WEBINAR SUMMARY

From Disabling to Trustworthy Leadership: Towards Psychological Safety in the District Health System.

3 June 2026

Thank you for joining our webinar on the critical role of intentionally-nurtured **trustworthy leadership and psychological safety** in strengthening the South African district health system.

This webinar forms part of a series of online engagements hosted by the South African Learning Alliance for the District Health System (SALAD) exploring topical issues within the District Health System (DHS). This webinar was hosted by the Leadership and Management subgroup within SALAD and drew together expressed needs and ideas from multiple conversations.

This webinar drew on some theory, practical experiences, and participant discussion, and argued that effective leadership is not only about achieving performance targets, but also about creating environments where people feel respected, heard, supported, and able to contribute honestly. It emphasized that trust is fundamental to teamwork, learning, service quality, and ultimately patient outcomes, but also is an attribute one owes to yourself if you value leading with integrity.

PART I: SETTING THE SCENE

Sue Cleary, a SALAD member who plays multiple roles, noted that this webinar takes forward the previous conversation held on the challenges facing the District Health System (DHS) in South Africa, where intentional leadership and psychological safety, and the nurturing of soft skills emerged as crucial ingredients to the building of resilient and responsive health systems. This webinar had a diverse panel of speakers, hailing from five different provinces and different levels of the system.

Based on the responses to the registration question “what practices do you think most affect your workplace relationships and work functioning “, important systemic challenges were highlighted, some of which include: misunderstandings of power and abuse of positional power; rigid hierarchies; working in silos; a lack of trust; and malicious compliance. Additional issues raised were unpredictable leadership, political interference and hierarchical management structures and practices.

More positively, some facilitatory factors raised included clear governance arrangements, good communication and relationships, listening to one another, having a safe space for dialogue and reflection. Important ways of being and relating also emerged, such as displaying empathy, respect, kindness, transparency and openness to difference. The word cloud summarizes the most common responses.

Sue also shared some definitions and theories about trust. One definition of trust constructs it as a combination of competence and benevolence. It is therefore not only about being kind, respectful and acting with integrity, but also requires competence and skills to do the difficult things, such as having difficult conversations when required.

The core model of success by Daniel Kim says that success depends on firstly the quality of relationships, which leads to quality of collective thinking, then the quality of action and the quality of results. This suggests that you don't get good quality results if you don't have good quality relationships. Relationships are part of performance. Trust is thus not a luxury, but a necessity. In a system we need to be able to ensure compliance, adhering to the targets and the rules and monitoring, while simultaneously focus on relationships and responsiveness – it is not the one or the other. The challenge for leaders is how to hold both at the same time.

PART 11: FRONTLINE EXPERIENCES AND INSIGHTS

Three panelists shared their stories of how trust (or lack thereof), shaped the relationships and system spaces in which they worked as DHS leaders.

Nomlindo Makhubalo

"Trust can be the difference between life or death"

Nomlindo Makhubalo, a paediatrician in a district clinical specialist team working in the Eastern Cape, where she provides strategic leadership and clinical support for child health services across multiple districts, reflected first.

She recounted the management of a critically ill infant requiring ventilation in a district hospital with severe resource constraints and where the baby could only get a bed in a referral facility within two days. Nurses who lacked intensive care experience felt psychologically safe enough to seek help from her rather than trying to manage the situation alone. They did the best they could until the baby could be transferred and the baby survived and did well.

Nomlindo reflected that the nurses reached out and felt psychologically safe to do so, because of the kind of relationship and leadership approach that they came to trust and rely upon.

Her story demonstrated that trust is built through:

- Being consistently available.
- Providing support rather than blame.
- Pairing accountability with compassion.
- Professional integrity.
- Teamwork focused on patient outcomes.

She emphasised that people trust leaders because of '**what they consistently do'**, not simply what they say. Her story is a good illustration of how trust can be a 'life and death' matter

Caleb Wang

'Unresolved inter-personal conflicts can have far-reaching systemic consequences'

Caleb is a paramedic by training and works at the KwaZulu-Natal Department of Health regional training center, which is responsible for coordinating in service training of clinical employees largely in the primary healthcare environment.

Caleb's story relayed longstanding interpersonal conflict between Emergency Medical Services (EMS) training coordinators. He described a complex training environment, where components, each course with a co-ordinator, were interdependent for the successful execution of assessments. The stakes were high, as failure meant no promotion and no progress through the system, with a significant impact on the lives of the students.

