The impact of emotionally important social identities on the construction of a leadership identity: A challenge for middle managers

Abstract

The ability of individuals to accommodate emotional transition into roles requiring the construction of a leader identity is a poorly explored area. In this paper we consider the experience of 32 individuals moving into middle management positions, exploring how an emotional attachment to their professional group identity may cause identity conflict during the construction of a managerial leader identity. We consider how competing desired identities can result in negative emotional experiences, calling into question existing work, which assumes that desired group identities are congruent with leader identities. We suggest that identity work can mitigate identity conflict at the individual level, enabling middle managers to function in their role, but that emotional distress will continue due to a perceived loss of professional identity and group influence. We suggest it is only by eschewing an emotional attachment to a professional group that middle managers will be able to overcome this negative emotional experience.

Keywords

Identity work, emotion, leadership, professional identity, nursing

The impact of emotionally important social identities on the construction of a leadership identity: A challenge for middle managers

Moving into roles requiring the construction of a leader identity is an emotional transition for individuals, as it challenges their other social identities (Driver, 2012; Fineman, 1997; Petriglieri and Stein, 2012; Tee et al., 2013). The existing identity literature, however, is often criticized for neglecting the influence of emotion, particularly in relation to leadership (Cascón-Pereira and Hallier, 2012; Vince and Broussine, 1996). Identities are constructed in line with the emotional attachments developed with various social groups, generating a sense of meaning and belonging (Fotaki, 2010; Stavrakakis, 2008). As a result, social groups frame identity work, as individuals strive to construct identities that support their continuing, emotionally important, group membership (Harding, 2007). Understanding emotional influences on identity work provides insight into the complex nature of identity transitions (Driver, 2009; Roberts, 2005).

Existing literature suggests individuals who feel able to construct desired identities experience increased self-esteem and a sense of legitimacy, in addition to high levels of group influence (DeRue and Ashford, 2010; Stavrakakis, 2008). The picture, however, may be more complex as multiple, competing identities reside within an individual's self concept (Brown and Toyoki, 2013; Wright et al., 2012), triggering identity conflict and negative emotions (Petriglieri, 2011; Stavrakakis, 2008; Sveningsson and Alvesson, 2003). In this paper we consider how social group members engage in identity work, the dynamic, narrative process through which

individuals construct subjectively desired identities (Thornborrow and Brown, 2009; Watson, 2008), to deal with identity conflict associated with identity transition.

Existing research suggests identity work results in positive identity transitions, thereby reducing identity conflict and protecting against negative emotions (Humphreys and Brown, 2002; Thornborrow and Brown, 2009; Wright et al., 2012). We interrogate this assumption by considering the identity work engaged in, during the ongoing construction of leader identities. Whilst influential leaders need to conform to socially determined 'desirable' leader constructions, they must also be perceived by others as representative of the social group they are attempting to lead (DeRue and Ashford, 2010; Petriglieri and Stein, 2012; Tee et al., 2013). In other words, leaders must be able to construct and communicate to other group members a desirable leader identity *and* a desirable social group identity. This raises the question: What is the emotional experience of attempting to construct a leader identity alongside a social group identity, and how do individuals engage in identity work to deal with that experience?

To address this question we consider the experiences of 32 subordinate professionals, in this case nurses, moving into middle management positions requiring the construction of a managerially framed leader identity. Middle managers are noted as a group whose structural position exposes them to identity conflict (Harding et al., 2014; Thomas and Linstead, 2002; Sveningsson and Alvesson, 2003), as they occupy a role requiring the construction of a desired group identity alongside a desired leader identity (Tee et al., 2013). Considering the experiences of nurses moving into middle management adds a further dimension of complexity, as the desired group identity is associated with subordination, rather than leadership

(Abbott, 1988; Allen, 1997). Existing research suggests nurses often struggle in middle-management leadership positions (Currie et al., 2010), bringing issues of identity conflict and emotional experiences to the fore. In exploring the experiences of middle managers from this context, our work responds to recent calls for research into the identity work engaged in by subordinate or marginalized individuals constructing leader identities (Srinivas, 2013).

The remainder of the paper unfolds as follows. We begin by exploring the socially constructed nature of desired identities, and how they drive identity work. In doing so, we consider how a discrepancy between an individual's self-concept and their desired identity causes identity conflict, and explore the way identity work is employed to mitigate negative emotions, within the context of the construction of middle-manager leader identities. Whilst existing research assumes that leader identities are congruent with the desired identities of social groups (Thornborrow and Brown, 2009; Wright et al., 2012), we use the case of nursing to illuminate a circumstance in which that is not the case.

Exploring the experiences of nurses in managerial leadership roles (Currie and Lockett, 2007), we adopt a narrative approach (Humphreys and Brown, 2002) to explore the identity work employed to mitigate negative emotions during ongoing identity transition. By analyzing interview discourse about the way individuals' experience, and attempt to resolve, potential identity discrepancies, we offer insights into their identity work and resulting emotional responses. Through our analysis we explore how nurse managers perceived a leader identity and a nurse identity to be incongruent, triggering identity conflict and a feeling that they had lost group influence. We suggest that, rather than being a positive influence on identity

work, encouraging identity transition and facilitating the construction of desired identities (as outlined by Srinivas 2013, and Thornborrow and Brown 2009), a continuing emotional connection to a social group identity can exacerbate negative emotional experiences for middle managers constructing leader identities.

