Followership of Nurses in Saudi Arabia: A Mixed Methods Study

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To My Wife: Sultanah

Thank you for everything

Table of Contents

List of Tables

The Scoping Review

The Quantitative Study

The Integration

List of Figures

The Scoping Review

The Quantitative Study

The Qualitative Study

The Integration

Abstract

Introduction: This thesis presents a mixed-methods study of a sequential explanatory design aimed at exploring the current state of followership research in relation to health care clinicians, with a particular focus on understanding followership among nurses in the context of Saudi Arabia. Recognising the critical but often overlooked role of followership in the healthcare sector, this research explores the various dimensions, styles, impacts, and perceptions of followership.

Scoping Review: The study begins with a scoping review to identify and map the existing body of research on followership in healthcare. The review examines studies across a range of methodologies, including quantitative, qualitative, and mixed methods, as well as systematic reviews and meta-analyses. This phase sets the stage for understanding the current state of followership research, identifying gaps, and establishing a context for the subsequent phases.

Quantitative Phase: The quantitative section of the study focuses on nurses in Saudi Arabia. It aims to explore the prevalent followership styles among nurses and how these styles correlate with their sociodemographic profiles. This phase employs a cross-sectional design and the Kelley followership questionnaire-revised, providing valuable statistical insights into the nature and distribution of followership styles within this specific demographic.

Qualitative Phase: Complementing the quantitative analysis, the qualitative phase delves into the personal perceptions and experiences of nurses regarding followership in Saudi Arabia. Through semi-structured interviews with seven registered nurses, this phase uncovers themes related to the understanding of followership, involvement in decision-making, and the barriers and facilitators to effective followership. This in-depth exploration offers a nuanced view of how followership is perceived and enacted in the healthcare setting.

Integration Phase: The final phase of the study integrates the findings from the scoping review, quantitative, and qualitative research. Using a sequential explanatory mixed methods approach and a joint display analysis, this phase synthesizes the data to draw comprehensive conclusions. The integration phase offers a holistic view of followership among healthcare clinicians, particularly nurses in Saudi Arabia, identifying key themes and implications.

Conclusions and Implications: The research reveals that while followership is a crucial element in healthcare, it remains under-researched and often misunderstood. The study highlights the importance of effective followership in improving clinical team performance and patient safety. It also identifies the need for more research in areas such as the impact of followership on clinical practice and the development of practical followership interventions. Recommendations include the integration of followership concepts into healthcare education and training, and the promotion of environments that value and enhance followership skills. This thesis contributes to the understanding of followership in healthcare and provides a foundation for future research in this critical area.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint award of this degree.

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Date: 22/ 11/ 2023

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CHAPTER 1: INTRODUCTION

The concept of followership, although critical to organisational success, has often been overshadowed by the more prominent focus on leadership, especially in the healthcare sector (Everett, 2016; Stanley, 2016; Uhl-Bien, Riggio, Lowe, & Carsten, 2014). Kelley's (1992) seminal work has been instrumental in shifting this focus, emphasising the importance of understanding the dynamics of followership. This chapter aims to explore the nuances of followership, its theoretical foundations, significance in healthcare and nursing, and the particular relevance within the Saudi Arabian healthcare context.

1.1 Emergence of Followership as a Field of Study

The evolution of followership into a distinct field of study marks a significant shift in the landscape of organisational research. Historically, the focus was predominantly on leadership, but the emergence of followership acknowledges the vital role of followers in the dynamics of leadership and organisational success (Collinson, 2006; Crossman & Crossman, 2011).

At the heart of this transition is Robert Kelley's seminal work "In Praise of Followers" (Kelley, 1988). Kelley challenged the prevailing leader-centric models in organisational studies, advocating for the recognition of followers as active and dynamic contributors to leadership processes (Kelley, 1988).

This shift in perspective, influenced by Kelley, led to the concept of 'active followership'. This approach emphasizes the agency of followers and their significant impact on leaders and organisational outcomes, a stark contrast to the previously passive portrayal of followership (Uhl-Bien et al., 2014).

Kelley's influence extends to the study of the relational dynamics between leaders and followers. Moving away from traditional hierarchical models, this approach focuses on collaborative and participative frameworks, highlighting the mutual influence and interdependence between leaders and followers (Carsten et al., 2010). Furthermore, Kelley's ideas have been instrumental in redefining leadership and management education, advocating for a more balanced approach that recognises the importance of developing both leadership and followership skills. This holistic approach seeks to prepare individuals for the dynamic and interconnected roles they will play within organisations (Bjugstad et al., 2006).

In conclusion, the emergence of followership as a field of study, significantly shaped by Kelley's "In Praise of Followers" (Kelley, 1988), represents an important paradigm shift in organisational research. It offers new insights into the complexities of leadership, underscoring the critical role of all members within an organisation (Kelley, 1992).

1.2 Conceptualising Followership

In the realm of organisational dynamics, the concept of followership is as pivotal as that of leadership. Followership, at its core, represents the behaviours, attitudes, characteristics and actions of individuals who are in roles typically classified as subordinate to those in leadership positions (Weber, Bunin, & Hartzell, 2022). This concept transcends the passive connotation often associated with being a follower and underscores the active, critical role that followers play in the success of a group or organisation sector (Kelley, 1992; Everett, 2016; Stanley, 2016; Uhl-Bien et al., 2014).

The essence of effective followership lies in a delicate balance of independence and collaboration (Kelley, 1992; Everett, 2016). Followers who exhibit this balance are not mere subordinates; they are proactive, engaged, and critical thinkers. They offer constructive feedback, are adaptable to change, and can work autonomously while still aligning with the overarching goals and vision of the organisation. This autonomous yet collaborative approach empowers both the individual and the organisation, fostering a culture of mutual respect and shared responsibility.

Moreover, the relationship between a leader and followers is not unidirectional; it is reciprocal (Kelley, 1992; Everett, 2016; Stanley, 2016; Uhl-Bien et al., 2014). Leaders depend on followers for support, implementation of vision, and honest feedback. In turn, effective followers rely on leaders for direction, inspiration, and an environment conducive to personal and professional growth (Kelley, 1992; Everett, 2016; Stanley, 2016; Uhl-Bien et al., 2014). This symbiotic relationship underlines the importance of recognising and nurturing the qualities of good followership within an organisation.

