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A Case Study of 16 Consultant Radiographers and their Leadership Development using the NHS Leadership Qualities Framework.

Abstract

16 consultant radiographers have volunteered to take part in this dual project. Firstly to offer one years tailored development to consultant radiographers and secondly to conduct a study to look at the aspect of leadership in their roles (initially and during and following the development provided). Using the NHS Leadership Qualities framework, a baseline assessment of current leadership characteristics will be ascertained. The results of this will be shared with each participant and it is expected they will use this to reflect on their leadership qualities.

The study will continue over one year, during which participants will be encouraged to develop their leadership characteristics, supported by executive coaching. Each participant will be offered three individual coaching sessions, throughout the duration of the programme (1) at 2 months after receiving the NHS LQF results, to discuss the results of the LQF and to help them to write a development plan; (2) at 6 months to provide ongoing motivation, to review progress to date and revise the development plan as required and (3) at 10 months to begin to explore how they might ensure ongoing development beyond the project.

At 5 months the participants will also be invited to an action learning day to review progress, share experiences and adjust their development plans further (if required). They will be encouraged to use this group for ongoing support throughout and hopefully beyond this project.

At 12 months, each participant will undergo the NHS LQF again - to ascertain any measureable change in the qualities measured.

Participants will be interviewed at key stages, namely:

1. Prior to the first NHS LQF measure to assess their perception of their leadership qualities and to discuss their journey to become a consultant and any development since appointment related to leadership.

2. At around 4 months - Following the LQF measure and first coaching session and once the development plan is written, to ascertain their thoughts on the accuracy of the measure and the plans they have to develop any particular qualities.

3. At 12 months - Prior to the final LQF to ascertain their perceptions of their own development during the year.

In addition - the participants will be asked to maintain a reflective journal (which will be provided) to record any thoughts, concerns, successes throughout the year.

Aims

To establish and document case studies of 20 consultant radiographers, with specific reference to their leadership role.

Objectives

1. To offer historical documentation of some of the early appointments to consultant roles
2. To establish the leadership qualities of 16 consultant radiographers
3. To establish if a planned programme of development (including leadership coaching and action learning) impacts on leadership qualities.
4. To make recommendations for ongoing leadership development of senior radiographic staff.
5. To facilitate development of 16 consultant radiographers.

This study will use the NHS Leadership Qualities Framework (LQF) to elicit a baseline score and report for 16 Consultant Radiographers, which will be repeated at twelve months to demonstrate any measureable change over the year.

The Consultants will then be interviewed, using a phenomenological approach, to establish their personal stories and journeys in relation to their consultant role

They will be followed over a 12 month period, during which each consultant will be supported by:

- (i) 3 leadership coaching sessions at months 2, 6 and 10
- (ii) establishing an action learning group which will meet face to face in month 5 which will then be continued across the project timescale.

At 12 months the LQF will be repeated to demonstrate any measureable shift in development.

Alongside the development processes outlined above, the project will interview each consultant three times (pre initial LQF, at 4 months and at 12 months, prior to them knowing the result of the repeated LQF). The interviews will show perceived changes and the self awareness of the consultants into their own areas of strengths and

weaknesses. Participants will also be asked to maintain a reflective journal to record thoughts, critical incidents, concerns and successes throughout the year.

Potential Impact

Individual impact on the 16 consultant radiographers will be demonstrated and it is expected that each will show significant development and increased self awareness of their leadership strengths. It is hoped that this will increase the confidence of these staff in their role, which will lead to service developments and wider professional impacts.

Literature Review

Leadership is an established component of higher levels of practice in radiography (SCOR, 2003, DoH 2003) and it is generally accepted that it is a key component of making health care delivery more effective (Darzi, 2007; Gilbert-Jamison, 2005; NHS, 2007). With the establishment of initiatives such as the National Leadership Council, the Leadership Challenge and the introduction of the Leadership Qualities Framework (LQF), a very clear lead is being given in the NHS in the UK to develop and enhance leadership skills.

Lord Darzi in 2007, in his interim report on the NHS (DoH, 2003) said 'my aim is to convince and inspire everyone working in the NHS, and partner organisations, to embrace and lead change', recognizing the importance and centrality of leadership in ensuring success.

In radiography, Hogg et al (2008) having reviewed the literature found almost no published literature on leadership characteristics or roles of consultant radiographers, and despite professional body literature highlighting its importance, Paterson (2008) reported that few radiographers see themselves as leaders and that generally they do not take up leadership development opportunities. A small number of consultant radiographers have however, written mainly opinion based articles suggesting which aspects of leadership are most important (Kelly and Hogg, 2005; Law, 2004; Hardy and Snaith, 2005; Waugh 2005; Kelly et al, 2008) as well as discussing the perceived benefits of the role being introduced at a local level.

One recent study by Akroyd et al (2009) showed that leadership in radiation therapy was an important aspect in enhancing practitioners levels of commitment to their roles, showing just one benefit in practice of effective leadership.

Exploring what leadership is, the LQF, created by the Hay group and adopted by the NHS, looks at leadership in three distinct categories: personal qualities, delivering the service and setting direction. This is helpful in looking at inputs, outputs and leadership behaviours, but does not fully consider all of the relational or process aspects of leadership; what Goleman et al (2002) calls Primal Leadership. It does however offer a tool to evaluate individual leadership characteristics.

The NHS advocates a transformational leadership style, though even this does not fully take account of aspects such as insight, understanding or impact awareness or the

process aspects of leadership that exist in Primal Leadership. While Transformational Theory has moved on from previous theories of leadership (Great Man theories, Trait theories, Behaviourist theories, Situational Leadership Theory, Contingency Theory, Transactional Theory), even that does not encompass all components of leadership, making it difficult to assess leadership in totality or its effectiveness in practice.

Snaith and Hardy (2007) following their review of radiographic literature, state that there is lack of clarity as to the development route for advanced (and consequently consultant) practitioners and Price and Paterson (2000) expressed concern over the lack of suitable training for consultant roles in the UK and in 2009 Paterson again wrote about the need for development opportunities for consultants, particularly in leadership.

In 2008 the College of Radiographers wrote accreditation standards for advanced practitioners to assist with standardising and making explicit the requirement of higher levels of practice (similar standards are expected to be written for consultant practice in the future). These standards guide role progression and development expectations of those staff wishing to gain accreditation at advanced practice level and leadership is a central component of those expectations.

In a second article Hardy and Snaith (2007) wrote of their concern about the lack of evaluation of consultant roles or their impact on service delivery. Paterson (2009) wrote that significant development in education and leadership was required, as well as a need to increase research outputs, though it was not clear whether this was research outputs by consultants or regarding the consultant role. She cited leadership as one of the five key goals for the coming two years; regarding leadership she stated that 'the importance of leadership ability in consultant radiographers is too important to be left to chance' (page 3).

It is clear from the literature that at present there is a lack of evidence to establish leadership capability of consultant radiographers. In addition there is little planned and documented development in leadership which is evaluated for impact on individuals and service delivery. This project aims to provide evidence in both these areas.