

Followership: Much more than simply following the leader

Judy Mckimm¹ and Claire L Vogan

Swansea University Medical School, Swansea University, Singleton Park, Swansea, UK SA2 8PP

¹Corresponding author: Email j.mckimm@swansea.ac.uk; Tel 01792 606854

"...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 co-create 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 teamworking,[4, 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 'I' 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 classifying 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 (e.g. Belbin's Team Roles [9]) and self-development activities (e.g. Myers–Briggs [10] or emotional intelligence [11]) to help individuals develop understanding of their preferences and behaviours, improving their self-regulation and integration into multiple teams.

Table 1: Followership typologies

Author	Follower type	Method of classification (where each axis runs low-high)
Zaleznik [16]	Withdrawn, Masochistic, Compulsive, Impulsive	Controlling behaviour towards leader vs level of engagement
Kelley [17]	Alienated, Passive (sheep), Conformist (yes people), Pragmatist, Exemplary (star)	Independent critical thinking vs level of engagement
Chaleff [18]	Resource, Individualist, Implementor, Partner, Diehard	Support the leader vs challenge the leader
Kellerman [19]	Isolate, Bystander, Participant, Activist, Diehard	Level of engagement
Rosenbach et al [20]	Subordinate, Politician, Contributor, Partner	Relationship initiative towards leader vs performance initiative

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 level, 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 their career or an organisation.[12] Table 2 sets out a ‘blueprint’ describing what makes a ‘good’ or ‘favoured’ follower.

Whilst some differences may exist in the behavioural attributes that distinguish good followers from leaders, Riggio 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.”*[13] 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 Table 2. From a patient safety standpoint, it is also vital that health professionals demonstrate self-insight, know their strengths, abilities and limitations, will ask for help when they need it, and speak out or challenge actions or behaviours in potentially unsafe situations.

Table 2: The 'good' follower blueprint

- Exemplary ('star') followers are highly engaged, independent, critical thinkers [17]
- 'Participants' and 'activists' are also highly engaged, supportive and yet challenging of leaders, good deputies as they are loyal to the leader [19]
- 'Partners' are capable of both supporting and offering constructive challenge to the leader [18]

Rosenbach et al [20] 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
 - whose actions gain the leaders trust and confidence in their abilities
 - 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 themselves as a valuable asset
 - looks after their wellbeing
 - embraces change, viewing it as a challenge or opportunity

Followers also have a collective power which can give individuals a voice both in supporting a leader or to tackle 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 (e.g. bullies or people who undermine) when approaches from individual followers could be psychologically unsafe. A 'collective emotion'[14] 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 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 3 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 over-simplification. A challenge for leaders and followers is to communicate and understand the ‘modus operandi’ of a particular situation or context.

Table 3: Followership and leadership approaches

Leadership approaches	Followership approaches	What they value from their leader
Caring, compassionate leadership [21-22]	A caring, compassionate follower is invested in people (patients, families, colleagues), wants to relieve their suffering, and support, enable and improve the life of others	A leader who displays compassion and caring behaviours to all Opportunities to be able to provide and improve care
Collaborative, collective, shared leadership [23] Distributed, dispersed leadership [24]	A collaborative (collective) follower sees the advantages of working closely with others. Willing to help develop a culture that shares and distributes power throughout the organisation Offers to take leadership even if low in the hierarchy	A leader who works in a collaborative way in multidisciplinary teams and projects Involves and empowers them in initiatives and projects as an equal Asks them to take on leadership roles within their scope of competence
Relational, transformational leadership [25-26]	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 [27-29]	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 interdependency of teams, departments, services and organisations Involves them in service change and new pathways
Inclusive, person centred [30-31]	An inclusive, person-centred follower welcomes and values true diversity (of ideas, views, personal characteristics), Focused on involving people in decisions, co-creating ideas and initiatives	A leader who clearly values people, includes everyone in conversations and developments Doesn’t pay lip service to listening to ideas that are different from their own
Servant leadership [32]	A servant follower is one who works with humility, integrity, wisdom and altruism for the greater good, wants to make a difference (to lives, to services) and leave a lasting positive legacy	A leader who is humble and who can articulate their core values around why they became (and still are) a doctor or health professional Willing to go the extra mile for their patients/service and values followers who do so
Value led, ethical, moral leadership [33-35]	A value-led, ethical follower is highly driven by their core values and sense of purpose, wants to do ‘the right thing’. May be an activist or whistleblower in driving change and tackling injustice	A leader who holds and demonstrates core values, an ethical stance and attention to rules Supports their followers in challenging injustice or poor care Willing to speak out

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.[15] 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.