In recent years, the concept of followership has gained significant attention, challenging the traditional leadership-centric view of organisational management positions (Weber, Bunin, & Hartzell, 2022). By embracing followership, organisations can tap into the potential of their workforce, creating a more dynamic, innovative, and resilient environment. This shift in perspective acknowledges that every member of an organisation, regardless of their position, has a vital role to play in its success.

In conclusion, the conceptualisation of followership is integral to understanding and harnessing the full spectrum of human dynamics within an organisation. It encourages a more inclusive and holistic approach to management, where the value and potential of every individual are recognised and nurtured. (Crossman & Crossman, 2011; Benson, Hardy, & Eys, 2016).

1.3 Theoretical Foundations and Models

The concept of followership has been shaped and enriched by various theoretical models, with Kelley's (1992) model being particularly influential in defining and categorizing followership styles. This model provides a nuanced understanding of the roles and behaviours of followers in organisational settings, including healthcare.

Kelley's Followership Model: Robert Kelley's followership model categorises followers into five distinct styles based on two key dimensions: the level of engagement and the type of critical thinking. These styles are:

1. **Exemplary Followers:** Characterised by high levels of engagement and independent critical thinking. Exemplary followers are proactive, innovative, and capable of working well both independently and as team members. They are often seen as the ideal type of follower due to their ability to support leaders effectively while also challenging them constructively when necessary.
2. **Alienated Followers:** These followers exhibit critical thinking but lack engagement. They may be skeptical or cynical and can challenge leaders but often do so from a position of disengagement or negativity, which can hinder team cohesion and effectiveness.
3. **Pragmatist Followers:** Pragmatists maintain a balance between engagement and critical thinking. They are not overly critical but also not fully committed. Pragmatists often adapt to the prevailing group norm and can be seen as cautious and flexible, yet sometimes indecisive.
4. **Conformist Followers:** Highly engaged but lacking in critical thinking, conformists are typically very loyal to their leaders and the organisation. However, their lack of critical thinking can lead to a blind adherence to directives, potentially overlooking ethical considerations or innovative opportunities.

5. **Passive Followers:** Displaying low levels of both engagement and critical thinking, passive followers typically require constant supervision and guidance. They do not contribute proactively to the organisation and often need external motivation to perform their duties (Kelley, 1992).

Chaleff's Concept of Courageous Followership: Chaleff (2009) introduced the concept of courageous followership, emphasising the followers' role in standing up to and for leaders. Courageous followership involves a balance of support and challenge to leadership, promoting ethical practices and effective decision-making within organisations. This concept is particularly relevant in healthcare, where ethical considerations and patient safety are paramount.

Kellerman's Categorisation Based on Engagement Levels: Kellerman (2008) categorises followers primarily based on their levels of engagement. This model underscores the varying degrees of involvement by followers in organisational activities, ranging from passive to highly active. Kellerman's model provides insights into how different engagement levels can impact organisational dynamics and effectiveness.

These models collectively offer a comprehensive framework for understanding followership. In healthcare, where team dynamics and patient outcomes are closely intertwined, these models provide valuable insights into how different followership styles can influence healthcare delivery and organisational culture. Understanding these various styles of followership can help healthcare leaders and managers foster a more effective and cohesive work environment, encouraging followers to contribute actively and constructively to the organisation's goals.

1.4 Followership in Healthcare and Patient Safety

The concept of followership in healthcare is pivotal, as it underscores the symbiotic relationship between leaders and followers, with both roles being fluid and interchangeable depending on the context and needs of the situation (Everett, 2016; Stanley, 2016). Followership, as delineated in the literature, involves active engagement, critical thinking, and the courage to speak up and contribute to decision-making processes, which are essential for patient safety and quality care (Kelley, 1992; Carsten et al., 2010).

In healthcare settings, the quality of followership directly impacts patient safety outcomes. For instance, effective followership behaviours such as assertiveness, situational awareness, and the willingness to challenge decisions when necessary, contribute to a culture of safety and encourage the reporting of near misses and adverse events (Sculli et al., 2015; Green et al., 2017). These behaviours are crucial in environments where the hierarchical nature of healthcare teams can often deter open communication and hinder the early identification of potential safety risks (Bould et al., 2015; Kean et al., 2011).

The literature also suggests that fostering a culture of effective followership within healthcare teams can lead to improved teamwork, communication, and ultimately, patient outcomes (Leung et al., 2018; Spriggs, 2016). For example, studies have shown that healthcare professionals who exhibit strong followership skills are better equipped to work collaboratively, adapt to changing situations, and provide high-quality care (Hay-David. et al, 2020; Benson et al., 2016). Furthermore, the significance of followership extends beyond individual interactions and has systemic implications for healthcare organisations. Effective followership contributes to the development of a learning culture where continuous improvement, innovation, and resilience are valued and promoted (Eriksson, 2018; Stewart, 2019). This culture is crucial for addressing the complex, dynamic challenges facing healthcare systems today, including those related to patient safety.

The impact of followership on patient safety is a multifaceted concern within healthcare, where the dynamics of speaking up and engaging critically are particularly pivotal. Healthcare professionals' capacity and readiness to raise concerns about potential safety issues are indispensable for error prevention and care quality enhancement (McKimm and Vogan, 2020; Whitlock, 2013). Effective followership contributes to patient safety through various mechanisms, including active engagement, critical thinking, the promotion of a safety culture, and the empowerment to challenge unsafe practices. For instance, Sculli et al. (2015) highlight the importance of active engagement in resolving clinical conflicts and fostering teamwork, crucial for maintaining a high standard of patient care and safety. This proactive involvement ensures adherence to safety measures and swift identification and correction of deviations from standard protocols. Critical thinking in followership significantly affects patient safety by enabling healthcare professionals to assess situations effectively, make informed decisions,

and offer constructive feedback. Carsten et al. (2010) show how followership behaviours contribute to a positive organisational culture that supports patient safety and care quality, underscoring the role of critical thinking in these processes. Moreover, the promotion of a safety culture is an essential aspect of effective followership. Followers play a key role in creating and sustaining an environment where patient safety is a priority, and reporting errors or near misses is encouraged. Kelley's work on followership accentuates the influence of followers in shaping organisational culture and practices, thereby reinforcing the connection between exemplary followership behaviours and the promotion of patient safety (McKimm and Vogan, 2020; Whitlock, 2013). Empowerment to challenge unsafe practices represents a direct way in which followership contributes to patient safety. Followers who feel empowered to express concerns about potential safety issues play a crucial role in error prevention and adverse event mitigation (Whitlock, 2013). This aspect of followership aligns with literature advocating for a flattened hierarchy in healthcare teams, enabling all members to comfortably voice concerns and suggestions. Green et al. (2017) discuss the importance of challenging hierarchies to enhance teamwork and patient care, highlighting empowered followers as key to identifying and mitigating safety risks. The literature also addresses the consequences of silence and the structural absence of feedback mechanisms within healthcare teams, as highlighted by Sculli et al. (2015) and Schwappach and Gehring (2014). These studies underscore how non-communication of safety concerns can significantly endanger patient well-being. Furthermore, the reluctance to challenge senior decisions, as illustrated by Bould et al. (2015), and Moneypenny et al. (2013), exemplifies how hierarchical dynamics can inhibit essential followership behaviours like speaking up and critical thinking, directly affecting patient safety.

