Transformational leadership in changing a research culture: a personal reflection

Peter Hogg discusses the challenges and pitfalls of changing focus in a complex organisation.

Introduction
Towards the end of 2009, I went to a parent’s evening at my son’s school. Whilst there aigonographic friend came up to me and said jokingly; ‘have you retired?’ She did not need to clarify what she said, because I knew what she meant. I then explained why in recent times, I have been less prominent within the radiographic literature. I have been engaged with extensive behind the scenes activities working towards something new and innovative. The longer explanation commences in this article, which is the first in a series of three.

With the emphasis on transformational leadership, in this article I shall explain the culture change that has occurred within my university and the Radiography Directorate, how that transformation was facilitated and why in the longer term I believe the change should have positive effects.

Firstly I should like to take you back to 2004, because that year presented a typical illustration of what characterised research in the University of Salford’s Radiography Directorate.

The context
In mid 2004 we had a steady flow of conference and journal papers and several staff were studying doctoral awards in support of their research careers. There was a modicum of joint team working for research and some PhD dissertation student work related to that activity. We also had three full time PhD students.

On reflection, the conference and journal material we produced was of good quality, but had an eclectic nature and it was driven by personal interests, fairly typical of university radiography departments at the time, both nationally and internationally. Importantly at that time, the individually-focused work did not present a problem because our university valued what we did and the radiographic community seemed to appreciate it.

March 2009 however, brought significant change. Diversity in our research was no longer to be encouraged and the notion of isolated researchers was to become a thing of the past. We were to work towards interdependent team based research and in April 2009 I was asked to lead the establishment of the new diagnostic imaging research unit which would have a clear clinical imaging focus.

2009 brought the University of Salford a new Vice Chancellor (VC), shortly after this a new senior leadership team was appointed, a vision for our university was agreed and implementation commenced. The basic plan was to become more research led within our curricula and also “up our game”.

One driver for the latter is the notion of isolated researchers. We also had three full time PhD students. Over a prolonged period, using a highly democratic and also ‘up our research game’.

A premeditated approach to change
In previous management posts and in previous non-management leadership positions, I have been a firm believer in and advocate of, the use of transformational leadership principles. I also acknowledge that many radiography directorate colleagues are from a similar mould. In particular 1 value the transformational leadership characteristics set out by Kouses and Posner (Figure 1) and in the NHS Leadership Qualities Framework (Figure 2), several of these leadership traits described are highlighted in bold within this article.

Transformational leadership is a set of principles and behaviours which enable transformation to occur through others. I knew this would be important because there would be a need to influence professionals across our university and also within clinical and other external settings too.

At the end of the working day sharing the early stages of research was often reflected upon events of the day, and using leadership literature I tried to see different ways of moving forwards before returning to work on the following day. Here are some examples of situations I met and the leadership solutions I used to help resolve them.

Resistance to change was anticipated and it was not surprising when it arrived. Several reasons accounted for it but the most prominent was related to the two research areas not aligning to individual interests, expertise or individual perceptions of what should be done. Over a prolonged period, using a highly democratic process, staff were enabled to shape their own future. I needed staff buy-in and commitment, as well as this we go nowhere.

Initially, a big concern for several staff members surrounded the research paradigm, a majority of them had trained to be qualitative researchers and they felt this dimension should exist within our research vision. Voices were heard, and curiously, research paradigms were not specified as part of the “external mandate” so that vision of qualitative research was easily accommodated into our vision. By May 2009 the Directorate had a shared view on our
proposed research, albeit some staff members were still not fully sold on the idea. Acknowledging that people manage transitions at different speeds, since then with other directorate staff, I have worked to encourage and support those not fully sold on the vision to a point where we almost have complete alignment.

During this period I spent a lot of time listening to peoples views and engaged in 1:1 face to face conversations. I found this form of interaction to be valuable as it allowed me a chance to get to the nub of individual concerns. You might be interested to know that from the onset within the directorate, we encouraged people to show their feelings, but we had a condition on this matter.

We agreed, as a directorate, that it would be acceptable to talk openly amongst ourselves, but it would not be acceptable to air any negative feelings outside our own department – we had to demonstrate an external united front. The period of listening to staff concerns and quite certain it would cope with concerns has been highly valued;

At our first directorate meeting to open the discussion, I was struck by the different intellectual dimensions too, for instance together with staff and external bodies we have a fertile environment within which staff, students and others can then consider issues in a productive and encouraging atmosphere.