Identity and Leadership in Social Groups

All individuals develop emotional attachments with multiple social groups, providing a sense of meaning or belonging, and guiding behaviour, in line with group expectations (Fotaki, 2010; Stavrakakis, 2008). Group memberships influence identity construction, as individuals strive to communicate to others, a desired group identity (Harding, 2007; Petriglieri and Stein, 2012; Sveningsson and Larsson, 2006). Desired identities are preferred versions of self or group identity (Thornborrow and Brown, 2009), and frame identity work; the process by which individuals attempt to influence how their identity is perceived by others, through social interactions (Alvesson and Willmott, 2002; Sveningsson and Alvesson, 2003; Watson, 2008).

Desired identity constructions rely on the acceptance of individual identity claims by others, affirming that they perceive that individual's identity to be a legitimate one (Brown and Toyoki, 2013; Pritchard and Symon, 2011). Subsequently, constructing an identity reflecting the desired identity of other group members is crucial for influence within social groups (DeRue and Ashford, 2010; Stavrakakis, 2008). Due to multiple group memberships, however, individuals construct different desired identities depending on the social context (Alvesson, 1994; Ellis and Ybema, 2010; Sveningsson and Alvesson, 2003), resulting in multiple, contradictory

narratives. These contradictions can undermine an individual's ability to communicate to other group members a desired identity, triggering individual identity conflict (Alvesson and Willmott, 2002).

Identity conflict occurs when individuals feel others perceive them as acting in a manner incongruent with a desired group identity, or when they themselves feel unable to sustain multiple identities (Petriglieri, 2011). In times of conflict, individuals engage in identity work to create a sense of coherence between competing identities, enabling them to move between multiple, fluid identity constructions (Clarke et al., 2009; Sveningsson and Alvesson, 2003). This is an ongoing process of identity development and integration, as individuals move between old and new identities, allowing them to accommodate new identity demands without sustained identity conflict (Ibarra, 1999). In some cases, identity work results in positive, generative change for individuals, and increases their group influence, as they are seen as continuing to strive towards a desired group identity (Thornborrow and Brown, 2009; Wright et al., 2012).

Similar to the construction of social group desired identities, leadership influence relies on the communication of a desired leader identity to potential followers (DeRue and Ashford, 2010; Ibarra and Barbulescu, 2010; Sveningsson and Larsson, 2006). Leaders of social groups, however, also need to maintain their desired group identity to remain influential (Petriglieri and Stein, 2012; Tee et al., 2013), making the transition towards a leader identity emotionally challenging if it threatens their ability to communicate a desired group identity to others (Driver, 2012; Fineman, 1997; Vince and Broussine, 1996). Identity transition is further complicated, as the behaviour of group leaders are framed by the desired group identity (Tee et al.,

2013). Social group identity demands generate the potential for identity conflict, as leaders may, at times, be required to act in ways incongruent with their desired social group identity, triggering negative emotional responses and undermining their group influence. Whilst previous research acknowledges the potential emotional challenges of developing a leader identity alongside pre-existing social identities, it concludes that the experience can be positive, encouraging individuals to engage in identity work to accommodate multiple identity demands (Kippist and Fitzgerald, 2009; Noordegraaf and De Wit, 2012).

The conclusions drawn from the research outlined above do not account for the experiences of groups who face ongoing struggles in leadership positions. Middle managers, for example, are noted as a group of individuals who regularly experience identity conflict, arising from fragile identity constructions, and negative emotional experiences when transitioning towards managerially defined leader identities (Harding et al., 2014; Thomas and Linstead, 2002; Sveningsson and Alvesson, 2003). In this paper, we explore how individuals constructing leader identities in middle management positions attempt to mitigate associated identity conflicts, asking the questions: What is the emotional experience of attempting to construct a leader identity alongside a social group identity, and how do those in middle management positions engage in identity work to deal with that experience? To address these questions we consider nurses, a group traditionally viewed as subordinate followers, rather than leaders (Abbott, 1988; Allen, 1997), responding to calls for further research into the identity work engaged in by subordinate groups moving into managerially-defined leadership roles (Srinivas, 2013).

Research Context

Thus far, there has been relatively little exploration of leader identity constructions amongst subordinate groups. Despite this, they provide an interesting context for exploring leader identities, as their collective group identity is influenced by subordination to more powerful groups (Abbott, 1988; Pratt and Rafaeli, 1997), making their potential identity conflict when constructing leader identities more explicit. Nurses in particular provide an illuminating context from which to explore the emotional experiences of middle managers, for two reasons. First, they attach emotional significance to their ability to construct a desired professional identity, bringing emotional elements of identity transition to the fore (Kreiner et al., 2006; Brown and Lewis, 2011; Brown and Toyoki, 2013). Secondly, existing research into nursing leaders suggests they often experience identity conflict, and are seen by other professionals to lack influence in their new roles (Burgess and Currie, 2013).

The assumption that nurses in middle management roles struggle with identity conflict is perhaps unusual for a group who regularly engage in identity work. Their need to engage in identity work is due to the emotionally demanding nature of their role, in which they are required to present an appropriate self-image to others depending on the context (Hayward and Tuckey, 2011). Previous research argues that nurses are a professional group who encounter relatively little difficulty in embracing certain aspects of their identity, whilst distancing themselves from others (Bolton, 2001). Subsequently, nurses *should* be a group adept at overcoming identity conflict and negative emotions. Whilst nurses' leadership struggle is often attributed to the dominance of physicians within healthcare settings (Diefenbach and Sillince, 2011; Finn et al., 2010), it is also acknowledged that nurses play an

influential role in medical decisions and treatments, and cannot be perceived as merely passive team members (Hughes, 1988; Svensson, 1996). Therefore, we argue, one of the main challenges for nurses in constructing leader identities is a difficulty in accommodating the discrepancies between leader and desired professional identities, rather than the influence of medical hierarchies.