In summary, the literature provides a comprehensive view of the complex interplay between individual behaviours, organisational culture, and structural mechanisms in followership. It vividly demonstrates how effective followership - characterised by active engagement, critical thinking, and the empowerment to challenge unsafe decisions - can significantly improve patient safety. This underscores the profound impact of followership on healthcare delivery, where individual healthcare professionals' behaviours, within the broader organisational context, play a critical role in preventing medical errors and enhancing care quality.

1.5 Followership in Nursing

Nursing, as an integral component of healthcare delivery, demands not just clinical expertise but also effective followership (Lopez, & Freeman, 2018). The role of nurses as followers is multifaceted, influencing not only patient care but also the broader dynamics of healthcare teams and the overall effectiveness of healthcare organisations.

Nurses, in their followership roles, significantly impact patient care. Their ability to effectively follow and implement care plans, while simultaneously applying critical thinking and clinical judgment, is crucial. This balance ensures that patient care is both aligned with prescribed treatments and responsive to the changing needs of patients. Effective followership in nursing means advocating for patient needs, engaging in shared decision-making with other healthcare professionals, and contributing to a patient-centred approach in healthcare delivery (Abdel Malak, 2016; Freeman, 2020).

The followership behaviours of nurses are essential in shaping team dynamics. Nurses often work in multidisciplinary teams, where their role as followers involves not only supporting the team leader, typically a physician, but also collaborating with other healthcare professionals. Effective followership here includes open communication, the ability to provide and receive constructive feedback, and the readiness to collaborate and adapt within the team. This collaborative approach is vital for fostering a positive team environment, enhancing team cohesion, and improving the overall quality of care (Lee & Jung, 2013; Sculli et al., 2015).

Nurses' followership behaviours extend to influencing the overall effectiveness of healthcare organisations. Effective followership contributes to a culture of safety, quality, and ethical practice. Nurses who demonstrate strong followership qualities such as responsibility, integrity, and initiative contribute to organisational success by not only adhering to but also improving upon established protocols and procedures. This proactive approach in followership is linked to improved organisational outcomes, including enhanced patient care quality and safety (Crawford & Daniels, 2014).

Followership in nursing also has a significant impact on nurses' professional well-being. Effective followership is associated with increased self-efficacy (Sculli et al., 2015), reduced burnout (Crawford & Daniels, 2014), and greater job satisfaction (Gatti, Ghislieri, & Cortese, 2017). When nurses feel empowered as effective followers, they are more likely to experience job fulfillment, maintain a

positive attitude towards their work, and develop a stronger commitment to their roles. This empowerment not only benefits the nurses in their professional growth but also translates into better patient care and a more positive workplace environment (Sculli et al., 2015; Freeman, 2020).

In summary, followership in nursing is a critical component that influences various aspects of healthcare delivery, including patient care, team dynamics, organisational effectiveness, and professional well-being. Recognising and nurturing these followership qualities in nursing can lead to enhanced healthcare delivery, improved patient outcomes, and a more resilient healthcare workforce.

1.6 Cultural Context: Saudi Arabia

The cultural and organisational context of Saudi Arabia provides a unique landscape for exploring followership in healthcare. Rooted in Islamic values and tribal traditions, the Saudi Arabian culture profoundly influences the dynamics of workplace relationships, leadership styles, and followership behaviours within its healthcare system (Almalki, FitzGerald, & Clark, 2011; Algarni et al, 2018).

Islamic values, which emphasise respect for authority and collective well-being, play a significant role in shaping professional interactions in Saudi Arabia (Almalki, FitzGerald, & Clark, 2011) . These values encourage a form of followership that is respectful, compliant, and oriented towards maintaining harmony and cohesion within the group. Tribal traditions, with their emphasis on loyalty and respect for elders and leaders, further reinforce these tendencies, creating an environment where followers are often expected to show deference and adherence to those in leadership positions (Algarni et al, 2018; Almalki, FitzGerald, & Clark, 2011).

The concept of power distance, which refers to the degree to which less powerful members of organisations accept and expect power to be distributed unequally (Schuder, 2016), is particularly relevant in the Saudi context. In Saudi healthcare settings, this is reflected in a hierarchical structure where decisions and directives predominantly flow from the top down. In this context, followers typically demonstrate respect for authority by aligning closely with leadership directives, with minimal participation in decision-making processes. This structure can impact the nature of followership, potentially limiting the extent to which nurses and other healthcare professionals feel empowered to voice opinions, suggest changes, or challenge decisions (Alsufyani et al., 2020).

Collectivism, another key aspect of Saudi culture, emphasises the group over the individual. In healthcare, this can foster a sense of team solidarity and a focus on collective goals (Algarni et al, 2018; Almalki, FitzGerald, & Clark, 2011). However, it may also lead to a form of followership where individual initiative and critical thinking are not as pronounced, as maintaining group harmony and consensus becomes a priority (Hofstede, Hofstede, Minkov, 2010; Can, & Aktaş, 2012; Schuder, 2016). In nursing, this might manifest in a tendency to conform to group norms and a reluctance to stand out or challenge the status quo, even when such challenges could lead to improved patient care or team efficiency (Alsufyani et al., 2020).

In the context of nursing, these cultural characteristics influence how nurses interact with other healthcare professionals, including doctors and administrative leaders. The high power distance may hinder open communication and limit nurses' involvement in decision-making processes, potentially impacting patient care (Hofstede, Hofstede, Minkov, 2010; Can, & Aktaş, 2012; Schuder, 2016). Conversely, the collectivist orientation can strengthen team bonds and foster collaborative working environments, though it may also suppress individual voices and innovation (Schuder, 2016).