IN PRACTICE

Thinking of leadership in terms of the 'leadership triad' - leadership, management and followership - helps individuals work more effectively in groups, teams, organisations. No-one leads all the time and most of us are in a follower relationship with someone senior to us in the organisation. Leaders need to recognise that followers are vital to leaders, their success, power and survival. When working in practice, thinking about how you might further develop the skills and behaviours of a 'good' or 'favoured' follower with different leaders can be really useful. This does not mean changing your personality, just being more aware of your impact on your leaders and other team members, and learning what different leaders expect from their followers. For example, you are on a ward round being led by your consultant who you know and work with very well. They suddenly get called away and the chief registrar (who you don't know) takes over. You realise that you have to adjust your followership style and be more proactive and engaged if you are to be listened to in the group. Followership, therefore, helps explain why some people seem more valued by leaders than others and how you might develop influence, even if you are fairly junior. Team training should focus on developing exemplary, proactive followers, who can work effectively in multi-disciplinary teams, speak out when needed and are confident in seeking and developing successful leader-follower relationships.

EXPRESS CHECKOUT

The traditional focus on leaders and leadership has meant that managers and followers have been seen as somewhat secondary and passive. Just as management and leadership have been described as inter-related sets of activities, which individuals practice in their work, followership is now included in the 'leadership triad'. This means that it is equally important to learn to follow well, as it is to lead and manage well. Being an effective follower and team member is vital to the delivery of healthcare services and patient safety, in order to provide support for others as well as speak out when needed.

STATEMENTS

Contributorship statement

Both authors (JM and CV) have contributed equally to the article.

Funding

There are no funders to report for this submission.

Competing interests

No, there are no competing interests for any author.

REFERENCES

1 Uhl-Bien M, Riggio R E, Lowe KB, et al. Followership theory: A review and research agenda. *Leadersh Q* 2014;25:83-104.

- 2 McKimm J, O'Sullivan H. When I say ... leadership. *Med Educ* 2016;50:896-97.
- 3 Ezziene Z, Maruthappu M, Gawn L. et al. Building effective clinical teams in healthcare. *J Health Organ Manag* 2012;26:428-36.
- 4 Barrow M, McKimm J, Gasquoine S. The policy and the practice: early career doctors and nurses as leaders and followers in the delivery of health care. *Adv Health Sci Educ Theory Pract* 2011;16:17-29.
- 5 Mannion H, McKimm J, O'Sullivan H. Followership, clinical leadership and social identity. *Br J Hosp Med* 2015;76:270-74.
- 6 Guenter H, Schreurs B, van Emmerik IH et al. What does it take to break the silence in teams: Authentic leadership and/or proactive followership? *Appl Psychol* 2017; 66:49-77.
- 7 World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization Press 2010:1-63.
https://www.who.int/hrh/resources/framework_action/en/ (accessed Sept 2019)
- 8 Bohmer R. Leadership with a small "l". *BMJ* 2010;340:c483
- 9 Belbin RM. Team roles at work, 2e. London: Routledge, 2012.
- 10 Myers S. Myers-Briggs typology and Jungian individuation. *J Anal Psychol* 2016;61:289-308.
- 11 Goleman D, Boyatzis R. Emotional intelligence has 12 elements. Which do you need to work on. *Harv Bus Rev* 2017;Feb 06:1-5.
- 12 Carsten MK, Uhl-Bien M, West BJ, et al. Exploring social constructions of followership: A qualitative study. *Leadersh Q* 2010;21:543-62.
- 13 Moran G. 5 Ways Being A Good Follower Makes You A Better Leader. Fast Company 30 April 2014. <https://www.fastcompany.com/3029840/5-ways-being-a-good-follower-makes-you-a-better-leader> (accessed Jun 2019)
- 14 Tee EY, Paulsen N, Ashkanasy NM. Revisiting followership through a social identity perspective: The role of collective follower emotion and action. *Leadersh Q* 2013;24:902-18.
- 15 Sinek S, Mead D, Docker P. Find your why: A practical guide for discovering purpose for you and your team. New York: Penguin, 2017.
- 16 Zaleznik A. The dynamics of subordination. *Harv Bus Rev* 1965;43:119-31.
- 17 Kelley RE. In praise of followers. *Harv Bus Rev* 1988;88:142-48.
- 18 Chaleff I. The courageous follower: Standing up to & for our leaders, 3e. San Francisco, CA Berrett-Koehler Publishers Inc, 1995.