Nursing is a predominantly female profession, with 90 per cent of the workforce made up of women (NHS, 2010). This is, in part, due to the inherently 'feminine' identity of the profession (Porter, 1992, p. 512), framed by symbols of Florence Nightingale, encouraging ideals of obedient, altruistic and passive caring, despite the increasing technical skills, academic education or leadership roles required by modern nurses (Goodrick and Reay, 2010). The symbolic function of nursing adds complexity to issues of identity construction for group members, influencing the nature of their desired professional identity, in spite of the demands of their modern role (Fotaki, 2010).

Although a minority group, male nurses occupy a disproportionate amount of nursing leadership positions (Cross and Bagilhole, 2002). One influence on the high proportion of male to female nurse leaders is the underlying societal assumption that men are more 'desirable' leaders than women (Fotaki, 2013; Pullen and Simpson, 2009). Desirable leader identities are associated with masculine, authoritative behaviours (Offermann, Kennedy, & Wirtz, 1994, p. 49), and associated with power, charisma, and influence over others (Alvesson and Sveningsson, 2003; Den Hartog et al., 1999). Nurses moving into leadership roles must communicate leader identities to others, whilst remaining representative of the collective nursing identity (Petriglieri and Stein, 2012; Stavrakakis, 2008), such as in the case of Modern

Matrons (Currie et al., 2009) or Ward Managers (Bolton, 2003).[i] How nurses are able to align a distinctly feminised professional identity with a more masculine leadership identity has not been explored previously.

A further influence on the construction of leader identities is the institutional context, particularly in public sector organizations (Currie and White, 2012; Noordegraaf and De Wit, 2012). In these professionalized settings, despite a policy focus on the need for transformational leadership, more managerialist forms of leadership develop (Currie and Lockett, 2007; Blomgren, 2003). Managerial leadership is defined as transactional, concerned with day-to-day performance management, and is often associated with those in middle-management positions. To conceptualize it another way, O'Reilly and Reed (2010) define managerial leadership as 'leaderism', a hybrid state between professionalism and managerialism, suggesting professionals may be more willing to take on middle management roles when framed as leadership. Moreover, it is a type of leadership framed by concern with efficiency and meeting targets (Currie and Lockett, 2007). Consequently, subordinate professionals constructing leader identities in the context of middle management positions may encounter difficulties, as they attempt to align the competing demands of two incongruent desired identities (Kippist and Fitzgerald, 2009; Noordegraaf and De Wit, 2012; Blomgren, 2003).

Research Design

Data collection

To explore the identity work used to deal with identity conflict, we adopt a narrative approach, which enables us to explore the way individuals negotiate, share and

contest identities (Alvesson and Karreman, 2000; Boudens, 2005; Humphreys and Brown, 2002); and has been used in other studies exploring identity work and identity constructions (Brown and Toyoki, 2013; Wright et al., 2012). Expression of emotion in narratives offers insights into the process of identity development, and gives an indication of how the individual would like to be perceived by others (Horrocks and Callahan, 2006).[ii]

Data collection focused on two leadership development programmes within the same mental healthcare provider in the English NHS, purposefully chosen for the access offered to individuals moving into middle management roles requiring the construction of both nurse and leader identities. We conceptualize leadership development programmes as formative areas of identity transition, which encourage ongoing identity work, making them an ideal setting to explore the construction of leader identities (Carroll and Levy, 2010; Petriglieri and Stein, 2012). We do not claim that attending these programmes classes these individuals as 'leaders', but they represent a group of individuals in middle management positions who are required to construct a managerially framed leader identity alongside their pre-existing professional identity.

In order to become 'immersed' in the social context of the leadership development programmes, one researcher enrolled in both programmes running between September 2009 and October 2010, and attended all course events. A total of 120 hours of participant observation was recorded in field notes, used to contextualize subsequent semi-structured interviews and interactions with study participants, contributing to a more in-depth understanding of the research context (Fairhurst, 2009).[iii] Additionally, the primary researcher came from a professional

nursing background. During interviews, this built a strong base for the mutual identity construction of both the researcher and the interviewee as members of the same social group, something which researchers have found beneficial in other explorations of identity work (Thomas and Davies, 2005).

Semi-structured interviews offer insights into identity work, as individuals attempt to construct desired identities through narratives (Brown and Toyoki, 2013). An interview protocol was developed from themes and conclusions derived from the literature, and supplemented by participant observations from the programmes, but respondents were encouraged to speak freely when discussing perceptions of their identity. Interviews subsequently differed between respondents, as they engaged in their own narratives, but the main themes focused on: their perceptions of their own identity (as to how they talked about themselves as a nurse or managerial leader); the way they thought others perceived them, or their experiences of interactions with others due to their perceived identity; the emotional experience of constructing a managerially framed leader identity; and the ways in which they attempted to deal with competing identity demands. Example questions can be found in the appendix.

