When servant leadership turns to submissive leadership: millennials in nursing

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ABSTRACT

In today's world we are seeing more and more emphasis placed on individuals as being members of behavior influencing groups rather than as individuals who think, believe, and behave in a type of idiosyncratic isolation. Organizations and their leaders are quickly becoming overwhelmed by the many behavioral aspects associated with this new group impetus. One such example is in the health care industry where organizational leaders from an older generation are trying to connect to the feelings and behaviors of the millennial graduates who are now flooding the health care workforce. In response to this change in organizational demographics, many health care organizations are attempting to move to a leadership style that better meets the needs of the newer millennial generation of nurses. "Servant leadership", a type of leadership where the leader perceives that their primary role is to consider, respect and ensure the growth and well-being of their followers has been a primary target for health care leadership trainers. While making the effort to engage in this type of millennial preferred leadership would seem likely to lead to a positive outcome, social identity theorist warns that often the unknowing potential leader's desire to connect and be accepted by the group sub-conscientiously overshadows the true ideology of the leader and/or the organization they represent. The current paper explains and offers suggestions when experiencing this type of failed leadership which is referred to here as "submissive leadership."

Keywords: Leadership, servant leadership, social identity theory, millennials, nursing

INTRODUCTION

A great deal of today's social science research is focused on individuals born approximately between 1980 and 1995, known as the millennials. Research has shown that this generation of individuals have characteristics, motivators, values, ideas, etc. that make them unique from the generations that preceded them (c.f. De Hauq & De Vos, 2010; Murphy & Loeur, 2018, Wood, 2019). It has been shown that this uniqueness is reflected in their attitudes, performance in the work environment, and their perspectives of the leadership within those environments. The nursing industry is one example of a work environment that has experienced major new challenges due to the infiltration of millennials into the nursing faculty. Due to this infiltration, nursing administrators are scrambling to adjust their leadership philosophy in order to attract and retain new millennial nurses by better managing the uniqueness of this generation. It has been suggested in research and in nurse administration training that "servant leadership," a type of leadership that represents the leader's strong desire to make a positive difference in the lives of their followers, will enhance management's connection to the new generation of nurses (c.f. Christensen, Wilson & Edelman, 2018; Murray, 2015; Waltz, et.al, 2020). While it is true one of the distinct attributes of the millennial generation is the need to feel appreciated and desire the opportunity to grow, this attempt at "servant leadership" has often resulted in what this paper refers to as "submissive leadership." Before attempting to move to the new "servant" form of leadership, the leader must understand the hidden behavioral pitfalls such as the effect of social identity which may occur within a social group such as the millennials. This paper attempts to address the type of leadership needed in today's nursing organizations and the necessary steps in moving to that form of leadership.

NEW ERA OF LEADERSHIP

Stogdill defined leadership as a process or act of laying down objectives then influencing the work and actions of an organized group to achieve those objectives (1950). Drucker (1988) said that leadership influenced others and inspired them to work for the organizational objectives through motivation, and not coercion. More recently it was stated that leadership was a process by which an individual motivated or influenced others to achieve organizational goals (Kesting et al., 2016). The key to all of these definitions of leadership seems to be the "leader" influences the followers to "follow." This was suggested more recently when Muczyk and Adler (2018) stated that leadership requires a leader to set a direction and influence subordinates to move in that direction. From this perspective, researchers have searched for the "magic panacea" to what enables a leader to influence others. For decades researchers have developed theories and methods focused on the psychologists' classical emphasis of individual traits, personal characteristics, behaviors, and relationships as being the foundation for leadership influence (House & Aditya, 1997).

Several decades ago Hersey and Blanchard (1977) suggested that there was a missing component of leadership that should be considered. They suggested there can be no leaders without followers, and therefore, leadership research should not continue to exclusively focus on the individual leader's ability to influence without considering the people the leader is attempting to lead. Their early research referred to this as the "readiness" of the followers to be led. While the Hersey and Blanchard paradigm shift in leadership research garnered less attention in earlier days, strong forces in today's organizations are causing leaders to become more cognizant

of the fact that their ability to influence is greatly affected by the individuals they are attempting to influence. Organizations are struggling with diversity, equity, and inclusion issues in the workforce (Giannakoulias, 2020). Increased globalization, changing workforce demographics and societal pressures towards equality and integration have made diversity management more demanding in today's organizations (Singh, Winkel, & Selvarajan, 2013). Leaders are increasingly challenged to bridge social identity boundaries which refer to aspects of the identities of the various demographic groups within the organization (e.g. gender, religion, age, nationality, and ethnicity) (Ernst & Yip, 2009).

