FUNDAMENTAL DIFFERENCES BETWEEN MILITARY AND CIVILIAN LEADERSHIP

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TENTATIVE DEFINITIONS: WHAT MAKES A LEADER

Leadership has been near impossible to define in any scenario, with definitions involving influence, the idea of translating vision, and maximization of effort (Kruse, 2015). The most inarguable and simplistic definition of a leader is Peter Drucker's idea of someone with followers, though this should truly be amended to say 'voluntary' followers, or individuals who would willingly follow 'voluntarily' (2015: 16). Due to the range of opinions in regard to what leadership is, and most definitions being situationally based, creating a more narrow definition is merely theorizing as to what makes a good leader under the guise of defining what a leader is. According to this definition of a leader being someone with followers, leadership is merely the "condition of being" a leader (Ship, 2001: 3). What varies most significantly for leaders is operant conditioning, follower expectations/consequences of failure, and level of control over followers. It is these variables that create different leadership personalities and methodologies for success. With this idea of conditioning, consequences, and control over followers, stylistic leadership differences will be explored between the military, education, and medical fields.

POWER AND CONTEXTUAL DEPENDENCY

Leaders ultimately rely on different sources of power in combination in order to effect results in their arena (Murphy, 2017). While leaders who are also managers can often rely on titular power, or power that comes with position, the majority of leaders must tap into another source of power based on likeability, expertise, information, or discipline in order to most effectively accomplish their goals. These power bases are the same in any situation, although certain career fields such as medicine or education place more value in informational or expertise based power, while in the military disciplinary power holds more value than it might elsewhere, outside the legal career fields, due to the judicial authority of certain members over other members (Keddie, 2016). While these types of power must be leveraged differently across different leadership environments, the factors that leaders are judged on in regard to success tend to be universal: communication, optimization of efforts, setting and accomplishing goals, and ability to establish vision and strategy. It is the differences in the required methods and goals set, as well as the ultimate differences in vision and strategy that set the requirement for different leadership conditioning from the start of environment specific training (McCauley, 2006).

THE DECISION-MAKING DIVIDE

One of the primary tasks of all leaders is decision making. In the education field in the United States, teachers and administrators are conditioned to make yes/no decisions first, and then plan off of a singular answer, rather than eventualities. For example, did the child pass? If yes there is no further action, if no remediation is needed. Did the school meet expectations on standardized testing? If yes then increase funding, if no, decrease function and question teacher abilities (Gresch and Bögeholz, 2013). This leads to an environment where actions are based mostly on achieving high scores on standardized test methods as the definition of success, rather than critical thinking, individual student strengths being increased, or the acquisition of practical skills. This in turn creates a biased binary of , 'a or b', 'left or right', 'correct or incorrect' type quantitative decision-making process that is unsustainable in many fields. Medical professionals and military leaders and managers are opposingly taught a much more qualitative decision-making process that is iterative and process-based, such as deciding what actions to take in a firefight or in a triage situation (Djulbegovic, Elqayam and Dale, 2018). Rather than conditioning leaders to accomplish a set goal, medical and military leaders are conditioned to constantly reassess the goal, and to review whether accomplishment of said goal is attainable or ethical. This comes into play in the following examples: killing high value targets vs. risk of collateral damage to civilians; extent of action for a patient who has signed a 'Do Not Resuscitate' order; when to disengage an enemy or close up a surgical site because risk of further damage is too great (Djulbegovic, Elqayam, and Dale, 2018). This constant reassessment of situations and accomplishment of goals is further complicated by the possible loss of referent power (the type of power based on a combination of likeability, expertise, respect, and perceived ability) if a doctor or soldier is deemed too 'risk adverse' or 'risk happy', and the idea that keeping the referent power due to 'success' may cause a loss of expert power, due to undue risk taken or failure to anticipate issues (Kudisch et al., 1995). While successful training for qualitative decision making in and of itself makes quantitative decision making easy, the side effect of such analytical training when too many options are presented and cannot be sorted mentally is “analysis paralysis” (Bisch, 2006: 5). This condition of mental overload provokes a lack of action in any manner, often leading to dire consequences, such as failure to direct action in a military engagement conducting to unnecessary death, or a patient bleeding out on the table due to an inefficient triage of internal injuries.

