Followership: much more than simply following the leader

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...leadership can only occur if there is followership – without followers and following behaviours there would be no leadership.1

INTRODUCTION
Followership describes how individuals respond to and interact with their leader and others. For many years, however, the spotlight was on identifying approaches the leader should use when interacting with and managing followers, and followers were largely seen as passive and subservient to the actions and instructions of the leader.1 More recently, there has been increasing focus on how followers shape, define, and cocreate leadership and leaders’ actions and identity,1 recognising that all individuals, both in senior and more junior positions, move around the leadership ‘triad’ (figure 1), using leadership, management and followership skills according to the situation, environment or position they find themselves in at any one time.2

All health professionals have to learn how to work effectively in multiple teams and, reflecting this, training programmes place much emphasis on the development of teamworking skills. Traditionally, the development of teamworking and leadership skills have been seen as two separate entities, and consideration of the concept of followership in terms of teamworking is relatively recent.3–5 Learning how to be an authentic leader as well as a ‘proactive’ follower can lead to more effective interprofessional teamworking4 6 and ultimately an improvement in health outcomes.7

In clinical situations, the ‘dance of leadership and followership’ involves being able to step up to take leadership when needed (which may be ‘small “l” leadership’,8 such as leading on a task), to recognise how and when to follow a leader and to acknowledge that leadership may be distributed and rotating, not necessarily vested in one individual.

The types and behaviours of followers
Over the years, researchers have suggested ways of followers based on their role or behaviour within a group and towards their leader (table 1). Initially, the followership typologies provided guidance and direction to the leader in how to motivate and develop their team members. Now these typologies or roles are often used alongside teamworking frameworks (eg, Belbin’s team roles9) and self-development activities (eg, Myers-Briggs10 or emotional intelligence11) to help individuals develop understanding of their preferences and behaviours, improving their self-regulation and integration into multiple teams.

What makes a ‘good’ follower?
Organisations, leaders and followers can differ in their perceptions of what makes a good follower. At the organisational and leader levels, this may depend on behaviours that fit with the organisation’s culture, the style of leadership and specific job requirements. From the follower’s perspective, their individual schema (thoughts and beliefs of what makes a good follower) can influence the way they choose to develop or progress within

Table 1 Followership typologies

| Author | Follower type | Method of classification (where each axis runs low–high) |
|--------|---------------|----------------------------------------------------------|
| Zaleznik16 | Withdrawn, masochistic, compulsive, impulsive | Controlling behaviour towards leader versus level of engagement |
| Kelley17 | Alienated, passive (sheep), conformist (yes people), pragmatist, exemplary (star) | Independent critical thinking versus level of engagement |
| Chaleff18 | Resource, individualist, implementor, partner, diehard | Support the leader versus challenge the leader |
| Kellerman19 | Isolate, bystander, participant, activist, diehard | Level of engagement |
| Rosenbach et al20 | Subordinate, politician, contributor, partner | Relationship initiative towards leader versus performance initiative |

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has been quoted as saying ‘many of the same qualities that we admire in leaders – competence, motivation, intelligence – are the same qualities that we want in the very best followers’. Leadership and followership both involve working with people, having the emotional intelligence and self-insight to know when to step up (to lead) and when to step back (and follow), and how, when and why you work best with other people.

## LEADERS AND FOLLOWERS: BUILDING RELATIONSHIPS

The relationship between different leaders and followers determines the most appropriate followership to take in different situations. Followers with whom the leaders work regularly and who they trust tend to have more social influence on the leader than others. It can therefore be difficult to have influence when your power is low, you are relatively inexperienced, you do not feel part of the ‘in-group’ or are frequently moving locations. Individual followers therefore need to develop the sort of generic behaviours that are known to engender trust from the leader(s) as set out in box 1. From a patient safety standpoint, it is also vital that health professionals demonstrate self-insight; know their strengths, abilities and limitations; ask for help when they need it; and speak out or challenge actions or behaviours in potentially unsafe situations.

Followers also have a collective power that can give individuals a voice both in supporting a leader and in tackling difficult or intransigent issues. This ‘leadership through followership’ involves followers collaborating to take leadership of a situation. This can be particularly powerful in relation to toxic or destructive leaders (eg, bullies or people who undermine) when approaches from individual followers could be psychologically unsafe. A ‘collective emotion’ that is negative towards the leader can potentially unite the followers into a form of collaborative leadership in which the more power we share, the more power we have to use.

Moving from followership typologies and behaviours towards a broader categorisation of followership approaches

### Box 1 The ‘good’ follower blueprint

- Exemplary (‘star’) followers are highly engaged, independent, critical thinkers.
- ‘Participants’ and ‘activists’ are also highly engaged, supportive and yet challenging of leaders, good deputies as they are loyal to the leader.
- ‘Partners’ are capable of both supporting and offering constructive challenge to the leader.