At the close of the programmes, all nurses attending the course were invited to participate in the study. In total 32 nurse managers were recruited and were interviewed twice over the course of two years. The first round was conducted immediately after the close of the programme, and the second round conducted 12 - 18 months later. Interviews took place at two time points, as identity transition is an on-going process, developing and changing over time (Hirst et al., 2004). In total we conducted 64 interviews, all interviews lasting between 45 and 60 minutes.

Data analysis

All 64 interviews (totalling 60 hours total interview time) were recorded and transcribed. Following an inductive coding technique, as outlined by Strauss and Corbin (1990), interview data were reviewed line by line to generate first order codes. Transcripts were first explored for the way nurse managers talked about their identities during interviews. We then coded for instances when interviewees talked about being a 'nurse' or 'leader' in discussion with the interviewer. Following this, we coded for the emotional experiences reported by nurse managers, and how they talked about their experience of trying to align desired nurse and leader identities. Finally, transcripts were examined for examples of identity work used to deal with identity conflict and emotional experiences.

Following first order coding, in second order coding we identified two overarching categories: the way interviewees discussed nurse and leader identities in distinctly different ways, and the identity conflict which arose from this; and the use of identity work to deal with the emotional experiences associated with identity conflict. In the first category, nurse managers talked about nursing in a passionate way, associated with positive emotions, whilst their leader identity was discussed in a more mundane, functional manner. They also talked about their concern that they were losing their ability to construct a desired professional group identity, undermining their associated group influence, causing emotional distress. In the second category, we explored how nurse managers talked about three types of identity work in attempts to deal with their negative emotional experience: attempting to gain group influence by distancing from managerial leader identity

demands; attempting to retain professional influence by framing discussions about their leader identity in nursing, not managerial terms; and finally eschewing their emotional need to construct a desired nurse identity, moving towards a desired leader identity. Our coding structure, and examples of data, linked to first order codes, is outlined in Table 1.

Insert Table 1 about here

Findings: Identity Conflict and Emotional Experiences

As outlined above, the nurse managers interviewed were not acting in traditional, ward-based roles, which are commonly associated with nurses, but occupied middle-management positions requiring them to construct a leader identity alongside their professional identity. Whilst the nurse managers acknowledged that the functions of their role were primarily managerial, they were clear about their positive emotional connection to a professional nurse identity:

> *I do very much have that kind of emotional connection with nursing… it's like having a child and then being able to connect… you feel something inside. I feel something inside about what I do; I feel something passionate about nursing (Nurse 13)*

In addition to the positive emotions associated with the nursing identity, being a nurse was often talked about as an integral part of their sense of self:

> *I love my work, I love the client group… I don't just come to work for the*

> *money. I come to work because I really enjoy my job… It's who I am. (Nurse 16)*

Throughout interviews, discussions about nurse identities engendered passionate and animated responses. In contrast, when talking specifically about their identity as middle manager leaders, discussions became less animated and more subdued. Interviewees were explicit that theirs was a '*managerial leadership role' (Nurse 31)*, and conversations about their leader identities were framed by managerially influenced discourse:

> *Now I'm managing staff, managing budgets, managing teams, managing services. I have to think about meeting performance targets and making sure everything runs efficiently. It's different to nursing. (Nurse 12)*

The way in which nurse managers talked about their managerial leader identity was distinct from the positive emotional language framing their nurse identity. The demands of their leader identity were reported as functional requirements of them as middle managers, whilst the demands of their nurse identity were described as more emotionally fulfilling:

> *I'd much rather be in the day room chatting to patients, being around the staff team rather than answering my phone in my room. I don't enjoy the management stuff… I find a lot of solace in my clinical work. When things are getting on top of me I find the clinical work a welcome break. I'm still a nurse at the end of the day, that's why I'm here (Nurse 22)*

Problematically, nurse managers reported that the demands of their leader identity could sometimes detract from the behaviour they associated with their nurse identity, such as being able to prioritise caring for patients:

> *People expect me to prioritise things that I would rather not. I would rather be seeing the patients, but there are times when I can't because my management responsibilities dictate that I do something, which is unfortunate… I'm not happy when that happens (Nurse 2)*

As a result, nurse managers had to accommodate the functional demands of their managerial leader identity with the demands of their emotionally significant nurse identity. Interviewees said this could often be problematic, and that they found the two identities difficult to align:

> *I do struggle to get my head out of being a clinician and into being a manager. Because I have to keep both heads at the moment and it's difficult, because it is all about finance and being able to understand the processes and what targets need to be met… it doesn't quite fit together for me as a clinician with that. It can be very difficult (Nurse 11)*

In addition to the identity conflict reported by the nurse managers, stemming from their struggle to align competing identities within their own self-concept, interviewees also said they felt concerned they no longer enjoyed influence amongst others in the nursing group:

> *I still have close friends on the nursing side and they said people don't tell me anything now. So I'm not as in the know as I was. (Nurse 18)*

When asked to explain why they felt this was the case, nurse managers suggested that their managerial identity detracted from their ability to convince others of their identity as a desired group members, making them feel like outsiders and undermining their group leadership potential:

> *Your credibility isn't quite the same with the staff group if you're an outsider going in. The team in practice don't allow outsiders in and when I'm out of the group it's quite difficult to be a leader… I would say they see me as an outsider now because I'm the manager (Nurse 13)*