FACING CONSEQUENCES: HOW LEADERS LIVE THE FUTURE

These differences of consequences further create a fundamental divide in leadership decision making across separate fields, as motivation for success in uncertain (decision-requiring) situations may be outweighed by consequences of failure. Whether leader, follower, or uninvolved, all people are motivated by survival, and will take actions deemed most beneficial to the increase of certainty of survival, whether that means removal from danger, changing jobs to increase one’s wage, or

following a leader or group deemed beneficial (Kellermann and Reynolds, 1990). This application of Uncertainty Motivation Theory is relatively straightforward in regards to motivation of education professionals, where the greatest risk taken for experimenting with a new method of instruction or a change in lesson plan may be failure, and after too many failures the loss of employment, but the reward could be expert, referent, and informational power simultaneously, as well as increased income or position, and thus increased survivability on a primal level (Kellermann and Reynolds, 1990). For medical professionals, the situation, although much more complicated due to qualitative decision making, is much the same. Losing a patient, although damaging to reputation, and thus capable of affecting job prospects in the future, as well as mental resilience, does not fully equate to decreased survivability. While leaders of medical teams are driven to reduce uncertainty for their patient, the uncertainty they are reducing is most often not their own. Due to socioeconomic status, as well as employment opportunities, and the advent of legal paperwork removing most liability, medical professionals can make decisions, and lead others in making high risk choices that do not directly impact their own uncertainty (Djulbegovic, Elqayam and Dale, 2018). While the ultimate outcome for involved parties is not equitable for medical professionals versus educators (a poor education or death), the personal consequence largely is (job loss, and thus lack of power and stability). As such, this allows both parties to make high risk decisions, and err on the side of risk, in a much more detached way than a military leader. Military leaders' consequences, while often merely judicial punishment, loss of rank, or loss of job, can extend up the scale to loss of life for themselves. Poor decision making, or lack of decision making can lead to death, thus forcing every tactical decision in a war zone into a much more acute and personal level of uncertainty. Military leaders are forced to learn to make decisions in regard to statistics like the number of acceptable casualties, something teachers and medical professionals will generally not face. This forces military leaders to constantly overcome their own motivation to reduce risk, as well as forcing them to convince their followers not to reduce their personal risk. This equates to military leaders having to both procure the power, the rhetorical skill, and the psychological ability to overcome the most basic of human instincts (Kellermann and Reynolds, 1990). This level of conditioning, nor consequence, is found in few other fields (Gray, 2015).

CONTROLLING FOLLOWERS

The final factor of fundamental separation of leadership styles and environments between the military, education leaders, and medical leaders is the level of control of subordinates. Within the education field, although hierarchy exists, it is not much different from the hierarchy of any business. Those in charge may hold sway over vacation dates, paychecks, time off, and ultimately employment, but involved parties are free to leave the employment should they deem other options more suitable, or more beneficial to their survival (Kellermann and Reynolds, 1990). The primary source of power for these leaders is often based on their position, and sometimes their level of informational or expert power (Kudisch et al., 1995). Ultimately, informal

leaders of no rank often arise, and hold high levels of referent power, particularly in unionized organizations. With enough time and effort, the referent power gathered by the group can lead to removal of those with legitimate authority. The same is partially true with medical professionals, although a secondary level of legitimate power exists outside the scope of the place of employment. As noted by De Raeve (2002), a conflict can arise between non-licensed medical professional in positions of power, nurses in position of authority (Charge Nurse or Chief Nursing Officer), and Medical Doctors, due to the MD's licensure, which provided a legal basis for medical related care authority over hospital administrators and nurses with high levels of legitimate power. Due to this situational legitimate power difference, power struggles can occur in hierarchies that do not relate to medical ability, for example in medical administration, where business prowess gains a leader more expert and referent power (Kellermann and Reynolds, 1990). The military, however, holds a separate level of authoritarian power not found elsewhere in liberal democracies. Due to the legitimate legal authority commanders and officers hold over members with less rank, and the power over such information as financial status, medical appointments, and living arrangements for single members, members hold little to no ability beyond their own rapport to speak against poor leadership without reprisal (Merritt et al., 2012). This also can create internal leadership conflicts, as members with multiple deployments and decades within the organization, who hold the highest levels of referent and expert power, can technically be put under the orders of a newly commissioned officer with little to no experience. Undoubtedly, those circumstances could determine levels of uncertainty in the organization, which would be mitigated elsewhere by leaving the organization or acquiring a new leader (Allison, 2004: 805-807). In the military, leaving illegitimately would be a crime, and acquiring a new leader is near impossible without higher level echelons choosing to remove the current leader. Thus leaders who are officers are put into positions of control they have not earned, with little to no authority past coercive and legitimate power, make leadership difficult (Kudisch et al.,1995). Those leaders who are non-commissioned officers, as well as junior enlisted, must combat or assist in training the aforementioned leaders, and attempt to increase certainty amongst their own men and women, without disregarding the Uniform Code of Military Justice. This creates a situation that can be replicated in both the educational and medical communities, where leaders who hold referent power are responsible for training those ones who hold legitimate power (Hunt and Michael, 1983).