A new leader/follower dyad focus, suggested by the earlier Hersey and Blanchard Research, has evolved in which the followers have an active role in influencing leaders as well as the reverse (Uhl-Bien, 2006; Oc & Bashshur, 2013, Thoroughgood, Sawyer, Padilla, & Lunsford, 2018). Leaders must understand the importance of a "distributed leadership perspective" which is based on a systemic group process where a network of interacting individuals, both leaders and followers, do their part (Gronn, 2002). This is a type of interactional approach to leadership where leaders influence people by creating rules and procedures that reflect the behaviors, traits, skills, and abilities of their heterogenous workforce (Giannakoulias, 2020). This leadership perspective opens up a vast new era of leadership research that considers not only traditional 'leader-centric' models of leadership, but also considers attributes of group dynamics.

MILLENNIALS IN NURSING

A demographic group that is bringing new challenges to today's organizational leaders is the "millennials". Millennials are identified as the approximately 88 million people born between 1984 and 1996 (Wood, 2019). This group has overtaken the baby boomers and are now the largest generation in today's workplace (Pew Research, 2017). Research literature portrays the millennials from both a positive and a negative perspective. For example, some researchers have described the millennials as entitled, self-important, impatient, disloyal, naïve, lazy, narcissistic, authority challengers, and having weak communication skills (c.f. Deal, Altman, & Rogelberg, 2011; Jacobson, 2007; Murphy & Loeur, 2018). Other researchers place millennials in more of a positive perspective by describing them as ambitious, prefer meaningful work, value training and development, seek personal fulfillment in their careers and are driven by personal values (c.f. De Hauw & De Vos, 2010; Jacobson, 2007; Loughlin & Barling, 2001). While researchers are divided on their descriptions of millennials, they all seem to agree that this group continues to disrupt previous notions of what it means to effectively manage and lead talent across industries (c.f. Murphy & Loeur, 2018; Porter, Gerhardt, Fields, Bugenhagen, 2019).

One such industry is the health care industry where it is well-acknowledged that there is a severe nursing shortage. This shortage has created a situation where there are fewer older, experienced nurses in the labor pool, therefore, the numerous nursing vacancies are being filled with novice millennial nurses. In health care meetings, training sessions and conferences throughout the country it is commonplace to hear nursing directors and supervisors discuss the challenges they are encountering with the millennials that are now flooding the health care industry. Kathleen Murray, a medical center administrator from Florida, stated that this is a problem because a majority of nursing leaders are baby boomers or generation Xers, while the largest segment of the nursing workforce that they are attempting to lead is now millennials who have totally opposite work values (Murray, 2015). Millennials were raised by baby boomer

parents who gave them a voice in decisions such as meal choices, vacations, clothing, hairstyles, study habits, schedules and a host of other decisions. Now millennials assume their voice and decisions in their work environment will have the same effect and acceptability as it did in their previous family environment (Wood, 2019).

Differences in the work environment between the older generation health care administrators and the new millennial nurses has resulted in negative job perceptions for the millennials. Coburn & Hall (2014) conducted a national survey that supported this conclusion by showing evidence that the millennial nurses were less engaged and have less job satisfaction than their baby boomer predecessors. Millennial nurses have a 30% turnover rate within their first year of employment and a 57% turnover rate by their second year of employment (Mills, & Mullins, 2008). This turnover rate, which is the largest ever experienced, is a great concern in the health care industry (Koppel, Deline, & Virkstis, 2017).

A study of millennial nurses by Waltz, Munoz, Johnson, & Rodriguez (2020) found the primary contributor to job dissatisfaction for the millennial nurses was their professional relationships with co-workers, in particular, their leaders. In the study, the millennial nurses stated that a positive relationship with co-workers was extremely rewarding and greatly influenced their decision to stay in or leave their current position. As a rapidly growing segment of the workforce, Waltz et. al suggested that it is important for nurse leaders to understand and value the millennials' perspective in order to improve job satisfaction and retention, while forging relationships with their millennial subordinates. This emphasis on creating a better relationship between the health care leaders and the millennial nurses has resulted in a change of leadership perspective. The new perspective considers the millennials' career aspirations, work values and motivational drivers in an effort to better manage this social identity group within organizations (Cennaamo & Gardner, 2008; Dies & Pepermans, 2012; Porter, et.al, 2019).