Nurse managers felt this loss of group influence could be quite difficult, as they attached emotional significance to their ability to construct a nurse identity. Nurse 13 (who above describes herself as an outsider) was explicit about her desire to continue to be seen by others as a 'nurse', and even kept a picture of herself in a nursing uniform on her office wall, seemingly to emphasise that identity to others. However, as outlined above, she said that constructing a leader identity detracted from her ability to remain an influential member of the nursing group, resulting in identity conflict and a sense of loss:

> *It's been difficult for me to see the value of people like me… I question whether we can even call ourselves clinicians. I don't know what I am anymore (Nurse 13)*

A sense of identity conflict and a struggle to construct a desired group identity, triggering a sense of identity loss and confusion, was reported widely by the nurse managers. Interviewees discussed their nursing identity in positive terms, whilst their leader identity was seen as more functional and mundane, an identity that was demanded of them due to their role, rather than one which was emotionally important. In the next section we consider how the nurse managers talked about different identity work they used in attempts to mitigate their identity conflict.

Findings: Identity work

Over the course of the two-year data collection period, only 5 of the 32 nurses interviewed moved into different roles. The remaining 27 continued in their initial middle management roles, requiring the ongoing construction of leader and nurse identities. There was little change in the identity conflict the 27 middle managers reported due to difficulties in accommodating two distinct identity constructions, and their concerns that they had lost some of their nurse identity. We now consider the identity work the nurse managers said they engaged in, in an attempt to deal with their identity conflict and overcome negative emotional experiences.

The first type of identity work reported by nurse managers was distancing themself from behaviour associated with undesirable managerial leader identities. Nurse managers reported instances in which they attempted to retain nursing group legitimacy, by distancing themselves from a managerial identity, the latter which could be negatively perceived by other nurses:

> *How you sell something that's going to be unpopular is a trick isn't it. You know sometimes I play the we've got to do this, we've got no choice, don't blame me it weren't my idea, you know, or we blame some manager who's not in the room... My last line is we've got no choice in this because these decisions are made above my head. (Nurse 15)*

This nurse manager was attempting to deflect negative reactions to managerial decisions onto other, higher level managers, to protect his identity as a member of the nurse group, and to make clear that he did not agree with the incongruent behaviours of 'managers'. This identity work was also reported by nurse managers who attempted to distance themselves from a manager identity by highlighting their

own commitment to the behaviour associated with a nurse identity, and suggesting a typical 'manager' would not act in a similar way:

> *Those normal managers, they don't want to get up at 6 in the morning and they don't want to work Christmas Day or New Years Night… It's not like that for me, it's not about the spread sheets and leaving by 5pm… I'm still part of the team, it's important for them to see that (Nurse 7)*

By engaging in identity work of this type, interviewees suggested they were trying to protect their nurse identity by attempting to stop other group members '*seeing you as management and treating you accordingly' (Nurse 15).* By distancing themselves from undesirable behaviour, which may undermine their ability to construct a desired nurse identity, nurse managers engaging in this identity work suggested they were reluctant to construct a leader identity, but keen to influence the group by virtue of their group membership.

The second type of identity work discussed by nurse managers was their attempts to construct a leader identity by framing it in language associated with their nurse identity. This was indicated by a return to the animated, positive emotional discussions, which characterised nursing identity constructions:

> *(*The ward*) is like my baby actually… I'm so passionate about this place and I think that's what makes me a good leader is my passion for this place and for nursing… it's more than leadership. (Nurse 10)*

Rather than attempting to construct a managerially framed leader identity, nurse managers drew on dialogue, which was reflective of the way they talked about their nurse identity. In another example of this identity work, a nurse manager

substituted the behaviour they associated with their nurse identity, such as caring for patients, into their leader identity:

> *I suppose I always thought I'd never be able to move out of clinical practice, that was why I came into nursing and the main reason for getting up every morning… but with the staff I manage it's important for me to keep them well and motivated for the service they provide. I've swapped service users for staff. So that need that I have has been superseded by staff… I still care for people but they happen to be staff and not people who use the service. (Nurse 14)*

Nurse managers engaging in this type of identity work suggested they did not try to distance themselves from a leader identity, but that their continued commitment to a nurse identity influenced their leader behaviour, arguably making them better leaders:

> *I would find it hard to make the decisions that I make now around moving money, around staffing, resources, without my clinical knowledge and background… because I'm a nurse, that has an influence on the way on the way I act as a leader (Nurse 16)*

By engaging in identity work to frame their leader identity in emotional language associated with nursing, nurse managers were attempting to overcome some of the identity conflict associated with the transition towards a leader identity. Rather than trying to accommodate managerial leader identity demands, they relied on their continuing emotional attachment to their nurse identity to guide the way they constructed, and viewed themselves, as professional nursing leaders.

Despite the potential success of the two types of identity work outlined above at overcoming identity conflict, the 27 nurses remaining in middle management roles continued to report negative emotions. Whilst they described how identity

work enabled them, as individuals, to accommodate conflicting identities, they still reported feeling a loss of nursing group influence. The extent to which nurse managers said they felt they could persuade others of their continuing identity as a nurse was limited:

> *I think they probably view me as someone who used to be a nurse. I do struggle with that sometimes… I've always taken pride in being a nurse. I've always liked that that's part of my identity. Now I'd hate to think I'm not a nurse… it upsets me that the others don't see me like that (Nurse 14)*

Overall, nurse managers in middle management positions suggested the identity work they engaged in, enabled them to overcome some of the identity conflict they experienced as individuals, but they said it did not help them overcome their feelings that they had lost an emotionally important group membership. They still desired to be part of the nursing group, and yet did not feel they were able to convince others of that identity due to the demands of their leader identity, even when they attempted to frame the leader identity as professionally, rather than managerially, defined.