CONCLUSION

Though leaders are the same regardless of their level of power, and leadership is purely the 'condition of being a leader', leadership methodologies and personalities are all fundamentally different (Gray, 2001). While this paper accepts that no in-depth cross-disciplinary analysis of corporate leadership has been conducted in this case, the nature of leadership is fundamentally the same regardless of location, as leaders are graded per se on their ability to accomplish goals, and their ability to do the tasks that get those goals accomplished (Ship, 2015). It is the tasks themselves that differ, and the situations that make the people

capable of accomplishing them that differ as well. By analyzing the conditioning required to succeed in each independent situation, the consequences of failure and how they relate to risk taking and uncertainty, and finally the level of legal control the leader has over their followers, a proper analysis of what contributes to a successful situational leader can be conducted. While fundamentally all leaders are the same by definition of having followers, and they are goal oriented and graded as good or bad leaders based on their ability to accomplish the goals and their ability to do so efficiently, no two situations are fundamentally the same. While similarities can be compared and contrasted, researchers must be aware of the risk of overgeneralization in leadership research, in order to avoid invalidating their own analysis.

BIBLIOGRAPHY

- Allison, W. (2004). A war of patrols: Canadian army operations in korea (review). *The Canadian Historical Review*, 85(4), 805-807.
- Bisch, D. (2006). Analysis Paralysis. *Canadian Healthcare Manager*, 13(8), 5.
- De Raeve, L. (2002). Medical authority and nursing integrity. *Journal of Medical Ethics*, 28(6), 353-357.
- Djulbegovic, B., Elqayam, S., & Dale, W. (2018). Rational decision making in medicine: Implications for overuse and underuse. *Journal of Evaluation in Clinical Practice,* 24(3), 655-665.
- Gray, H. (2015). The Trauma Risk Management approach to post-traumatic stress disorder in the British military: Masculinity, biopolitics and depoliticisation. *Feminist Review*, 111(1), 109-123.
- Gresch, H., & Bögeholz, S. (2013). Identifying non-sustainable courses of action: A prerequisite for decision-making in education for sustained development. *Research in Science Education*, 43(2), 733-754.
- Hunt, D.M., & Michael, C. (1983). Mentorship. *Academy of Management Review*, 8, 475-485.
- Keddie, A. (2016). School autonomy as 'the way of the future': Issues of equity, public purpose and moral leadership. *Educational Management Administration & Leadership*, 44(5), 713-727.
- Kellermann, K., & Reynolds, R. (1990). When ignorance is bliss the role of motivation to reduce uncertainty in uncertainty reduction theory. *Human Communication Research*, 17(1), 5-75.
- Kruse, K. (2015, September 2). What Is Leadership? Retrieved February 9, 2020, from https://www.forbes.com/sites/kevinkruse/2013/04/09/what-is-leadership/#451c530f5b90
- Kudisch, J., Poteet, D., Dobbins, M., Rush, L., & Russell, G. (1995). Expert power, referent power, and charisma: Toward the resolution of a theoretical debate. *Journal of Business and Psychology,* 10(2), 177-195.
- McCauley, C. (2006). *Developmental assignments: Creating learning experiences without changing jobs.* Greensboro, N.C.: Center for Creative Leadership Press.
- Merritt, Z., Mak, Chan, Cornelisse, Fisher, Kennon, . . . Government Accountability Office Washington DC. (2012). Whistleblower Protection: Actions Needed to Improve DOD's Military Whistleblower Reprisal Program. Retrieved 9 February, 2020, from https://ou-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=TN_dtic_sADA556825&vid=OUNEW&context=PC&lang=en_US
- Murphy, M. (2017, March 20). You need to know the 7 types Of power if you want to succeed. Retrieved February 9, 2020, from https://www.forbes.com/sites/markmurphy/2017/03/19/you-need-to-know-the-7-types-of-power-if-you-want-to-succeed/#bf8c92536d64
- Ship. (2001). Online Etymology Dictionary. Retrieved from https://www.etymonline.com/word/ship