Although managers knew conflict existed between two co-ordinators, its impact on wider organisational functioning was underestimated. For a particular examination process, high absenteeism during examinations, increased pressure on remaining staff and potentially significant consequences for students arose.

While exams ultimately continued, Caleb summed up the underlying cause as 'not having a trusting, supportive, environment where the coordinates easily raise their issues and address the impact of their inter-personal issues on their work'.

Leadership interventions focused on rebuilding communication through facilitated conversations, structured team-building exercises and encouraging discussion of difficult emotions.

Key learnings included:

- Minor conflicts should never be ignored.
- Psychological safety requires leaders to address tensions early.
- Team relationships directly influence organisational performance.

Kea Gaeganenwe

'Intentional leadership can change toxic, punitive spaces into psychologically safe spaces of innovation and learning'

Kea reflected from her position as an assistant director for Strategic Planning in the Northern Cape Department of Health, and her passion about strengthening the health system through transformational and collaborative leadership that puts people at the center.

Kea told a story common to so many contexts of toxic and punitive performance review meetings, but recounted how, by creating psychologically safe environments can transform these meetings into spaces of learning, growth and innovation. She reflected how, for a long time, these meetings were characterized by defensiveness and frustration where attending managers expected criticism, district managers were frustrated by recurring challenges and discussions were dominated by compliance reporting instead of exploring solutions.

A significant shift occurred when the district management team intentionally changed the approach from meetings focused on accountability to spaces of learning, support and collaborative problem solving. Transparency about broader challenges facing the health system became the norm and created a shared understanding of the complex circumstances faced by facilities. The district management team also initiated follow-up visits to underperforming facilities to better understand their contexts and identify practical solutions. The narrative shifted from 'who is responsible for the poor performance' to 'what is preventing success and how can we address it together as a team'. Trust grew, encouraging facility managers to raise concerns early, share innovations and ask for support. Relationships improved, honesty and accountability improved and the performance of the district improved.

Key lessons included:

- Leadership culture shapes performance when leaders create environments characterized by transparency, inclusion and trust
- When people feel safe to speak honestly, they learn together
- Psychologically safer spaces encourage collective responsibility for improvement

PART III: PANEL AND AUDIENCE REFLECTIONS AND TAKEAWAYS

Panel Reflections

The invited panelists Polaki Mokatsane (North West) and Barry Smith (Western Cape) opened the reflection session and shared some gems.

Barry reflected on how important it is not to allow conflict to become prolonged, but that it requires leaders to be sensitive 'in the moment' to conflicts that require attention. He also emphasized how valuable it is to have a culture of creating safe spaces for sharing and collaborating.

Polaki reiterated the importance of communication, and addressing conflict early on. He summed with this: 'When leadership becomes intentional to create safe spaces, through being compassionate and listening, it can bring about change and have an impact on the system as a whole'.

The speakers who shared their stories shared their final reflections on what they felt made the biggest difference in helping or hindering in the situations they described. The importance of being intentional as a leader in creating safe spaces and working hard to build strong relationships and teams emerged strongly. Building a sense of shared accountability and recognizing the importance of soft skills are key. An encouraging idea, and a challenge to all of us was to, 'be totally open, recognize your mistakes, admit when you've made a mistake and share when you've messed up'. This will help to destigmatize making mistakes for the others in

the team. A final reflection reminded us that some decisions will be uncomfortable, but when you are transparent and you tell people what informed the decisions, it makes a big difference to how people respond.

Audience reflections

Many encouraging and thought-provoking reflections came from the wider audience and are summarized next.

Effective Communication builds trust and the elements that make up such communication include:

- Listening carefully.
- Explaining decisions openly.
- Being transparent about constraints.
- Inviting different viewpoints.
- Providing honest feedback.

Conflict should be addressed early, and this requires leaders to develop the confidence to "lean into discomfort" rather than avoiding difficult conversations.

Psychological safety enables learning, and this requires intentionally created environments where people can raise concerns, admit mistakes and ask for help without fear of humiliation or punishment.

Fairness and respectful relationships matter

Trustworthy leadership begins with self-awareness

KEY TAKE AWAY

Relationships are a core component of health system performance. Cultivating trust requires consistent, authentic and trustworthy actions as well as words. Trustworthy leadership is fundamental to strengthening district health systems - not as authority or positional power, but as a daily practice of building respectful relationships, communicating openly, addressing conflict constructively and creating environments where people feel psychologically safe to contribute.

Although structural constraints remain significant, leaders at every level have opportunities to shape healthier organisational cultures through intentional, compassionate and trustworthy leadership practices, ultimately improving both staff wellbeing and patient care.