Consequently, comprehending the intricacies of followership within the unique cultural context of Saudi Arabia is essential for fostering more effective team dynamics in the nation’s healthcare organisations. This understanding is particularly vital given the distinct interplay of traditional values and modern organisational practices in Saudi Arabia, which significantly influences how followership is expressed and perceived in professional settings, especially in critical sectors like healthcare.

While the concept of followership has been explored in various organisational contexts, there is a notable gap in research specifically focused on healthcare settings, particularly in Saudi Arabia. This study aims to explore the current state of followership research in relation to health care clinicians, with a particular focus on understanding followership among nurses in the context of Saudi Arabia. Addressing this gap is essential not only for academic purposes but also for practical implications in healthcare management and policy-making.

1.7 Purpose and Objectives of the Study

The aim of this study is to explore the current state of followership research in relation to health care clinicians, with a particular focus on understanding followership among nurses in the context of Saudi

Arabia, combining various research methods to capture the multifaceted nature of followership. This integrative approach ensures a comprehensive understanding of followership, surpassing the insights achievable through single-method approaches. The purpose of the current study is summarised in the following four main objectives:

(1) Exploring followership among health care clinicians: The study's initial objective is to develop a fundamental and general understanding of followership among professionals from all healthcare disciplines. This broad comprehension will serve as a crucial springboard, establishing the foundation and contextual and theoretical frameworks necessary for achieving the remaining objectives of the study.

(2) Exploring followership styles of nurses in Saudi Arabia: After establishing a foundational understanding, the study aimed to explore the followership styles exhibited by nurses in Saudi Arabia and how they correlate with the socio-demographic characteristics of nurses.

(3) Exploring nurses' perceptions of followership in the context of Saudi Arabia: The third objective of this study focused on investigating nurses' own perceptions of followership. What did followership mean to them? How did they interpret and internalise this concept in their professional routines? More crucially, this objective assessed any potential barriers or challenges that nurses may encounter when attempting to engage in effective followership practices.

(4) Integration of all research components: The ultimate objective was to synthesize and merge the components of all research conducted on followership during the entire PhD period. This process aimed to highlight the most valid and pertinent findings, providing valuable insights for policymakers and leaders. These insights can be used to plan future interventions, with the goal of enhancing the followership-leadership dynamic within the Saudi Arabian context, ultimately leading to improved patient care outcomes.

In pursuing these interconnected objectives, this research aims to explore the current state of followership research in relation to health care clinicians, with a particular focus on understanding followership among nurses in the context of Saudi Arabia.

1.8 Significance

Saudi Arabia, with its unique cultural, social, and professional ecosystem, presents a backdrop where understanding followership could be pivotal. The rapid transformation of the healthcare sector, driven by Saudi Arabia's Vision 2030, demands more synergistic collaboration between leaders and followers (AL-Dossary, 2018). By understanding and appreciating the roles and contributions of nurses as followers, healthcare institutions can foster a symbiotic relationship between leadership and followership. Such harmony, grounded in mutual respect and understanding, could significantly elevate patient care standards, boost morale among healthcare professionals, and align with Saudi Arabia's broader Vision 2030 objectives for the healthcare sector. Exploring followership among nurses in Saudi Arabia has the potential to reshape many aspects of the nation's healthcare sector including:

- *Policy Development:* Insights could guide healthcare policymakers in Saudi Arabia to create guidelines that foster a supportive environment where both leaders and followers can thrive.
- *Education & Training:* Tailored educational and training programs can be developed to nurture followership skills among nurses, ensuring a cohesive work environment.
- *Patient Care:* Enhancing the synergy between leadership and followership in the nursing realm can directly impact the quality of patient care, as a well-integrated team is more likely to provide optimal care.

1.9 Research Framework: Sequential Explanatory Mixed Methods Design

This research employed a sequential explanatory mixed method design to explore the current state of followership research in relation to health care clinicians, with a particular focus on understanding followership among nurses in the context of Saudi Arabia, combining various research methods to capture the multifaceted nature of followership. The study, aligned with its aim and objectives, was structured into four distinct yet interconnected research elements. Each contributed to a layered understanding of followership dynamics within healthcare settings.

Element 1: Scoping Review served as the foundational phase, where a systematic review of the literature was conducted to map out the existing knowledge on followership among healthcare clinicians. This review not only identified key themes and gaps in the literature but also informed the

subsequent quantitative and qualitative phases by highlighting areas requiring empirical exploration and theoretical development.

Element 2: Quantitative Study investigated the followership styles of nurses in Saudi Arabia, examining how these styles were associated with various socio-demographic factors. Utilizing a structured survey, this phase quantitatively assessed the prevalence and distribution of different followership styles among nurses, providing statistical insights into the influence of socio-demographic variables on followership behaviors.

Element 3: Qualitative Inquiry delved into the personal perceptions and enactments of followership by nurses in Saudi Arabia. Through semi-structured interviews, this phase captured the qualitative nuances of followership, exploring nurses' perceptions of their roles as followers, the impact of cultural and organizational contexts on their followership behaviors, and the implications for clinical practice and teamwork.

Element 4: Integration Study synthesized the findings from the scoping review, quantitative study, and qualitative inquiry. This phase integrated and interpreted the collected data, employing a joint display analysis to achieve a nuanced and comprehensive understanding of followership in healthcare clinicians, with a particular focus on nurses in Saudi Arabia. The integration study aimed to draw substantive conclusions and offer recommendations for practice, policy, and future research, based on the combined insights from the preceding research elements.

By adopting a sequential explanatory mixed method design, this research facilitated a multi-dimensional exploration of followership in healthcare. The approach enabled a layered understanding of this complex phenomenon through the integration of systematic literature source, quantitative analysis, and qualitative inquiry. Examining followership from both empirical and theoretical perspectives, the study provided some new insights and contributions to the body of knowledge on healthcare followership, particularly highlighting the role and experiences of followership among nurses in the Saudi Arabian context.

1.10 Thesis by Publication

This thesis adheres to the format of a thesis by publication (TBP). As highlighted by Mason, Merga, and Morris (2020), TBP presents an appealing approach to structuring doctoral research,

offering certain advantages for candidates. This method involves constructing a thesis by assembling a series of research papers or articles, each subjected to peer review and publication in reputable journals or presentation at academic conferences (Merga, Mason, & Morris, 2020a). These publications are linked by an introductory and concluding framework that provides context and synthesis for the collective significance of the research papers (Merga, Mason, & Morris, 2020b).

