Transformational leadership in changing a research culture
Hogg, P

<table>
<thead>
<tr>
<th>Title</th>
<th>Transformational leadership in changing a research culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Hogg, P</td>
</tr>
<tr>
<td>Type</td>
<td>Article</td>
</tr>
<tr>
<td>URL</td>
<td>This version is available at: <a href="http://usir.salford.ac.uk/17685/">http://usir.salford.ac.uk/17685/</a></td>
</tr>
<tr>
<td>Published Date</td>
<td>2011</td>
</tr>
</tbody>
</table>

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: usir@salford.ac.uk.
Transformational leadership in changing a research culture

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

Introduction
Towards the end of 2008, I went to a parent’s evening at my son’s school. Whilst there a speech therapist friend came up to me and said jokingly: ‘have you retired?’ She did not need to clarify what she meant, because I knew what she meant. I then explained why in recent times, I have been less prominent within the radiographic literature. In short, together with other staff in my directorate, 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 change that has occurred within our 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 research game”.

One driver for the latter is related to improving our university’s output for future national research assessment exercises. The leadership for the school in which radiography sat decided that its research focus would be clinical; this appeared to us to be a logical decision because within our school we had a prominent and highly successful clinical rehabilitation research unit. Secondly because by sharing its vision it empowered radiography to define its own direction. Finally, because it demonstrated that it “had a vision” – in radiography departments would do imaging related research.”

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 research game”.

One driver for the latter is related to improving our university’s output for future national research assessment exercises. The leadership for the school in which radiography sat decided that its research focus would be clinical; this appeared to us to be a logical decision because within our school we had a prominent and highly successful clinical rehabilitation research unit. Secondly because by sharing its vision it empowered radiography to define its own direction. Finally, because it demonstrated that it “had a vision” – in radiography departments would do imaging related research.”

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 I value the transformational leadership characteristics set out by Knuesen and Posner2 (Figure 1) and in the NHS Leadership Qualities Framework2 (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 during the early stages of the research I 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, and that is what we would 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 vision of qualitative research was easily accommodated into our vision.

By May 2009 the Directorate had a shared view on our
Management and Leadership
to encourage and support those
speeds, since then with other
sold on the idea.
staff members were still not fully
not fully sold on the vision
the onset within the directorate,
we encouraged people to show
to a point where we almost
have complete alignment.
be valuable as it allowed me
to talk openly amongst
ourselves, but it would not
face conversations. I found
negative feelings outside
a lot of time listening
to peoples views and
we had to demonstrate
new was a good
time and other
directorate staff
process and
helped me to
careers
and collective abilities and when
notably applying for large external
I gave clear areas in which I
harbinger of doom. I explained
I must have sounded like the
open discussion, I was
– so students are no worse off
their dissertation proposals.
the foci and many readily aligned
their dissertation proposals.
Similar to our other MSc
dissertation students (radiographic
reporting and GI) they still have
the opportunity to focus their
research into any area they chose
– so students are no worse off
than previously.
At our first directorate meeting to
discuss the open discussion, I
must have sounded like the
harbinger of doom. I explained
we would get things wrong,
repeatedly, but that would be
acceptable so long as we learn
from our mistakes and improve.
I gave clear areas in which I
to think and struggle, not
ably applying for large external
grants and submitting work
to high impact journals
and conferences.
However, I made it clear that we
should believe in our individual
and collective abilities and when
we fail or have setbacks we should
get back up and carry on.
Self belief and belief in the
project is critical to success.
There have been times when
and that of others, have
failed. Personally, failure to
make adequate progress generally
and difficulties encountered
specifically on research related
matters challenged my strength.
Central to our success was
reaffirming belief in us and our
endeavour, and I feel that I
and others have placed a lot of energy
into supporting the team in this
context.
This relates nicely with the
leadership behaviour defined by
Kouzes and Posner of modelling
the way. Knowing that some
staff – including me – have had
to change research fields, it
became essential to help them to
adapt and succeed. This would
mean identifying and removing
– the prevailing culture or
economic obstacles, or helping them to do
this for themselves. Obviously
there is an element of
enabling others to act
and knowing when to act oneself in a
behavioural sense.
In some instances this
dJudgement can only be made
in the mind of the stick user
Planning out the facilitation and
empowerment approach
one person to toe the
foci and many readily aligned
dissertation proposals.
Similar to our other MSc
dissertation students (radiographic
reporting and GI) they still have
the opportunity to focus their
research into any area they chose
– so students are no worse off
than previously.
At our first directorate meeting to
discuss the open discussion, I
must have sounded like the
harbinger of doom. I explained
we would get things wrong,
repeatedly, but that would be
acceptable so long as we learn
from our mistakes and improve.
I gave clear areas in which I
to think and struggle, not
ably applying for large external
grants and submitting work
to high impact journals
and conferences.
However, I made it clear that we
should believe in our individual
and collective abilities and when
we fail or have setbacks we should
get back up and carry on.
Self belief and belief in the
project is critical to success.
There have been times when
and that of others, have
failed. Personally, failure to
make adequate progress generally
and difficulties encountered
specifically on research related
matters challenged my strength.
Central to our success was
reaffirming belief in us and our
endeavour, and I feel that I
and others have placed a lot of energy
into supporting the team in this
context.
This relates nicely with the
leadership behaviour defined by
Kouzes and Posner of modelling
the way. Knowing that some
staff – including me – have had
to change research fields, it
became essential to help them to
adapt and succeed. This would
mean identifying and removing
– the prevailing culture or
economic obstacles, or helping them to do
this for themselves. Obviously
there is an element of
enabling others to act
and knowing when to act oneself in a
behavioural sense.
In some instances this
dJudgement can only be made
in the mind of the stick user
Planning out the facilitation and
empowerment approach
one person to toe the
foci and many readily aligned
dissertation proposals.
Similar to our other MSc
dissertation students (radiographic
reporting and GI) they still have
the opportunity to focus their
research into any area they chose
– so students are no worse off
than previously.
At our first directorate meeting to
discuss the open discussion, I
must have sounded like the
harbinger of doom. I explained
we would get things wrong,
repeatedly, but that would be
acceptable so long as we learn
from our mistakes and improve.
I gave clear areas in which I
to think and struggle, not
ably applying for large external
grants and submitting work
to high impact journals
and conferences.
However, I made it clear that we
should believe in our individual
and collective abilities and when
we fail or have setbacks we should
get back up and carry on.
Self belief and belief in the
project is critical to success.
There have been times when
and that of others, have
failed. Personally, failure to
make adequate progress generally
and difficulties encountered
specifically on research related
matters challenged my strength.
Central to our success was
reaffirming belief in us and our
endeavour, and I feel that I
and others have placed a lot of energy
into supporting the team in this
context.
This relates nicely with the
leadership behaviour defined by
Kouzes and Posner of modelling
the way. Knowing that some
staff – including me – have had
to change research fields, it
became essential to help them to
adapt and succeed. This would
mean identifying and removing
– the prevailing culture or
economic obstacles, or helping them to do
this for themselves. Obviously
there is an element of
enabling others to act
and knowing when to act oneself in a
behavioural sense.
In some instances this
dJudgement can only be made
in the mind of the stick user
Planning out the facilitation and
empowerment approach
one person to toe the
foci and many readily aligned
dissertation proposals.
Similar to our other MSc
dissertation students (radiographic
reporting and GI) they still have
the opportunity to focus their
research into any area they chose
– so students are no worse off
than previously.
At our first directorate meeting to
discuss the open discussion, I
must have sounded like the
harbinger of doom. I explained
we would get things wrong,
repeatedly, but that would be
acceptable so long as we learn
from our mistakes and improve.
I gave clear areas in which I
to think and struggle, not
ably applying for large external
grants and submitting work
to high impact journals
and conferences.
However, I made it clear that we
should believe in our individual
and collective abilities and when
we fail or have setbacks we should
get back up and carry on.
Self belief and belief in the
project is critical to success.
There have been times when
and that of others, have
failed. Personally, failure to
make adequate progress generally
and difficulties encountered
specifically on research related
matters challenged my strength.
Central to our success was
reaffirming belief in us and our
endeavour, and I feel that I
and others have placed a lot of energy
into supporting the team in this
context.
This relates nicely with the
leadership behaviour defined by
Kouzes and Posner of modelling
the way. Knowing that some
staff – including me – have had
to change research fields, it
became essential to help them to
adapt and succeed. This would
mean identifying and removing
– the prevailing culture or
economic obstacles, or helping them to do
this for themselves. Obviously
there is an element of
enabling others to act
and knowing when to act oneself in a
behavioural sense.
In some instances this
dJudgement can only be made
in the mind of the stick user
Planning out the facilitation and
empowerment approach
one person to toe the
foci and many readily aligned
dissertation proposals.
Similar to our other MSc
dissertation students (radiographic
reporting and GI) they still have
the opportunity to focus their
research into any area they chose
– so students are no worse off
than previously.
Triple Olympic medallist opens Philips Brilliance CT big bore scanner

