Radiography xxx (2016) 1–5

Contents lists available at ScienceDirect

Radiography

journal homepage: www.elsevier.com/locate/radi

Leadership and the everyday practice of Consultant Radiographers in the UK: Transformational ideals and the generation of self-efficacy

L. Booth [a, *], S. Henwood [b], P.K. Miller [a]

[a] University of Cumbria, Lancaster, UK
[b] Unitec Institute of Technology, Auckland, New Zealand

ARTICLE INFO

Article history:
Received 22 June 2016
Received in revised form
1 December 2016
Accepted 8 December 2016
Available online xxx

Keywords:
Consultant Radiographers
Thematic analysis
Leadership
Self-efficacy
Qualitative research

ABSTRACT

Introduction: This paper outlines findings from a broader, two-year project investigating the role of Consultant Radiographers (CRs) in the UK, focussing specifically on the leadership aspect of that role.
Methods: Using a qualitative-thematic approach, the leadership-related experiences of a purposive sample of six participating CRs are explored, alongside the systems through which they evaluated how successful they had been as leaders.
Results: It is evidenced that many of the ways in which participants describe their own leadership practice, particularly in the intra-team domain, is consistent with the precepts of the Transformational Leadership Model. For example, they highlight how they have asserted positive influence and encouraged collective action and decision-making. However, the experiential focus of the analysis reveals that in specific examples of practice, the transformational approach was not always seen as the most useful route to a productive outcome given constrictions on time and other resources within real professional environments. More 'direct' managerial approaches were sometimes deemed necessary, and at others leadership was reduced to simply 'solving other people's problems'. It was also found that the manner in which participants evaluated their own success as leaders was a practical concern, based in part upon having satisfied 'hard' institutional goals, but also on the more personal business of having affirmatively 'surprised' oneself, or a general sense of feeling trusted by colleagues.
Conclusion: These findings may help support CRs in the business of real leadership, not least through better understanding how even apparently mundane outcomes can have significant impacts on professional self-efficacy.
Crown Copyright © 2016 Published by Elsevier Ltd on behalf of The College of Radiographers. All rights reserved.

Introduction

The structures and functions of leadership in the modern healthcare sector have, in recent years, come to be of critical academic and professional concern.[1–3] Understanding the underpinning economies of expertise embedded therein, moreover, is widely taken to be a linchpin aspect of advancing effective transformation in practice.[4,5] As Adams [6] notes, "[L]eadership wisdom is an essential component to being successful in a fast-paced, ever-changing, and highly complex health environment." Despite this general trend, however, there remains a lack of research addressing the general matter of leadership in professional radiography, intellectual or otherwise.

This paper reports findings from a broader qualitative study of the relatively new place of the Consultant Radiographer (henceforth CR) within UK healthcare settings, an issue that has itself become of recent interest to researchers in the domain.[7–11] As a part of this consultant position, appointed senior radiographers are institutionally mandated with embracing a broad 'leadership' role within their day-to-day work, and one that is centrally designed to address the advancement of research and intellectual development in the field. However, and as noted by Hyrkäs and Dende,[1] the practicalities of such roles in clinical work are often ambiguously defined. Early evaluations of the CR role in the UK mirror this concern; Nightingale and Hardy,[12] for example, identify that radiographic professionals promoted into consultancy positions often lack confidence and/or clarity particularly regarding what is

* Corresponding author. Medical Imaging Sciences, University of Cumbria, Bowerham Road, Lancaster, LA13JD, UK.
E-mail addresses: lisa.booth@cumbria.ac.uk (L. Booth), shenwood@unitec.ac.nz (S. Henwood), paul.miller@cumbria.ac.uk (P.K. Miller).

http://dx.doi.org/10.1016/j.radi.2016.12.003
1078-8174/Crown Copyright © 2016 Published by Elsevier Ltd on behalf of The College of Radiographers. All rights reserved.

Please cite this article in press as: Booth L, et al., Leadership and the everyday practice of Consultant Radiographers in the UK: Transformational ideals and the generation of self-efficacy, Radiography (2016), http://dx.doi.org/10.1016/j.radi.2016.12.003

expected of them as 'leaders'. It is against this backdrop that this paper aims to the explore the variegated ways in which CRs themselves interpret the expectations, practicalities and ambiguities of the leadership role with which they are charged. This approach does not profess to describe the total distribution of issues, nor the range thereof for all involved practitioners. Rather, describing in detail the divergent and convergent experiences of a small sample of involved professionals can – at the very least – help us ground future investigations in *active* clinical experience.

Literature review

While Rees' insightful (and very positive) study of the role of consultant breast radiographers in Wales[7] does take steps towards situating leadership components within the experience of its participants, the broad focus of the work does not really permit detailed unpacking of variabilities in how those participants interpret and/or actualise what is required of them within the actual everyday business of 'leading'. Notwithstanding a valuable body of pertinent research in the field of leading radiographic/radiological education,[13,14] and as noted above, literature pertaining to leadership in *clinical* radiographic settings remains scant at best. This gives us cause to consider how the issue has been addressed in other spheres of medical/healthcare research, such that the findings below may be situated within a wider investigative tradition.