However, not all nurse managers reported the same on-going emotional distress in response to a perceived loss of group influence. As mentioned above, 5 of the 32 nurses had moved into different roles by the end of the study. These individuals had moved away from middle management roles into senior levels of management. In these roles they no longer had any clinical responsibilities, and were positioned within the general management structure of the organisation. When asked about why they had moved into these positions, and any conflict they felt

when attempting to retain their nurse identity, these 5 nurse managers said they had moved away from a desire to construct a nurse identity:

> *I really didn't want to let go of my nurse identity because it's quite rewarding… After a year of trying to do that I realized I really couldn't do that and run a team at the same time because it pulls you in too many directions… I'm not a nurse anymore. I used to be a nurse but now I'm a manager and I enjoy that (Nurse 29)*

The 5 nurse managers said they no longer felt conflicted about their loss of group membership, and suggested they were now committed to a more managerially framed leader identity, rather than one framed by their nurse identity:

> *I was limited when I was a nurse manager… but now I step into a managerial leadership role and an organizational one, which puts me at a distinct advantage because I work in several layers of the organization…. I'm not trying to influence just nurses anymore, it's a more strategic thing (Nurse 31)*

By eschewing emotional attachments to the construction of a desired nurse identity, these 5 nurse managers reported that they felt less conflicted and experienced less emotional distress than when they attempted to construct a leader identity alongside a nurse identity:

> *Yes I'm definitely happy here, I wouldn't want to back to being a ward manager, it pulls you apart… I'm able to make a difference now, I can influence things (Nurse 18)*

Of 32 nurses interviewed, only 5 nurse managers reported that they felt they had been able to overcome the negative emotional experience they associated with the

construction of a leader identity. However, they said this was only achieved when they no longer held emotional connections with their ability to construct a desired nurse identity, and have others perceive them as a member of the nurse group.

Discussion

In this paper we have explored how individuals in a middle management context engaged in identity work to overcome the identity conflict, and potentially negative emotional experiences, they associated with the construction of a leader identity. Using the case of nurse managers, we highlighted how incongruence between a desired professional group identity and a managerially framed leader identity can influence the emotional experience of constructing a leader identity. We now consider our findings in the context of existing research, offering further development of our understanding of the identity challenges faced by middle managers.

In keeping with our conclusions drawn from the literature review, nurse managers in this study associated positive emotions with their professional group membership. In interviews, nurse managers used passionate and emotive language when discussing nursing, and most said they were keen to continue to be seen by others as a member of the profession, highlighting their emotional identification with a desired nursing identity (Fotaki, 2010; Thornborrow and Brown, 2009). In contrast, nurse managers discussed their identity as managerial leaders in more mundane ways, with less positive emotional associations. We acknowledge that these findings are not reflective of the burgeoning literature on the emotional

nature of management (Boudens, 2005; Fotaki et al., 2012; Vince and Broussine, 1996), however, they offer insight into the way nurse managers perceived the two identity constructions to be distinct, and often described them as being difficult to align.

Nurse managers reported that the biggest source of their identity conflict was their perceived loss of group influence, and the feeling that they were no longer able to construct a desired nurse identity. To deal with this identity conflict, nurse managers discussed 3 types of identity work: attempting to reaffirm their professional identity and gain influence by distancing from managerial leader identity demands; attempting to retain professional influence by framing their leader identity in emotional language associated with a nurse identity; and finally eschewing their emotional attachment to the construction of a desired nurse identity, moving towards a desired managerial leader identity. We now consider each of these types of identity work in turn.

All 32 of the nurse managers taking part in the study said they initially struggled to align an emotionally important nurse identity with a functionally demanded leader identity, triggering identity conflict. One way in which many of the nurse managers attempted to cope with this conflict was by distancing themselves from managerial leader behaviours, which were perceived as undermining their ability to construct a desired nurse identity. Distancing from negative identity elements, which Petriglieri and Stein (2012) conceptualize as distancing from 'unwanted selves', should develop the potential for individuals to move between different identity constructions, as they can reaffirm their group identity, and protect their group influence, by distancing themselves from a managerial identity. In this way,

competing identities can remain in flux, enabling individuals to function adequately in a middle management role, whilst remaining a member of the professional group (Clarke et al., 2009; Sveningsson and Alvesson, 2003). These initial findings resonate with the conclusions of Blomgren (2003), who suggested that nurse managers respond to identity conflict by either embracing or rejecting managerial associations. The nurse managers in our paper who said they distanced themselves from the managerial elements of their leader identity, which they perceived to be negative, could be seen as rejecting managerial associations in a similar way.

We suggest the second type of identity work discussed by nurse managers develops Blomgren's typology further, as we found examples of nurse managers who did not reject their managerial associations, but framed their leader identity through emotive language associated with a nurse identity. These nurse managers were not embracing or rejecting a managerial leader identity, they were attempting to reframe the managerial identity in way that enabled them to accommodate competing identity demands. Ibarra (1999) suggests that individuals who attempt to transfer the behaviour associated with previous identities into the development of a new identity are better able to accommodate role demands and overcome emotional distress, as they feel they are more 'authentic' to themselves. Our findings also support the arguments of Bolton (2001) that nurses are adept at taking on different identities in multiple contexts, avoiding identity conflict. However, despite the potential for the identity work discussed in overcoming identity conflict, when we consider our findings further they call into question the conclusions of Ibarra (1999) and Bolton (2001).