One of the primary advantages of the TBP format is its potential efficiency in disseminating research findings (Mason, Merga, & Morris, 2020). Through the periodic publication of individual papers during the research process, doctoral candidates can share their work with the academic community, potentially receiving valuable feedback and participating in scholarly discussions (Merga, Mason, & Morris, 2019). Furthermore, this approach can enhance the visibility of a doctoral candidate's research as each published paper contributes to their academic profile (Mason, Merga, & Morris, 2020). Additionally, the format encourages a thorough peer review process, ensuring that the research meets rigorous academic standards (Merga, Mason, & Morris, 2020). This iterative process also encourages researchers to refine their work over time and address any shortcomings or gaps in their studies (Mason, Merga, & Morris, 2020).

As previously outlined, the current thesis encompasses four primary research objectives. Each of these objectives is associated with an individual paper, either published in peer review journals or submitted for publication. This approach highlights the applicability of the TBP framework to this research project, emphasizing its suitability and effectiveness.

1.11 Thesis Structure

Chapter 1: Introduction - This chapter introduces the research topic, providing a background and highlighting the identified research gap. It also sets out the study's purpose, significance, framework, and provides an outline of the entire thesis structure.

Chapter 2: Methodology - This chapter elaborates on the methodologies specific to mixed-methods research employed in this study.

Chapter 3: The Scoping Review - In this chapter, the thesis presents the published scoping review, which examined the topic of followership among healthcare clinicians in a broader context, in line with Objective 1.

Chapter 4: The Quantitative Phase - In this chapter, the thesis includes the published cross-sectional study, which explored the various followership styles among nurses in Saudi Arabia, aligning with Objective 2.

Chapter 5: The Qualitative Phase - Within this chapter, the thesis incorporates the complete manuscript submitted for publication, exploring nurses' perceptions of followership within Saudi Arabian hospitals, addressing Objective 3.

Chapter 6: Integration - In this chapter, the thesis merges the diverse research components into a manuscript that is also in the process of publication. It synthesizes the results from the scoping review, quantitative study, and qualitative study into an integrated mixed-methods study, effectively fulfilling Objective 4.

Chapter 7: Conclusion - As the concluding chapter, it offers a succinct summary of the study, putting forth recommendations and underscoring potential areas for future research based on the findings from all research components.

CHAPTER 2: METHODOLOGY

2.1 Introduction to Mixed Methods Research

Mixed methods research (MMR) is a valuable approach for studying complex and unexplored phenomena in the field of healthcare (Bryman, 2006; Creswell, & Creswell, 2018; Creswell, & Plano Clark, 2018; Ivankova, Creswell, & Stick, 2006; Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009; Plano Clark, Garrett, & Leslie-Pelecky, 2010; Fetters, Curry, & Creswell, 2013). Mixed methods research is a research paradigm that systematically combines or integrates both qualitative and quantitative data, methods, methodologies, and paradigms in a single study or a series of studies to provide a deeper understanding of a research problem (Bryman, 2006; Creswell, & Creswell, 2018; Creswell, & Plano Clark, 2018; Ivankova, Creswell, & Stick, 2006; Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009; Plano Clark, Garrett, & Leslie-Pelecky, 2010; Fetters, Curry, & Creswell, 2013). By synthesizing these two paradigms, researchers aim to enhance the validity, reliability, and overall richness of their findings. One of the core principles of MMR is the integration of multiple forms of data, which is not just a mere combination but a complete integration in design, methodologies, data collection, and interpretation. The decision to employ mixed methods arises from the recognition that certain research questions necessitate a multifaceted investigation (Creswell & Plano Clark, 2017; Johnson & Onwuegbuzie, 2004; Teddlie, & Tashakkori, 2009; Plano Clark, Garrett, & Leslie-Pelecky, 2010).

2.2 Mixed Methods Research and Pragmatism

The synergy between MMR and pragmatism is grounded in the pursuit of actionable, meaningful, and comprehensive knowledge (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009). At its core, pragmatism does not rigidly align itself with singular ontological or epistemological positions. Instead, it leans towards what works best in a given context, aligning with the practical consequences of research (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009). Such an orientation naturally complements the essence of MMR, which draws from both qualitative and quantitative traditions, valuing the strengths of each

to enhance overall understanding (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009).

Pragmatism challenges the traditional dichotomies often seen in research, such as subjective-objective or qualitative-quantitative, and posits that researchers can move fluidly between these paradigms to produce findings that are both robust and relevant (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009). Mixed methods research embodies this pragmatic flexibility. By weaving together the generalizability of quantitative research with the context-specific depth of qualitative insights, mixed methods aim to provide a more holistic portrayal of the phenomenon under study, enhancing both its validity and practical utility (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009).

Furthermore, pragmatism acknowledges that different research questions require different methodological tools (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009). A researcher who adopts a pragmatic mixed-methods approach tailors their approach based on the research question, the context, and the desired outcomes (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009). This methodological pluralism ensures that the researcher is not confined by paradigmatic boundaries but is empowered to utilise diverse methods to generate findings that are both practical and contextually relevant. In sum, MMR and pragmatism prioritize the needs of the research question and the practical implications of the findings, ensuring that research does not just contribute to theoretical discourse but also holds tangible value in real-world applications (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009).

2.3 Types of Mixed Methods Research

Mixed methods research employs a variety of designs. Each of these designs offers unique advantages and can be tailored to meet the demands of different research questions, contexts, and objectives. The choice of design should align with the goals of the study and the nature of the phenomenon being investigated (Creswell & Plano Clark, 2017). Below is a brief overview of some common MMR designs.

2.3.1 Exploratory Design

Description: The process starts with qualitative data collection and analysis, followed by a quantitative phase. The initial qualitative phase informs the development or adaptation of instruments or surveys used in the quantitative phase.

Application: Beneficial when studying a new topic or when there's a lack of suitable quantitative instruments for a specific population or context. (Creswell & Plano Clark, 2017).

2.3.2 Explanatory Design

Description: Researchers first collect and analyze quantitative data. Based on these findings, they collect qualitative data in the second phase to help explain or elaborate on the quantitative results.

Application: Commonly used when initial quantitative results require deeper exploration or when unexpected results arise. (Creswell & Plano Clark, 2017).

2.3.3 Convergent Design (Parallel / Concurrent Design)

Description: In this design, researchers collect both quantitative and qualitative data separately but simultaneously. After data collection, they compare or relate the two types of data to draw insights.

