Executive Summary

- An important field in leadership research is that of the social identity of the group and what that means for leadership.
- In healthcare, there are many different types of social identities that vary by hospital, geography, and profession.
- Leaders often sabotage their effectiveness when they do not consider the social values of the group.
- The work of leaders is to help move units and organizations to a higher level of performance. Identifying the social identity of the group is the first step.
- The most successful have expertise in assessing the social identity of groups and developing a commonality of a shared vision that represents the best work of the group and of the leader.

When a leader assumes the responsibility of leading a new unit, group, or organization, there is always a question of “How will I fit?” People in the organization will have serious concerns about how well the new leader will understand their organization. Some leaders will position themselves as leading from outside the group. They ascribe to the adage that “familiarity breeds contempt” and purposely will not get enmeshed in the social structure of the group or organization. Others become a part of the group and purposely try to decrease the social and hierarchical distance between themselves and the people they lead. Is there a right answer? Or does the answer depend on the groups being led?

Social Identity and Leadership

Historically, leadership was thought of as a command and control/hierarchical function where the leader was set apart from the group by inheritance (Kings and Queens), or raw power as the result of winning a military or insider takeover. Leaders were assumed to be something different than the minions because of their birth, intelligence, access to power, etc. However, historically the greatest threat to a leader’s tenure was an uprising led by a leader from within who galvanized the group around a higher purpose, shared vision, or quest for equality and recognition against the leader. Leaders who set themselves apart from the group could easily become fair game. In war, autocratic lieutenants would find themselves shot in the back by disgruntled and abused troops who didn’t buy into the separation of leaders from the group. And leaders who set themselves apart in castles were often attacked by people wanting more from the leadership.

Recently we have witnessed the era of the leader as celebrity. Leaders have set themselves apart from their employees by hierarchical structures, and a belief that leaders are endowed with information that is more valuable than anyone else in the organization. However, people and organizations can and must change. Faced with the huge number of retirees in the coming months/years, and the replacement of these people with the Gen X and Gen Y generation, new expectations are being infused in the workplace at an incredible rate from these groups (Hira, 2007). People now expect different behaviors from their leaders and assume a more inclusive, peer relationship with their bosses. The contingency models of leadership have championed the view that leadership style must consider the values of the group and then the leadership style is crafted around those values to develop synergy between the leader and the followers. The new generation of employees has a very different social identity than their predecessors. We are now in a position of rethinking how to lead based on the new reality of the social identity of this new group of employees. Assessing the group’s identity and then developing the strategy of how to lead the group in view of this identity is important for the leader’s success.

An important field in leadership research is that of the social identity of the group and what that means for leadership. Recognizing the importance of the social identity of the group, several authors have analyzed groups, their social identity, and what that means for leaders (Turner, 1991; Van Knippenberg & Hogg, 2003). This important area of research into the psychology of organizations and leadership involves the leader and the relationship with the social identity of the group. Reicher, Haslam, and Platow (2007) found that the best leaders analyze and identify the social identity of the group, lead based on this iden-
tity, and guide groups from within. They believe that the best leaders not only appear to belong to the group, but are prototypical of the characteristics that make the group distinct from others. Leaders who separate themselves and who hold very different social identities than the group are less effective than those who can exemplify the group’s identity and lead from within rather than from the outside (Reicher et al., 2007).

In health care, we have many different types of social identities that vary by hospital, geography, and profession. The social identity of health care organizations can differentiated by ownership. Religious-affiliated hospitals, county, federal, and not-for-profit organizations in affluent or poverty areas are all very different. Trauma centers, academic hospitals, and community hospitals vary widely based on their commitment to teaching, the uninsured, evidence and research, etc. Different parts of the country have very definite views about how one should communicate, solve problems, regulate, and fund health care. The social identity of any of these groups of hospitals and health care organizations will differ.

In addition, within health care organizations, the social identity of the nursing staff also varies widely. Nurses who work in distinct clinical areas such as emergency departments, rehab units, peri-operative areas, pediatrics, and psychiatry have distinct identities that differ from others. In addition, affiliations with unions, or a non-union view, an identity as a professional group or a technical standard, a belief in evidence-based practice or non-research-based practice, are all variations on the social identity of groups who all have discrete identities. So how does a leader handle these challenges?

Assessing the Social Identity of the Group

Leaders must first start with a thorough assessment of the social identity of the group whether it is a unit leader such as a nurse manager, an area leader such as a director, or an organization leader such as a chief nursing officer. It is important to know the basic beliefs of the group as soon as possible. Assessments can best be done in open forums, questionnaires, and listening to the group’s opinions and perceptions. Information such as the degree to which the group is patient centered vs. nurse centered, mission driven vs. self-oriented, physician vs. multi-disciplinary driven, high performance vs. dysfunctional, and perception of leadership style are all examples of factors that must be assessed.

Determining Commonalities, Determining the Gaps

Reicher and colleagues (2007) report that the best leaders are those who are seen as belonging to the group and exhibiting the characteristics of the group. Determining the gap between the characteristics of the leader and the characteristics of the group is the next step. There will never be a perfect match between you and the group. However, learning what the leader and the group share as common identities and a common shared vision for the group is the place to start. By strengthening the perception of what the leader and the group share, affiliation and acceptance between the leader and the group will be facilitated. Groups often have a shared perception of what they want in the ideal leader. It is important for the nurse leader to determine how she/he can or cannot meet those expectations.

Leaders often sabotage their effectiveness when they do not take into consideration the social values of the group. For example, overdressing in a county hospital located in the middle of a poverty area or underdressing in an affluent suburban community hospital, communicating in a manner that does not address the values of the group, affiliating more with other groups in the organization such as other managers or executives rather than the group being led, are all examples of behaviors on the part of the leader that could lead to misperceptions. Initiatives that are superimposed from the outside rather than introduced as opportunities for the group to own and drive is another example. Leaders who do not recognize and appreciate the values of the group will have difficulty leading.