Whilst the two types of identity work described above were used to mitigate the individual identity conflict stemming from competing identity constructions, nurse managers continued to experience negative emotions as they reported a sense that they had lost some of their desired group identity and, consequentially, had lost group influence. As such, we develop the insights of Ibarra (1999) and Bolton (2001), by illustrating that nurse managers engaging in these types of identity work continue to talk about their experience of negative emotions, due to a perception that an association with a leader identity undermines their nurse identity. Whilst nurse managers may be adept at overcoming individual identity conflict (in line with Bolton 2001), they suggested they were less adept at overcoming the emotional distress associated with their perceived loss of an emotionally important, desired group identity.

The finding that emotional distress is linked to a continuing commitment to a desired professional group identity is illuminated further when we consider the insights offered from 5 nurse managers who had moved away from middle management positions over the course of the study. Although a small group, these nurse managers (now general managers) had moved into more strategic management positions, and suggested they were able to resolve their identity conflict and overcome negative emotional experiences because they were no longer emotionally attached to the construction of a desired nurse identity. As a result, they said they no longer experienced negative emotions when they felt others did not perceive them as nurses. In other words, not only are this group embracing their managerial leader identity (as suggested by Blomgren 2003), they are distancing themselves from an emotional attachment to their nurse identity.

These findings build on the work of Srinivas (2013), who considered a subordinate individual confronted with similar emotional issues of identity conflict, moving into a middle management position requiring identity transition. Like us, he suggested negative emotions arose due to the incongruence between an emotionally important social identity (as an Indian man) and a managerial leadership identity (which required him to conform to a more Colonial, British identity). Srinivas (2013) suggests subordinate individuals are only able to overcome the identity conflict associated with the development of an incongruent leader identity when they are able *'to analyze, to remain detached, to eschew idealism for practicality'* (p. 1665). In other words, it is only by disassociating from an emotional attachment to the group identity that nurse managers were able to overcome emotional distress. That is not to say that these five managers disassociated themselves from their past experience as a nurse, rather that they no longer associated their 'true self' (Ibarra 1999) with their ability to construct a desired nurse identity.

Our findings that nurse managers said they were only able to resolve issues of identity conflict and emotional distress when they were emotionally detached from the professional group offers insight into the ongoing identity struggles faced by middle managers (Harding et al., 2014; Thomas and Linstead, 2002). However, whether middle managers will feel able to engage in this type of identity work remains to be seen. Eschewing an emotional attachment to the social group will undermine the ability of middle managers to influence those within the group, negatively influencing their ability to lead (Tee et al., 2013). The individual discussed by Srinivas (2013) was not attempting to influence others from his emotionally important social group. Similarly, the five nurse managers in this paper, who had

moved into the general management structure, were no longer attempting to influence nurses, but were now leaders within the wider organization. Subsequently, one could argue that these individuals were only able to overcome the identity challenges associated with middle managers when they moved on to more senior positions, as they were no longer required to accommodate two incongruent identities, and were able to emotionally detach from the professional group.

Whilst the fragility of middle manager identities is often noted (Thomas and Linstead, 2002), existing research suggests that middle managers are ultimately able to overcome identity conflict, by relying on emotionally important group identities to legitimize their changing identity to both themselves and other group members (Kippist and Fitzgerald, 2009; Noordegraaf and De Wit, 2012; Sveningsson and Alvesson, 2003). In our study, we have illustrated how relying on an emotionally important group identity does not mitigate negative emotions and identity conflict, but actually perpetuates a negative emotional experience. For nurse managers in this paper, whilst they suggested identity work could mitigate individual level identity conflict, the negative emotions nurse managers associated with a loss of group membership, could only be resolved by eschewing emotional attachments to the professional group. Ibarra and Barbalescu (2010) argue an individual can only firmly inhabit a role when they are able to resolve the conflicts and contradictions between their identity narratives. The conclusions of this study suggest that middle managers will struggle to resolve these identity conflicts as they are required to be emotionally attached to their group membership for leader influence (Tee et al., 2013), but yet emotionally detached from their group membership to overcome the identity conflict associated with their role. Whilst previous work suggests that the

ongoing desired group identities will facilitate the construction of leader identities by enhancing group influence (Thornborrow and Brown, 2009; Wright et al., 2012), in this paper, we have shown how desired group identities can undermine the construction of leader identities in middle management contexts.

Conclusions and implications

In this paper we have explored the emotional challenges faced by professionals in middle management contexts, attempting to construct a managerial leader identity incongruent with their professional group identity. Whilst existing work has assumed that individuals accommodate desired leader and group identities, we considered a case of nurse managers, who have not traditionally been seen as leaders. In doing so, we have addressed calls for greater exploration of the identity work used by low status groups when constructing leader identities, triggering negative emotional responses (Srinivas, 2013).