SERVANT LEADERSHIP

Health care organizations have discovered the importance of creating a good relationship between the baby boomer leaders and their millennial nurse subordinates. In this vain, organizations have attempted to encourage and support leadership training that will enhance a connection to the millennials (c.f. Christensen, Wilson & Edelman, 2018; Murray, 2015; Waltz, et.al, 2020). More and more researchers and trainers are suggesting that healthcare organizations move toward a type of "servant leadership" which was created by Robert Greenleaf (1977). Servant leadership is different from other leadership models because it represents "a leader's deep-rooted desire to make a positive difference in others' lives" (Barbuto & Wheeler, 2006: 318). This type of leadership focuses on serving people rather than treating them as tools (Erdurmazlı, 2019). Servant leaders perceive that their primary role is to consider, respect and ensure the growth and well-being of the followers (Luthans and Avolio, 2003). In these healthcare organizations a servant leader would emphasize the deep-rooted desire to treat the millennials fairly and respectfully and make a positive difference in their lives. A type of leadership that has been shown to be attractive and acceptable for the millennial generation. The leaders would show subordinates the rightness of their way of thinking and convince, rather than coerce them, to accept their leadership. When the followers perceive that the leader is caring and empathic of their feelings and needs, they begin to trust the leader and thereby, the followers will embrace the vision and focus of the leader's as it if it were their own (Greenleaf, 1977).

SOCIAL IDENTITY CAVEAT FOR SERVANT LEADERSHIP

Unfortunately, in their noble attempt to create a "servant leadership" relationship, the nursing leaders' often focus their full efforts on connecting with the millennial group. The millennial nurses are looking for a leader who enhances the social identity of the group by positively differentiating "us" from "them" (Platow et al., 2008). Yukl (2013) suggested that without the common group attributes that the millennials find attractive, the potential leaders are anchored with the group designation as "one who is not one of us." When an individual does not fit the group's perception of being a leader, they are for all meaningful intents, disqualified by the group. In some situations, people accept someone as their leader to achieve common goals and in other situations they don't (Silva, 2016). Hersey and Blanchard (1977) described a group who is not influenced by the leader as a group that is "not ready to be led."

Turner and colleagues introduced us to the "social identity theory" which, similar to servant leadership, suggests that to be successful, leaders and followers must have a strong sense of belonging to the same social group which they referred to as a "social identity" (Turner, 1991; Turner & Oakes, 1989). The individual's personal ability to influence and negotiate is overshadowed by the influence from the individual's social group (Platow, et al., 2008). Turner and colleagues described a type of "social attraction" where a group judges a potential leader based upon his/her embodiment of the group's norms, values, beliefs, etc. They refer to this as a group's search for a "prototypical" leader (c.f. Haslam et al., 2011; Hogg, 2001; Turner et al., 1987; Tajfel & Turner, 1979). While the social identity theory agrees with servant leadership's emphasis on the need for the follower to be attracted to the prototypical leader, it also offers a major caveat for leaders who give up all in an attempt to be accepted by the group.

It has been shown that when individuals who lead in line with in-group social identity principles, even if those principles don't match their own personal principles or the principles of the work organization tend to be more trusted (Geissner & van Knippenberg, 2008), more influential (Subašic, Reynolds, Turner, Veenstra, & Haslam, 2011), receive stronger group endorsements and has a greater chance of being accepted by the group as their leader (van Knippenberg & van Knippenberg, 2005; Yorges, Weiss & Strickland, 1999). Potential leaders who pursue group-oriented behaviors over their own self-oriented or organizational sanctioned behaviors in an attempt to make themselves more socially attractive to the group, are identified in this paper as not a "servant leader" but more of a "submissive leader."

While the "submissive leader" moniker seems to have a negative connotation, Geoffrey Cohen suggests that one who becomes submissive in an attempt to be attractive to a social group should not be scorned. In his group dynamic research, he found that the desertion of self-oriented values and beliefs might not be a conscience perpetrated betrayal of self-ideology but instead the subconscious effect of the normative desire to fit into the group and be accepted by the group. The individuals in his study who had changed their beliefs and values to match the group often truly believed that their present beliefs and values were autonomously and subjectively created based on their present rational assessment of the situation and facts (2003).

Often the nursing leaders admit that their change in perspectives, attitudes and behaviors in an effort to connect to the millennial nurses result in gaining the acceptance of the group, but at the expense of giving up organizational or personal ideologies. A nursing director who attended a recent nursing conference stated that she had never before found the questioning of authority by subordinates to be an acceptable behavior, she had never thought it was necessary to explain the reasoning behind organizational policies to her nurses, and she had never before

asked for input from new novice nurses who had very little or no experience. With the new training she had received she found that accepting this new type of leadership definitely enhanced the leader/subordinate relationship she had with her millennial nurses, however, she felt that this new enhanced relationship brought about a more informal, less structured, and in some cases, less productive and less safe work environment.