Application: Useful when researchers want to validate or corroborate findings across data types (Creswell & Plano Clark, 2017).

2.3.4 Embedded Design

Description: Within a larger quantitative or qualitative study, a smaller strand of the opposite type (quantitative or qualitative) is embedded. The secondary data set provides a supportive, supplementary role to the primary approach.

Application: Useful when a detailed aspect of a study requires an alternative method for deeper comprehension (Creswell & Plano Clark, 2017).

2.3.5 Transformative Mixed Methods Design

Description: This design integrates a theoretical or conceptual framework (like feminist or critical race theory) into a mixed methods study. The framework guides the entire research process.

Application: Particularly valuable when addressing issues related to power, justice, discrimination, or other societal concerns (Creswell & Plano Clark, 2017).

2.3.6 Multiphase Design

Description: This is a complex, longitudinal design where several projects (either quantitative or qualitative or both) are connected in multiple phases. It's essentially a series of smaller studies that contribute to an overarching understanding.

Application: Often applied in large-scale projects or long-term program evaluations where various stages of research are required (Creswell & Plano Clark, 2017).

2.3.7 Employed Design

The sequential explanatory mixed methods design was selected as it best aligns with the objectives of our study.This design enabled us to first conduct the quantitative phase, assessing the prevalence and distribution of different followership styles among nurses in Saudi Arabia. It provided statistical insights into how socio-demographic variables influence followership behaviors. Additionally, along with the findings from the scoping review, it allowed us to prepare an interview protocol for the subsequent qualitative phase.

2.4 Integration in mixed methods research

Integration in mixed methods research has been a growing area of interest, and numerous scholars have contributed to the development of various strategies, techniques, and approaches for integration. As previously mentioned, integration in MMR is grounded in a pragmatic philosophy, which focuses on the research question rather than the methodological purity, allowing flexibility in answering the research question through various methods (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009; Bryman, 2006). However, it requires a deliberate alignment of paradigms, methodologies, and research objectives to achieve a true integration that provides a comprehensive insight into the research phenomena.

Integration in MMR has historically involved the combination of research components of both qualitative and quantitative natures (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009; Bryman, 2006). This dual approach was founded on the premise that different types of data can provide complementary insights into a research problem. By combining both, researchers hoped to achieve a deeper, more comprehensive understanding of the issues at hand. Recently, however, the landscape of MMR has been evolving. Contemporary MMR methodologists are

advocating for a broader, more inclusive approach to integration (Johnson, & Onwuegbuzie, 2004; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009; Bryman, 2006). Among these new developments is the incorporation of systematic literature sources into the traditional qualitative and quantitative research framework (Cooper, Brennan, Leslie, & Brown, 2023). Cooper et al. (2023) underscored the significance of integrating literature sources, such as scoping reviews, integrative reviews, systematic reviews, meta-analyses, and concept analyses, into MMR designs. These literature sources offer a wealth of existing knowledge and findings on a particular topic, which can provide context, confirm or contrast with primary data, and enrich the overall research outcomes (Cooper et al., 2023). By embedding such systematic literature reviews, researchers can benefit from a meta-perspective that situates their findings within the broader academic discourse. This not only adds depth and robustness to the MMR but also facilitates a more holistic view of the subject under investigation. as the field of MMR continues to expand and diversify, the integration of systematic literature sources represents a promising avenue for enhancing research depth, breadth, and validity. As Cooper et al. (2023) have pointed out, embracing this evolution could redefine how we approach mixed methods research in the future.

Integration in MMR occur at different levels, including *design, methods, interpretation and reporting* (Creswell & Plano Clark, 2017; Bryman, 2006; Fetters et al., 2013; Johnson & Onwuegbuzie, 2004; Cooper et al., 2023). Below is a brief description of these methodological integration levels.

2.4.1 Integration at the design level

At the design phase of a study, integration can be achieved using one of three fundamental design types (*explanatory, exploratory, and convergent*) or through one of the other advanced mixed-method approaches (*embedded, transformative, and multiple phase*) which were previously mentioned. We used the explanatory design for integration at the design level as outlined earlier.

2.4.2 Integration at the methods level

Integration at this level in MMR involves linking the quantitative, qualitative, and systematic literature (if included in the research scope) components of the study. Below is a brief description of the primary modes of integration at the methods level:

2.4.2.1 Connecting

This approach entails using data from one method to inform the sampling of the other. For instance, after a quantitative survey, specific participants might be chosen for qualitative exploration based on the quantitative outcomes.

2.4.2.2 Building

In this mode, the results from one methodology inform and shape the subsequent data collection strategy. For example, if a quantitative phase unveils unexpected trends, a subsequent qualitative phase can be tailored to delve deeper into those specific findings.

2.4.2.3 Merging

This method involves collecting data from both methodologies independently but then merging them during the analysis phase. By doing so, researchers can discern synergies, contrasts, or patterns that may not be evident when each data set is considered in isolation.

2.4.2.4 Embedding

Here, qualitative and quantitative data collection and analysis methods are interwoven throughout the research process. Rather than being separate phases, they are integrated continuously. This is particularly beneficial in more complex research designs where continuous feedback between the methods is desired.

2.4.2.5 Integration approach employed at the methods level

In our study, which comprised three sequential phases: the scoping review, the quantitative phase, and the qualitative phase, the '*building*' technique was identified as the most effective method of integration at the methods level. This approach allowed each phase to be informed by the findings and insights gained from the previous one.

2.4.3 Integration at the interpretation level

At the interpretation level, integration can be achieved by utilizing one of the following techniques:

2.4.3.1 Joint Displays

Joint displays refer to the use of visual or tabular representations to combine or compare qualitative and quantitative data. This could include the use of scatter plots to correlate

qualitative variables (e.g., themes from interviews) with quantitative variables (e.g., survey scores or statistics). The display of data in a joint display can illuminate connections or contrasts between the data sets, aiding in the synthesis and interpretation of findings.

2.4.3.2 Narrative Integration

Narrative integration involves the weaving of qualitative and quantitative data into a cohesive narrative or descriptive format. Qualitative narratives, such as anecdotes or quotes, can provide illustrative examples or context for quantitative trends, while quantitative data can provide statistical evidence or validation for qualitative observations. This weaving together can create a rich, multifaceted picture of the research subject.