Our findings question the assumption of existing work that desired leader and group identities can always be aligned, or that incongruent identities can be accommodated without causing emotional distress (Clarke et al., 2009; Noordegraaf and De Wit, 2012). Whilst previous work suggests that desired group identities will facilitate the construction of leader identities by enhancing group influence (Thornborrow and Brown, 2009), in this paper we have shown how desired group identities can undermine the construction of leader identities in middle management contexts. In doing so, we offer insight into middle managers as a group

occupying a structural position which exposes them to negative emotions, as they are required to be emotionally attached to their group membership for leader influence (Tee et al., 2013), but yet emotionally detached from their group membership to overcome the identity conflict associated with their role. By drawing on the emotional influence of desired identity constructions, our findings build on existing work exploring the 'fragile' nature of middle manager identities, and the identity conflicts they widely report (Thomas and Linstead, 2002; Harding et al., 2014).

We also extend our understanding of identity work processes by considering how identity work may actually exacerbate feelings of identity conflict amongst individuals, rather than facilitating individuals to overcome conflict. Existing work assumes that when identity work is guided by behaviour associated with previous identities, individuals will be better able to overcome emotional distress and move between competing identity constructions (Bolton, 2001; Ibarra, 1999; Sveningsson and Alvesson, 2003; Wright et al., 2012). The conclusions of this paper suggest this may be the case when overcoming individual identity conflict, but that when identity work is guided by a group identity, which does not support the construction of a leader identity, it may enhance, rather than overcome, emotional distress.

Our conclusion that those emotionally committed to a professional group identity will experience negative emotions, whilst those who are able to adapt their identity are able to overcome identity conflict, offers further avenues for research. In particular, more work is needed into the way individuals are able to emotionally detach themselves from their ability to construct a desired social group identity. Does this eschewal occur before, or after, they move into different roles? Is it the

cause or the result of the transition? More work is needed to understand the process by which emotional eschewal occurs, and to explore whether this would be beneficial, or detrimental, to the identity constructions of middle managers.

Whilst our empirical work focused on middle managers from a nurse background, our findings can be applied to other professionalized contexts. In addition to professional groups, whose group identity is associated with subordination, our work has implications for other cultural groups who may find identity alignment with managerial leadership identities difficult, and can help further our understanding of leader identity construction with regards to gender (Fotaki, 2013) or to cultural minorities (Srinivas, 2013). Further to this, whilst nurses may represent an extreme case, we suggest middle managers in any context who are emotionally connected to the group membership may experience a similar conflict as they undergo identity transitions. As such, the findings of this paper can also offer insight into the struggles faced by more traditional professions such as doctors (Llewellyn, 2001) or academics (Fotaki, 2013).

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Table 1
Data coding structure

Overall Theme	Thematic Codes	Second Order Codes	'In Vivo' Codes
Nurse or Leader Identity Construction	Incongruent identities	Emotionally important nurse identity	*'It's part of me, I can't imagine ever not wanting to be a nurse' (Nurse 26)*
		Mundane, functional leader identity	*'It's just about management and finance. It's part of my job but it's not what I enjoy doing. I have to get it out of the way so I can get on with the nursing part, that's what I'd rather be doing' (Nurse 1)*
	Identity conflict	Discuss sense of loss of group influence	*'You're in a very vulnerable position as a leader of nursing…you don't have quite the same peer support that you have if you're just one of the nurses in the team… There are times when there is a considerable lack of support and sometimes it can be very hard, very distressing to lead' (Nurse 2)*
Identity Work	Distancing from managerial identity	Attempts to retain group influence by distancing from manager identity	*'I'm not a proper manager. I mean, my name badge says "manager", but I'm still a nurse. I don't agree with a lot of things that come down to us, but we just get on with it don't we' (Nurse 17)*
	Framing leader identity in nursing terms	Discusses substituting nursing identity values into leader identity to guide behaviour	*'I feel very passionate about services and I think if you're a manager or a leader you have a chance to be able to change things and make things operate efficiently in a way that they should do… As a leader I can still care for patients, just in a different way ' (Nurse 9)*
	Eschewal from emotional attachment	No longer sees nursing identity as emotionally important	*'I didn't want to be a nurse anymore, it wasn't fulfilling for me in my last role. I'm happier now, I can have a much bigger influence over the whole system, it's less restrictive' (Nurse 31)*

Appendix

Example interview questions

- Tell me about yourself
- Tell me about your job
- How do you think others perceive you?
- Are you happy with the way you feel you are perceived?
- Are you happy in your role/how does your role make you feel?
- Do you feel able to communicate 'who you are' to others?
- Do you identify yourself as a leader?
- Does anything cause you conflict in your managerial leadership role?
- How do you attempt to overcome the conflicts you have described?
- Do you feel able to influence other nurses?
- Do you feel able to align your background as a nurse with your managerial leadership role?
- How do the things we have discussed make you feel?

[i] It is important to note that male nurses also experience conflict when moving into leadership positions, and struggle to influence the wider organizational system, due to their professional identity (Gjerberg & Kjølsrød, 2001). Despite the fact they are male, those from a nursing background are constrained in their identity constructions by the endurance of feminine, altruistic symbols of the profession (Goodrick & Reay, 2010).

[ii] We do not assume that a narrative approach offers a complete insight into the emotional experience of individuals. As Boudens (2005) notes, using language to

describe emotion will always distort the portrayal of that emotion as experienced by the individual, due to its socially constructed nature.

[iii] The participant observation data were not primarily used to contribute to the study results, as it would have been difficult to 'observe' emotional identity work. Instead, the insights gathered were used to identify the pertinent issues at play and shape interview questions accordingly.