Political astuteness and strategic influencing has been a critical component of what we do and I suspect for the first time my title as professor has opened doors. Using my title has been related to us needing an ‘introduction’ and ‘getting buy-in’ for research partnerships in areas in which we have not previously been known.

Within the University of Salford itself, to the highest level (VC), I have repeatedly engaged those in leadership and managerial positions about what we are doing. Basically I want the right people to work with at the right time and in the right way. I want my university to continue investing in our research, so I have to find ways to remind people of our committed endeavours and the progress we are making towards our corporate ambitions.

To be fair, my university is fully supportive of further building its diagnostic imaging research and is this true at all leadership and management levels. Actually, given the political and economic situation, I am impressed that they continue to support our endeavours.

The final leadership characteristic I wish to mention is being personally accountable. This has never sat comfortably with me because I believe I can be from the mindset likely given the nature of human beings, but consensus is essential.

Within the Literature, Figure 34

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The triple gold and silver Olympic medalist, Philips Brilliance CT big bore scanner

The triple gold and silver Olympic medalist, Ben Ainslie, recently opened the new Philips Brilliance CT Big Bore Oncology and Finesse® Smart Enterprise treatment planning facilities at the Sunrise Centre, Royal Cornwall Hospital, a dedicated regional oncology centre. Amy Walker, pre-treatment superintendent, said: ‘The Philips equipment met our needs as a department that wants to keep advancing in the services we can offer our patients requiring radiotherapy. It offers more detailed scans and greater flexibility in scanning patients in a variety of positions required for radiotherapy planning. We now also have the use of 4D contrast and 4D respiratory gating where appropriate, and the Big Bore also allows us to scan larger patients.’

Fujifilm launches its first portable diagnostic ultrasound system into the UK

Fujifilm has expanded its range of products in the UK with the introduction of a first ultrasound system, Fuzone GI is a portable, lightweight ultrasound system offering high image quality on a large 10” screen, making it ideal for hospital wards and outpatient departments, as well as examination rooms or vehicles. It is ergonomically designed to provide user-friendly operation, with easy-to-use large buttons, which are cleverly grouped according to examination mo.

The system is equipped with a ‘sound speed correction’ function for faster, clearer examinations, based on Zone Sonography technology which transmits a broader ultrasound beam to collect extensive echo data immediately by using large zones. This makes a new, advanced image processing environment possible.

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Toshiba ultrasound scanner makes way to St Michael’s Hospital Bristol

The fetal cardiology department at St Michael’s Hospital Bristol recently purchased a Toshiba Aplio XG ultrasound scanner. The University Hospitals Bristol NHS Trust provides tertiary level cardiac screening and diagnostic services to the obstetric ultrasound departments within the south west region. Although primarily purchased for fetal cardiology, the comprehensive cardiovascular package on the system also allows it to be used for adult patients within the Trust.

Dr Ben Tai-Siu-Goodman said: ‘The Aplio XG allows us to produce precision images with clarity and high resolution. The fetal cardiac programme facilitates optimisation of the images acquired with simplicity and precision. The very nature of fetal echocardiography demands a user-friendly and ergonomic platform and the Aplio XG provides this with ease. The addition of this equipment has allowed our service to both grow and continue to provide a high level of care across the region, which we hope will long continue.’

About the Author
Peter Hogg is a Professor of Radiography at the University of Salford.
This article is partly based on a paper (Leadership in research) which he delivered at the World Federation of Schools of Nursing, Midwifery and Allied Health Conference, Cape Town, September 2010.

Acknowledgement
I should like to acknowledge all staff within the Directorate of Radiography because of their commitment to the diagnostic imaging research.

How to use this article for CPD

You may find this article interesting purely from the research perspective. Do you think it is good guidance for university research in radiography should have a clinical focus only?

What about research into education and learning, are these not also the core business of university medical imaging and radiotherapy departments? What is your perspective on this?

The article can also be considered from the point of view of directing and managing change. Clinical leads and service managers may wish to approach it from this angle.

Do the processes described have any implications for change management in your department? Are there lessons to be drawn or tactics to be tried?

If you are a practitioner without a designated leadership or management role are there any implications for you?

Do you have any aspects of your practice that you would wish to change, or cultural changes would you like to bring about in your department?

How might you approach these and whose support would you need?

Sean Kelly, CPD Officer

References for this article can be found under ‘Synergy resources’ at www. sorec.org/members/pubarchive/synergy.htm
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