Rosenbach et al suggest that

- The ‘partner’ role is one where experienced team members are high performers who understand and are committed to organisational goals. Not all team members are going to be partners, but all can aspire to this role.
- The ‘ideal partner’ displays a high relationship initiative towards the leader:
  - Understands and empathises with their leader.
  - Gains the leader’s trust and confidence in their abilities through their actions.
  - Willing to speak up and be honest when they believe a leader’s (or teams’) actions are not working towards the goals of the organisation.
  - Willing to negotiate or mediate with the leader when differences arise.
- The ideal partner also displays high-performance initiative:
  - Works to the best of their ability to get things done.
  - Works cooperatively in a group.
  - Gains motivation from group success.
  - Sees himself/herself as a valuable asset.
  - Looks after his/her well-being.
  - Embraces change, viewing it as a challenge or opportunity.

While some differences may exist in the behavioural attributes that distinguish good followers from leaders, Riggio suggests that their career or an organisation. Box 1 sets out a ‘blueprint’ describing what makes a good or ‘favoured’ follower.

### Table 2 Followship and leadership approaches

| Leadership approaches | Followership approaches | What they value from their leader |
|-----------------------|------------------------|----------------------------------|
| Caring, compassionate leadership | A caring, compassionate follower is invested in people (patients, families and colleagues), wants to relieve their suffering, and support, enable and improve the life of others. | A leader who displays compassion and caring behaviour to all opportunities to be able to provide and improve care |
| Collaborative, collective, shared leadership | A collaborative (collective) follower sees the advantages of working closely with others. | A leader who works in a collaborative way in multidisciplinary teams and projects |
| Distributed, dispersed leadership | Willing to help develop a culture that shares and distributes power throughout the organisation. | Involves and empowers them in initiatives and projects as an equal |
| Relational, transformational leadership | A transformational follower is heavily invested in people, relationship building and helping others achieve their own potential. | A leader who pays attention to them, their career development and personal growth, who gets to know them as a person, who stretches them, provides effective feedback, and communicates regularly and appropriately |
| Complex, adaptive leadership | A complex, adaptive follower is willing to work with ambiguity and ‘mess’, has ‘cognitive complexity’, seeing the system as a complex, interconnected whole and promotes interdependent working. | A leader who operates at system level, understands the interdependencies of teams, departments, services and organisations |
| Inclusive, person centred | An inclusive, person-centred follower welcomes and values true diversity (of ideas, views and personal characteristics) and is focused on involving people in decisions, cocreating ideas and initiatives. | A leader who clearly values people, includes everyone in conversations and developments |
| Servant leadership | A servant follower is one who works with humility, integrity, wisdom and altruism for the greater good, wants to make a difference (to lives and to services) and leave a lasting positive legacy. | Leaders who are humble and who can articulate their core values around why they became (and still are) doctors or health professionals |
| Value-led, ethical, moral leadership | Value-led, ethical followers are highly driven by their core values and sense of purpose, want to do ‘the right thing’, and may be activists or whistle-blowers in driving change and tackling injustice. | Leader who hold and demonstrate core values, have an ethical stance and attention to rules |

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in terms of leadership theories extends our understanding of followership, what sort of a follower we want to be and what sort of leaders we are willing to follow (and not). For example, contingency theories and situational leadership suggest that leaders need to adapt their approach with followers at various stages of experience, competence and willingness, from a more directive style, through to coaching, supporting and finally delegating. Just as you can choose different leadership approaches in various contexts, followers can learn to be more proactive and determine their own followership approaches based on their maturity, experience, competence and confidence in various situations. For example, if a clinical leader is authoritative and an expert in a clinical situation or condition, then you may choose to be more passive and take direction because you trust the leader and their judgement. However, if over time that leader did not start to delegate work to you, you might feel micromanaged and that you are not trusted. Understanding this helps followers think about how they work, behave and communicate in different situations and what sort of leadership they need to flourish. Table 2 sets out various approaches to leadership and followership; however, it is important to remember that in any one moment or context, a blend of approaches may be required, that such typologies are not mutually exclusive and may be prone to oversimplification. A challenge for leaders and followers is to communicate and understand the ‘modus operandi’ of a particular situation or context.

Finally, when working in the ‘leadership triad’, it is not always about the ‘what’ to do or the ‘how’ to do it that is important, it is the ‘why’ that we need to be clear about, and once we have identified the core purpose of why people come into healthcare and leadership, the rest will follow. Of course, some leaders behave in ways we do not like or respect, but understanding what drives people can help followers work more effectively based around a shared purpose or value set. If health professionals are to function successfully in today’s complex healthcare systems, then developing effective followership skills is as essential as developing leadership skills.

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