- 19 Kellerman B. Followership: How followers are creating change and changing leaders. Boston, MA: Harvard Business School Press, 2008.
- 20 Rosenbach WE, Pittman TS, Potter EH. What Makes a Follower? In: Rosenbach WE, Taylor RL, Youndt MA, eds Contemporary issues in leadership. New York NY: Routledge 2018:77-87.
- 21 de Zulueta PC. Developing compassionate leadership in health care: an integrative review. *J Healthc Leadersh* 2016;8:1-10.
- 22 West M, Eckert R, Collins B, Chowla R. Caring to change: how compassionate leadership can stimulate innovation in health care. London: The King's Fund, 2017 May. <https://www.kingsfund.org.uk/publications/caring-change> (accessed Sept 2019)
- 23 West MA, Eckert R, Steward K, Pasmore WA. Developing collective leadership for health care. London: The King's Fund, 2014 May. <https://www.kingsfund.org.uk/publications/developing-collective-leadership-health-care> (accessed 10 Jun 2017)
- 24 Chreim S, MacNaughton K. Distributed leadership in health care teams: Constellation role distribution and leadership practices. *Health Care Manage Rev* 2016;41:200-12.
- 25 Uhl-Bien M. Relational leadership theory: Exploring the social processes of leadership and organizing. In: Werhane P, Painter-Morland M, eds. Leadership, gender, and organization. Dordrecht: Springer, 2011:75-108.
- 26 Bass BM, Riggio RE. Transformational leadership, 2e. New Jersey: Lawrence Erlbaum Associates, 2006.
- 27 Obolensky N. Complex adaptive leadership: Embracing paradox and uncertainty. Farnham, UK: Gower Applied Research, Ashgate Publishing, 2010.
- 28 DeRue DS. Adaptive leadership theory: Leading and following as a complex adaptive process. *Res Organ Behav* 2011;31:125-50.
- 29 Heifetz RA, Grashow A, Linsky M. The practice of adaptive leadership: Tools and tactics for changing your organization and the world. Boston, MA: Harvard Business Press, 2009.
- 30 Hollander EP. Inclusive leadership. New York: Taylor & Francis, 2012.
- 31 Cardiff S, McCormack B, McCance T. Person-centred leadership: A relational approach to leadership derived through action research. *J Clin Nurs* 2018;27:3056–3069.
- 32 Greenleaf RK. Servant leadership: A journey into the nature of legitimate power and greatness. New Jersey: Paulist Press, 2002.

33 Deery R, Fisher P. Professionalism and person-centredness: developing a practice-based approach to leadership within NHS maternity services in the UK. *Health Sociol Rev* 2017;26:143-59.

34 Ho A, Pinney S. Redefining ethical leadership in a 21st-century healthcare system. *Healthc Manage Forum* 2016;29:39-42.

35 Chervenak FA, McCullough LB. The moral foundation of medical leadership: the professional virtues of the physician as fiduciary of the patient. *Am J Obstet Gynecol* 2001;184:875-80.

FIGURES

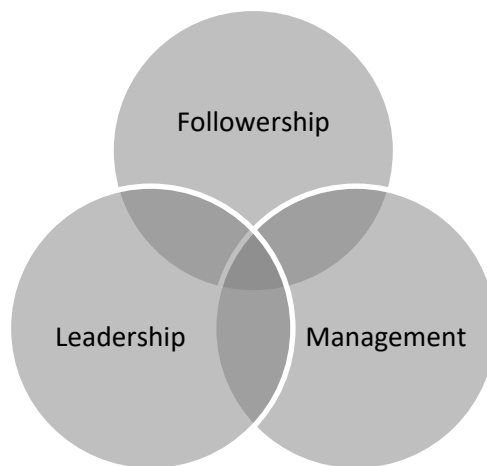


Figure 1: The 'leadership triad'