2.4.3.3 Data Transformation

Data transformation involves converting data from one form to another. This can mean translating qualitative observations into numerical values for statistical analysis or assigning qualitative codes or themes to quantitative scores or categories. An example of this might be coding interview responses into numerical values to track the frequency of specific sentiments or categorizing numerical survey responses into broader thematic categories for qualitative analysis.

2.4.2.5 Integration approach employed at the interpretation level

The Joint Display technique was utilized for integration at the interpretation level, allowing for the concurrent visualization and analysis of the three data sets from the scoping review, quantitative study, and qualitative inquiry. This approach proved effective in our study, facilitating a comprehensive understanding of the findings. Further details on this method are provided in Chapter 6.

2.4.4 Integration at the reporting level

Integration at this level focuses on how the findings from both qualitative and quantitative phases, as well as from the systematic literature, are combined, interpreted, and presented.

2.4.4.1 Meta-inference

Meta-inference is the process of drawing overarching conclusions that bridge both qualitative and quantitative findings. This can involve synthesizing the findings from both phases of research into a cohesive interpretation that reflects the complexity and multifaceted

nature of the research subject. Through meta-inference, researchers can generate new insights or theories that are grounded in both the detailed, context-rich insights of qualitative research and the statistical power and generalizability of quantitative research.

2.4.4.2 Validation and Corroboration

Validation and corroboration in MMR refer to the process of using one type of data (qualitative, quantitative, or systematic literature source) to validate, corroborate, or challenge findings from the other type. This can enhance the validity and reliability of the findings by ensuring that they hold true across different methods of data collection and analysis. For example, unexpected quantitative findings might be explored and explained through qualitative interviews, or qualitative findings might be tested and validated through quantitative methods like surveys or experiments.

2.4.2.5 Integration approach employed at the reporting level

In our study, which includes a scoping review, quantitative, and qualitative components, we employed the 'meta-inference' technique as a method of integration at the reporting level. This approach enabled us to compare and examine the three datasets, specifically for confirmation, expansion or explanation, and discordance. It allowed us to uncover new insights and themes from our study that could not be identified when the datasets were presented individually. More details about this technique can be found in Chapter 6.

2.5 Summary of mixed methods research

Mixed methods research offers a robust framework for addressing research questions that require both quantitative rigor and qualitative depth. By integrating different paradigms and employing a pragmatic approach, researchers can enhance the validity and applicability of their findings, contributing to a more holistic understanding of the research problem. However, while integration in MMR provides a richer, more nuanced understanding of the research problem, it also comes with challenges such as contradictions between qualitative and quantitative data, methodological complexities, and difficulties in interpreting combined data. Bryman (2006) pointed out that to overcome these challenges, researchers need careful planning, clear understanding of the underlying paradigms, methodological rigor, and an openness to diverse research traditions.

2.6 Objectives and employed methods

As mentioned, the current research purpose is anchored in four primary objectives, with each utilising a specific study type:

- **Objective 1: Exploring followership among health care clinicians**
    - ***Aim:*** To understand followership among healthcare clinicians in a broad sense.
    - ***Method:*** A systematic scoping review.
    - ***Details:*** Chapter 3 discusses this study's methods and results.
- **Objective 2: Exploring followership Styles of Nurses in Saudi Arabia**
    - ***Aim:*** To explore nurses' followership styles in relation to their demographics.
    - ***Method:*** A quantitative cross-sectional study.
    - ***Details:*** Chapter 4 presents the methods and results of this study.
- **Objective 3: Exploring nurses' perceptions of followership in the context of Saudi Arabia**
    - ***Aim:*** To assess nurses' views on followership within the context of Saudi Arabia.
    - ***Method****:* A qualitative study.
    - ***Details****:* Chapter 5 covers the methods and the findings of this study.
- **Objective 4: Integration of all research components**
    - ***Aim:*** To merge and interpret findings from the three studies for a holistic view.
    - ***Method:*** An explanatory sequential mixed methods study.
    - ***Details****:* Chapter 6 outlines the integration methods used and the final findings of this research.

The upcoming Chapters 3 to 6 will outline each study individually and will also present them collectively as a single mixed methods study in Chapter 6, either in the form of published articles or as unpublished manuscripts.

CHAPTER 3: THE SCOPING REVIEW

Statement of Authorship

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Principal Author

Name of Principal Author (Candidate)	Sulaiman Alanazi
Contribution to the Paper	Collected data, performed analysis, interpreted data, wrote manuscript, and acted as corresponding author.
Overall percentage (%)	70 %
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
Signature	Date 13 / 11 / 2023

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);

ii. permission is granted for the candidate in include the publication in the thesis; and

iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Richard Wiechula
Contribution to the Paper	Supervised development of work, helped in data interpretation, revised, edited & approved manuscript.
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Contribution to the Paper	Co-supervised development of work, helped in data interpretation, revised. edited & approved manuscript.
Signature	Date 13 / 11 / 2023

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Followership in health care clinicians: a scoping review

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ABSTRACT

Objective: The objective of this scoping review was to identify and map the existing literature on the current state of followership research in relation to health care clinicians.

Introduction: Health care clinicians need to be flexible in switching between leader and follower roles, as appropriate, to advance patient care; however, much of the existing research has concentrated on leadership. Effective followership in health care organizations is necessary to enhance clinical team performance in order to improve patient safety and quality of care. This has led to recommendations to increase the amount of research on followership. It is therefore important to synthesize the available evidence on followership to identify what has been studied and to highlight the research gaps in this area.

Inclusion criteria: Studies that involved health care clinicians (eg, physicians, nurses, midwives, allied health professionals) and were focused on the concept of followership (eg, conceptualization of followership, attitudes toward the role of followership) were included in the review. Any clinical health care practice setting where direct patient care is provided was included. The review considered studies with quantitative, qualitative, or mixed methods designs; systematic reviews; and meta-analyses.

Methods: The search was conducted in *JBI Evidence Synthesis*, Cochrane Database of Systematic Reviews, CINAHL, MEDLINE, EPPI, Scopus, ScienceDirect, and Epistemonikos databases. In addition, unpublished or gray literature was searched for in ProQuest Dissertations and Theses Global and Google Scholar. No limits on the date or language were applied to the search. Data were extracted from the papers by 3 independent reviewers, and review findings are presented in tables, figures, and a narrative summary.