The triple gold and silver Olympic medallist, Ben Ainslie, recently opened the new Philips Brilliance CT Big Bore Oncology and Pinnacle® Smart Enterprise treatment planning facilities at the South West Rad Onc 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 4V contract and 4D respiratory gating where appropriate, and the Big Bore also allows us to scan larger patients.”

I&TP Management and Leadership

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 its first ultrasound system, Fujifilm CL 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 type.

The system is equipped with a ‘sound speed correction’ function for faster, clearer evaluations, 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 imaging processing environment possible.

Inselspital in Bern begins radiotherapy treatments using Varian’s TrueBeam system

A leading Swiss cancer clinic has begun delivering advanced radiotherapy treatments using the TrueBeam system from Varian Medical Systems. More than 40 patients have been treated using the new system for fast, precise radiotherapy and radiosurgery since clinical treatments began at Inselspital, the university hospital of Bern.

“Treatments with TrueBeam are very quick and delivered with great precision,” said Professor Daniel Aebersold, director of radiation oncology, “and studies have shown that increased dose delivery rates can potentially lead to higher cure rates. This technique will need to be further validated through longer-term clinical trials. At this stage we are using TrueBeam mainly for patients with large tumours, such as you often find with cervical cancer, anal cancer and advanced head and neck cancer.”

Inselspital has become the 17th hospital in Europe to commence clinical treatments using TrueBeam.

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

The fertility 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 cardiology, screening and diagnostic services to the obstetric ultrasound department, within the south-west region. Although primarily purchased for fertility cardiology, the comprehensive cardiac package on the system also allows it to be used for adult patients within the trust.

Dr Ben Tai-Goodman said: “The Apio XG allows us to produce precise 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.”

Sophie Bale, specialist cardiac sonographer (left), with Dr Ben Tai-Goodman, consultant paediatric cardiologist.

The editorial on this page is sponsored by the companies concerned. Send your story to Angie Spring at angels@synergymagazine.co.uk

Industry Matters I&TP

How to use this article for CPD

You may find this article interesting purely from the research perspective. Do you think it is something your 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 aspect 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.sooreg.org/members/ pusharchive/synergy.htm

To comment on this article, please write to sales@synergymagazine.co.uk

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 University Radiography and Radiology Conference, Cape Town, September 2010.

Acknowledgement

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