from the Rhodes Business School, Rhodes University has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to develop a substantive grounded theory on collective decision-making in the health NGO sector in South Africa.
2. Rhodes University has given ethical clearance to this research project (Review Reference: 2024-8080-9127) and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)
3. By participating in this research project, I will be contributing towards academic knowledge by adding to the body of literature on NGO management, collective decision making, and leadership thereby providing a valuable resource for researchers, students and NGO community.
4. I will participate in the project by doing interviews and sharing insights on collective decision making at my organisation.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I understand that I have the right to refuse to respond to any question that I would prefer not to answer.
7. I will not be compensated for participating in the research.
8. The following risks are associated with my participation: Risk of potential internal conflicts, the process of discussing and analysing collective decision-making processes may bring to light internal conflicts or disagreements within organisations. The risk will be mitigated by anonymisation of data, confidentiality agreement and member checking.
9. The Researcher intends to publish the research results in the form of PhD thesis and relevant journal articles. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been

Rhodes University, Research Office, Ethical Review
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involved in the conducting of the research, **unless I indicate to the contrary/recognize that as a public figure my identity will inevitably be/become known, in which case I agree to accept the loss of anonymity.**

10. In terms of the Protection of Personal Information Act (No. 4 of 2013) it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity of the data I provide will be achieved. I may also request to know exactly how my personal information will be stored securely, for how long it will be stored.
11. If any data collected from me for this research project is to be used by the Researcher for any further study, I am to be informed in writing and my written consent requested again. I need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, I can simply reject the request. In such cases, a formal request needs to be made to me by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).
12. In terms of the POPI Act, I possess the right to receive feedback about this research. This will take the form of email or Microsoft Teams, Zoom or Google Meet to share the findings of the research unless **I elect not to receive this feedback.**
13. Any further questions that I might have regarding the nature of the research and/or my participation in it will be answered by Peter Mazunga, p22m1880@campus.ru.ac.za.
14. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies. A copy of this informed consent declaration will be given to me, and the original will be kept on record by the Researcher.
15. I **agree/disagree** (delete inapplicable) to the Researcher's use of voice recording of my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views/responses. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded

I, (name and surname of participant), have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask, and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....
Participant's signature

.....
Date

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