WORKING TOWARD TRUE "SERVANT LEADERSHIP"

The positive attributes of "servant leadership" in the health care industry will fade if the potential leaders lose focus of the objectives of the organization. The current author suggests that while the identity prototypicality of the leader will have an effect on the acceptance of leadership by the millennial subordinates under them, the attempt to be "socially attractive" to the subordinates should not be the guiding factor in the perceptions and subsequent behaviors of the leader. The results of following such a protocol would result in the "submissive leadership" as defined above. As Cohen stated, this shift in organizational ideology and strategy might not be a conscience effort to undermine the organization but could indeed be the leader's new rational assessment of the situation which is a reflection of his/her perception of the need for a new "social identity" (2003).

The key for health care organizations is to take the lessons learned from both servant leadership and the social identity theory. The organization should support and train toward a new organizational social group identity that supersedes the millennial's generation group identity. A social identity that is not based on a millennial culture but instead is based around an inclusive nursing organization strategy that is attractive to all. An organizational strategy that has evolved with the current social situations, including individual's social group needs, and brings value, success and sustainability to the members of the organizational group (Barney, 2002). In doing this, the "us", which social identity theorist has shown to be so important, is now redefined as the newly created nursing organization group and its members. Following in line with the social identity theory, the individual leader who is representing this new organizational group with a ("crafting a sense of us," "do it for us," "making us matter") perspective becomes very attractive to the individual millennials who, as stated previously, desire to be needed and given a chance to grow within this new organizational group. A "unity of direction" situation is created where all organizational group members are committed to pursuing the organizational strategy (Fayol,1984). A win-win situation where the health care organization is moving toward their strategic objectives while the millennial members of the organization are feeling included, needed and a sense of growth within their new social identity.

CONCLUSION

The health care industry is facing two major challenges. One major challenge is the acknowledged shortage of trained nurses to fill the many empty positions in health care organizations across the country. The second challenge is the cultural gap between the baby boomer nursing directors and the millennial novice nurses who are filling the many open nursing positions. In an effort to connect to the needs, desires and emotions of the millennials, the nursing directors are being trained and encouraged to enhance the satisfaction and commitment of the millennials by promoting organizational growth through "servant leadership." Social identity leadership theory points out that these leaders often find it is more important to become

the leader of a group than it is to examine and negotiate the difference between personal and organizational ideologies and group ideologies.

True today, as it has always been, the organization and its leadership should focus on the organizational strategy which is developed as a result of a vision and a mission. Within this strategy should be the well thought out and rational values, beliefs, and behaviors of an inclusive organizational group who is in touch with current situations and employees such as the millennials. In this social group the millennial nurses can now be an active part of and grow within this new nursing organization social identity that is not in conflict with their millennial social identity. Turner and his social identity colleagues state that individuals can be a successful member of more than one social identity group as long as the two groups do not contradict each other in values, beliefs, accepted behaviors, etc. (c.f. Turner et al., 1987; Tajfel & Turner, 1979). This creation and movement toward an organizational social identity prevents the potential "servant leaders" from becoming "submissive leaders" who desert self-oriented or organizational sanctioned values and beliefs in an effort to normatively conform to the values and beliefs of the millennial which they desire to lead. It is very important for organizations, teaching and training institutions, and even leadership publications to inform leaders of the positive potential of using a servant leadership style of leadership when attempting to lead millennials. It is equally important to include a warning of the negative consequences that could occur if the effects of social identity are not considered and managed in this type of leadership style.

Future research is needed to determine what would cause a millennial nurse to be more attracted to a nursing organization social identity. Research is also needed to create specific nursing director training that includes both the effects of servant leadership and social identity theory.
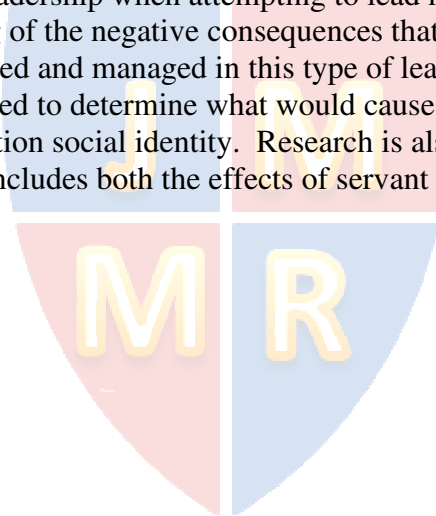
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