

Case study in motivation and research staff development

(Any similarity to persons or institutions is purely coincidental.)

The Centre for Gregorian Research (CGR) was formed some 6 years ago by Professor James Ferguson (Director) and Dr Samantha Lee (Deputy Director). The CGR grew rapidly, thanks to the academic reputation of Prof Ferguson, who had an eminent international standing in the field, alongside the entrepreneurial ability of Dr Lee to develop client interest and obtain funding. Dr Lee had just secured grants totalling some £3.5M. She was also an exceptionally good research team leader, although she only led one of the 3 teams in the Centre, Prof Ferguson leading the other two. Dr Lee was disappointed that her grant success, allied to her undoubted research abilities, had not resulted in a professorship. It was perhaps therefore not surprising that 3 months ago she accepted a chair in a department at another university.

On Dr Lee's departure Prof Ferguson remained as leader of his two original research teams and also took on the leadership of Dr Lee's team, which had now reached a critical stage in one of the major projects it was handling.

Dr Lee's research team comprised the following:

Name	Age	Title	Experience (contract)
Dr Donald McVey	39	Research Fellow	12 years (open ended)
Dr Margaret Thomas	35	Research Associate	6 years (fixed term)
Dr Alistair Robinson	28	Research Associate	4 years (fixed term)
Ms Anne Fitzgerald	27	Junior Research Associate	3 years (fixed term)
Mr John McGregor	27	Junior Research Associate	2 years (fixed term)
Ms Davina Adams	26	Junior Research Associate	2 years (fixed term)

Although the team was relatively young and inexperienced, Dr McVey was a well above average researcher with a fine eye for detail and methodology, and had learnt much from Dr Lee's empowering leadership style. Dr Thomas, although a relatively late entrant into the research field, was also an excellent organiser with good people skills. The team had been highly productive.

It became apparent to the team almost immediately that Prof Ferguson's style of leadership was very different from that of Dr Lee, and while his own 2 original research teams worked extremely well under his leadership, which was more interventionist and directive than Dr Lee's, difficulties began to arise with what had been Dr Lee's team. Some confusion, for example, had arisen over intra team responsibilities and procedures, which resulted in some minor conflicts. Some of the team also continued to deal with Dr Lee, and sought her advice and help. But whereas her earlier advice and input in the context of her previous position had been excellent, it now only seemed to further confuse matters. Prof Ferguson became concerned at what was happening and decided to have a team meeting to discuss the situation.



Task A

If you were Prof Ferguson, would you adopt this approach or would you do something different? Why?

Feedback

Talk with Dr Lee's team on an individual basis first, because this is a potential conflict situation - indeed some mini-conflicts have already occurred. It would be best to talk to them individually first and listen!

First identify:

- 1) emotions - until these are cleared it will be difficult to establish facts
- 2) facts - will be easier to establish once emotion is out of the way

Then hold a team meeting to agree the way ahead and modus operandi.



Task B

What are the main morale and motivation issues which Prof Ferguson might expect to be raised?

Feedback

From the meetings it is likely that some or all of the following will be identified:

1. Clearly, operational procedures and in particular communication have become problems which can affect motivation as a result of:

- ambiguity - clash of different ways of working and changes of style
- conflicting messages from the links in the chain - exacerbated by advice coming from Dr Lee
- possible lack of clarity over precise targets and times
- possible lack of quick feedback and recognition of work accomplished
- possible perception of being less well regarded than the other teams
- increasing lack of accountability as a result of change of leadership style.

As a result of the above expectations are not being met on a number of fronts.

2. The team feels 'relative deprivation' and a possible lack of trust as no one from within the team was appointed as leader. Also, no one from within the team was appointed or possibly considered for the post of Deputy Director.

3. More senior members of the team may have been particularly disappointed by a lack of recognition. This may have been an opportunity to have developed the team by giving Dr McVey some additional responsibility as a Team Leader with Dr Thomas as his assistant or Deputy. Other members of the team may be missing out on development opportunities.

4. Prof Ferguson's assumption of the role of Team Leader may well be perceived as a further lack of recognition and trust, particularly when coupled with his more directive leadership style. He might need to reflect on his directive leadership style.