As a rule, it is fair to argue that literature on healthcare leadership in recent decades has leant more towards the prescriptive than the descriptive. Practical adjustment to real-world clinical leadership, the core topic of this paper, is often rendered subordinate to theoretical discussions of how leaders themselves *could* or *should* address their roles. This evidences a trend towards what David Silverman terms the 'Explanatory Orthodoxy' in social science[15]; a rush to explain/legislate real-world phenomena without first properly interrogating what they actually *are*. When analysis is more descriptively targeted, meanwhile, systemic issues around the specification of what leadership might entail for involved individuals is rarely a concern. Rather, leaders' actions are largely explored with reference to how they might 'fit' pre-ordained categories of leadership 'style'.

For a broad overview of the evolution of healthcare leadership theory and practice, one might refer to the excellent synopsis provided by Ledlow and Coppola.[16] Herein it is illustrated how a range of leadership styles have been advocated in the long-wave, including the *laissez-faire* ('fly or fall') approach and the transactional style (geared more around typically behaviourist systems of reward and punishment). The authors are clear, however, that over the last 15 years (at least) it has been the Transformational Leadership Model[17] (henceforth TLM) that has held particular sway in the broad Western healthcare domain. This approach, still drawing to some extent on Max Weber's classic sociological model of 'charismatic authority',[18] advocates the efficacy of leading by (emotionally) inspiring others, connecting individual goals to organisational aims, and developing a shared, clear vision among co-workers.[19] Although still particularly popular in nursing literature,[20] the TLM has not been without its critics – many of whom are primarily concerned with how the TLM's focus upon leading through emotional appeals does not inherently promote affirmative moral values.[21] Some authors actively allude to the 'Dark Side' of the approach, citing the manner in which it can allow such individuals to wield excessive power and make changes for their own gain.[22] Such manipulative activity is noted to be particularly common in workplace scenarios where a leader has narcissistic tendencies, and/or the followers have 'dependent' personalities that foster over-reliance on the charismatic figurehead.[21] As such, some recent work in healthcare leadership has begun to argue for 'blended' approaches that move beyond simple charismatic motivation and also foreground collective interdependency and, particularly, the 'boundary-spanning' role of the leader.[23,24]

Methodology

Originally funded by the College of Radiographers Industry Partnership Scheme (CoRIPS) in 2010, the broader study from which this paper emerges was based upon a classically qualitative-thematic approach to mapping the structural experiences of CRs, with a view to expanding the body of substantive knowledge already gleaned in the field of radiographic consultancy[7,8,10] Given this inherently inductive approach, the specific aim herein is to clarify the character of leadership in radiography as-understood by those charged with the role, without recourse to an evaluative framework of nominal 'good practice'.[25]

Participants

Participants were recruited from the College of Radiographers' Consultant Radiography Group (henceforth CGR); all members of the group at the original time of sampling (N = 31) were invited to participate.[c] Of these, nine consented to be involved. Prior to the first round of interviews, two withdrew. A further participant withdrew after the first round of interviews was conducted. All withdrawals were upshots of the time commitment required for the study, and clinical workload. However, the remaining purposive sample of six is, by the recommendations of Smith et al.,[26] optimal in qualitative work of this order if the detail in the data is of sufficient quality. The data collected clearly have this quality, as evidenced below.

Procedure

Three rounds of extended, semi-structured interviews were conducted by the first author (a radiographer/academic uninvolved in the CGR) from a pre-developed guide, with minor prompts used to draw empirical examples around the emergent issues from the participants' actual practice. With each new tranche, iterative interviewing[27] were employed to clarify developing themes, ensuring that matters pertinent to the CRs themselves were made consistently relevant. All three rounds are rendered relevant in the analysis below.

Analysis

Thematic analysis, in line with the systematic approach advocated by Braun and Clarke,[28] was manually utilized (i.e. without the use of qualitative data analysis software). Provisional codes were developed from the raw data by the second author (also a radiographer/academic uninvolved in the CGR); these were then reviewed by the first author, and revised by both first and second authors until a mutually satisfactory baseline analysis of the entire corpus was achieved. These codes were then grouped by both authors into a set of (often overlapping) intermediate thematic clusters, analogous to the axial coding method described by Strauss and Corbin.[29] From these, a set of global themes, each fully descriptive of convergence and discrepancy within an inducted thematic issue, were drawn.[28] The third author, a seasoned academic in qualitative health research without experience in clinical radiography itself,

[c] Further historical details on the broader character of the participant group can be found in a prior paper.[8]

Please cite this article in press as: Booth L, et al., Leadership and the everyday practice of Consultant Radiographers in the UK: Transformational ideals and the generation of self-efficacy, Radiography (2016), http://dx.doi.org/10.1016/j.radi.2016.12.003

Download English Version:

https://daneshyari.com/en/article/5579371

Download Persian Version:

https://daneshyari.com/article/5579371

Daneshyari.com