When the Social Identity of the Group and the Leader Don’t Match

Usually, leaders and the group they lead can find more commonalities than differences as they learn about each other and develop a shared vision of what the group can do. However, there are very dysfunctional and unhealthy groups that exist and cause great harm to others. The leader’s most effective tool is to find the people with the healthiest social identities, put them in a place of influence, and over time reach a tipping point that will change the culture of the dysfunctional group.

Shaping and Defining Social Identity Norms

Leaders are effective when they can shape what followers want to do rather than leading by coercion, rewards, and punishment, according to Reicher and colleagues (2007). To do this, the leader must be perceived as someone who can fit into the group and who can help the group see that the agenda for change is their agenda and that fits in with their social identity. For example, the journey to Magnet® involves the hospital adopting 14 forces as part of its social identity as a professional, high-performing organization. For most organizations, the gap to attaining standards of excellence of the Magnet recognition program is large. For example, it is not unusual to find that research and evidence-based practice are not part of the social identity of some units or organizations. The leader’s challenge is to help the staff learn about and adopt evidence-based practice as part of their culture in order to achieve outstanding outcomes for patients and nurses. This can be done by inviting outside speakers who have walked this journey successfully, sending nurses to the annual Magnet Conference, and implementing an internal task force of people who possess these characteristics to infuse these concepts throughout the organization. The work of leaders is to help move units and organizations to a higher level of performance. Identifying the social identity of the group is the first step.
Communicating: Crafting Language that Matches the Social Identity

Lutz (2007) writes that one should imagine the listener’s situation, understand the listener’s reality, and talk in words that people can hear based on their reality. Regional areas of the country have different styles. A New Yorker who doesn’t recognize the social differences when she moves to Texas will fail, and vice versa. And the same goes for nursing units and health care facilities. Leaders must speak in the words of the group to be accepted and trusted.

Summary

The precursor to leadership success is the ability to learn about and utilize the social identity of the group as it has evolved. The most successful have expertise in assessing the social identity of groups and developing a commonality of a shared vision that represents the best work of the group and of the leader.

REFERENCES


Chapter Update

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Nuevo Mexico #520

On December 6 an educational offering was provided for nurses and hemodialysis technicians at the New Mexico Board of Nursing. The hemodialysis subcommittee at the Board of Nursing gave the talks. Attendance was good, and hemodialysis technicians received contact hours for certification renewal.

Local chapter elections were held in December. Results will be published in the next issue.

The chapter plans to hold the Winter Audio conference on February 12 at 7:30 pm at DCI, 1500 Indian School Rd, NE, Albuquerque, NM 87102. Contact Anne Dunne at 505-724-1506 for additional information.

Inland Northwest Nephrology #522

The chapter held its annual candle fundraiser, and purchases totaled over $300. The chapter is very active with fundraising events, and every chapter business meeting includes raffles. Some of the raffle items are gift certificates to fine restaurants in the Spokane area. Lucky winners at a recent raffle were Melody Gardner, who won the gift certificate to Casa De Oro, and Mary Gerard, who won the gift certificate to the Shogun Restaurant.

Congratulations to President Chris Banks on his promotion.

Our annual Christmas party was held at Milford’s Fish House. We had a business meeting and discussed chapter elections. New officers will be announced in the next issue.

The chapter will participate in the Winter Audio Conference in February. We invite all members to participate in the many educational opportunities of the chapter.

Northern Lights #523

We enjoyed great fun, great food, and a great presenter at our educational program sponsored by Watson Pharma, Inc., on November 8 at Jens’ Restaurant in Anchorage, AK. ANNA Past President Karen Robbins presented A CQI Approach to Improving Iron Management and Clinical Outcomes.

We will be hosting the Winter Audio Conference on February 12.

Big Sky #527

Peritoneal dialysis nurses from our chapter had a successful education and business meeting on October 11. Sponsored by Baxter Healthcare, the program was held at the Silver Star Steakhouse in Helena, MT. Secretary Nancy Pierce completed the paperwork so that everyone earned 5.75 contact hours.

We plan to host the Winter Audio Conference at four sites in February.

The state dialysis meeting is being planned with members from DCI Billings helping to coordinate the event. The date of the conference had to be changed. It will be held May 8-9. Patty Olson is working to get a speaker from CMS to do a workshop for us in the spring on the new dialysis CMS Conditions of Participation. We might be able to tag that on to the end of our state conference, depending on the availability of a speaker. We hope to draw a lot of participants to this meeting.

San Joaquin #532

What a whirlwind fall we had: hosting a 2-day seminar, screening over 70 people at our KEEP program, offering a certification review class, and seeing 15 nurses take the CNA/CDN exams in our area. Thank you to Kaweah Delta Hospital for hosting the examination site. Thank you also to St. Agnes Medical Center for hosting the November class on Current Issues in Nephrology.

The chapter treated members a well-deserved Christmas brunch. Thank you to Café 225 in Visalia for opening up just for us on December 3.

Elections were held, and we have some new members stepping up to help out. We will reveal their names in the next issue as they take office. During Christmas members and officers gathered personal items and donated them to a local shelter instead of exchanging gifts.

President-Elect Mary Janeen Lorenzi and outgoing President Maria Gonzales started planning for the 2008 Nephrology Nurses Week Fall Seminar in September. The topic will be disaster preparedness, and speakers are being contacted.

We’re gearing up for the National Symposium in April. At least 10% of our chapter members will attend. We look forward to meeting up with all the friends we’ve made over the years, and we have some new faces coming this year. Everyone is excited to network with other attendees.