Results: A total of 42 papers were included. In articles that researched followership in health care clinicians, 6 categories were identified: followership styles, followership impact, followership experience, followership features, assertive followership, and followership interventions. Several study types were employed to investigate followership among health care clinicians. Descriptive statistics were used to identify clinicians' followership/leadership styles and characteristics in 17% of the studies. Approximately 31% of the studies were qualitative and observational studies used to understand health care clinicians' roles, experiences, perceptions of followership, and barriers to effective followership. For 40% of the studies, an analytical approach was used to explore the impact of followership on individuals, organizations, and clinical practice. Approximately 12% of studies were interventional studies that examined the effectiveness of training and education in enhancing health care clinicians' followership knowledge and skills.

Conclusions: While several aspects of followership among health care clinicians have been addressed, research is still lacking in some important areas, such as the impact of followership on clinical practice and followership interventions. The literature also lacks practical capability and competency frameworks on followership. No longitudinal studies have examined the association between followership training and occurrence of clinical errors. Cultural effects on the followership styles or behaviors of health care clinicians were not addressed. There is also a lack of mixed methods approaches in followership research. More research is required to fully understand the role of followership in health care clinicians.

Supplemental digital content: An Arabic-language version of the abstract of this review is available [http://links.lww.com/SRX/A20].

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Introduction

Followership is a natural partner to leadership.[1,2] Leadership has been the subject of substantial research, and there is a wealth of literature detailing effective leadership and its role in promoting and accomplishing organizational objectives. The role that followership plays in this process is not as well known.[3–5] Studies on team effectiveness have mainly focused on leaders and overlooked followers.[6] Thus, unlike followership, which has not been studied widely, leadership has received extensive attention. Medical scholars have observed a disproportionate focus on leadership at the expense of followership studies. Spriggs[7] writes that "While we continue to talk exclusively about leadership, there remain major shortfalls in clinical and health system followership."(p.637) The scarcity of studies on followership stems from the widespread belief that the act of following is intuitive and does not call for in-depth analysis.[8] This line of thinking is challenged on the grounds that modern followers are not like passive followers of the past.[9] Modern followers are more engaged, better educated, more self-reliant, and more likely to work in hierarchically complex industries such as health care.[10] There are 4 times as many followers as leaders in most organizations.[10] As a result, it is not only leadership but successful followership that determines whether an organization will succeed.

Effective followership in health care organizations is required to improve the dynamics of clinical teams and the communication within teams, as well as to maximize patient safety and the quality of care.[11–13] However, because of the inherent hierarchical structure of health care and the unequal distribution of power among team members, effective followership may be difficult to achieve. In organizational cultures where power distance is excessive, this can result in poor communication and a tendency for followers to avoid criticizing their leaders. This is especially true in cultures where the power distance is great.[14,15] The presence of hierarchies among professionals in the health care industry can lead to a breakdown in communication, which, in turn, can put patients' safety at risk by raising the possibility of accidental and involuntary errors.[13] One example of how ineffective following affects patient safety is the death of Elaine Bromiley, a previously healthy individual who suffered from hypoxic brain damage while undergoing elective surgery due to a lack of surgical airway interventions. Although the perioperative nurses were aware that the appropriate course of action was to implement a surgical airway, they encountered difficulty with voicing their concerns to the anesthesiologists who were distracted by a prolonged intubation management.[12,16] Thus, we need to understand what followership is, how it works, and what makes a good follower. This understanding will encourage effective followership behavior in health care, which will improve service delivery, safety, and quality.

Studies of followership have attracted increasing attention since 1988. Kelley[17] emphasized the significance of the role of followers within organizations in his article "In Praise of Followers." He claimed that over 80% of an organization's success could be attributed to its followers. He argued that more studies should be conducted with a specific focus on followership to fully comprehend the role of followers in modern organizations and their unique traits and characteristics. In 1992, Kelley created a model that categorized 5 distinct followership types based on 2 dimensions: independent critical thinking and engagement level. This model, using these dimensions, identifies followers as exemplary, alienated, pragmatist, conformist, or passive.[3]

Chaleff[18] provided additional impetus to the promotion of the concept of followership and its vital role in the development of organizations. In agreement with Kelley, Chaleff acknowledged the importance of followership and recognized it as a neglected subject in the leadership literature. Chaleff outlined the courageous follower's role in taking responsibility for supporting the leader while challenging him or her, whenever needed. Based on this, Chaleff developed a model similar to Kelley's model, which depicts 4 forms of followership: partner, implementer, individualist, and resource follower.[18] Kellerman[19] examined followership beyond the organizational context, and categorized followers based on their engagement

levels as isolates, bystanders, participants, activists, or diehards. Carsten *et al.*[4] and Uhl-Bien *et al.*[5] investigated followership social constructs and discovered 3 basic categories: passive, active, and proactive. They also noted that social constructs of followership may vary between countries, and that future studies should examine whether and how cultural values shape followership notions.[4,5]

Most research on followership has been conducted in the business sector and as part of leadership studies. The understanding of followership in clinical practice is unique and significant, but it is still evolving. Health care scholars highlight the importance of effective followership in clinical practice by describing team failures and clinical errors. As Whitlock stated, "good followership or failed followership have the potential to prevent or contribute to errors."[15(p.23)] Freeman proposed that followership is an integral part of nurses' work that has been understudied, and needs additional clarification and exploration.[20] Consequently, a scoping review was deemed necessary to locate and map the literature on followership among health care clinicians.

In April 2020, a preliminary search was conducted to identify existing systematic reviews on followership in health care. We searched the Cochrane Database of Systematic Reviews, CINAHL, PubMed, EPPI, ScienceDirect, and Epistemonikos. The search returned only 1 scoping review, which was undertaken in 2018 by Leung *et al.*[10] The authors stated that the goal of their scoping review was to assess the status of the literature on followership in health care; however, their query was, "Does followership style affect job performance and/or job satisfaction in health care?"[10(p.100)] The review focused only on the association between followership styles and job satisfaction, hence limiting its scope. It did not include research on health care professionals' or students' perspectives or experiences regarding followership, followership training, or the methods used in followership studies. Furthermore, although the authors referred to their study as a scoping review, it was a systematic review because their questions were specific, only primary papers were included, and they appraised the quality of the studies. In addition, a recently published scoping review by Honan *et al.*[21] was more narrowly focused than this review as it only included followership in nurses, whereas this review considered followership in all health care clinicians. To overcome such limitations, this is a more thorough scoping review that encompasses all the important facets of followership in health care. The primary purpose of this scoping review was to identify and map the literature on followership to comprehend the present status of followership research among health care clinicians.

Review questions

What is the current state of the followership literature regarding health care clinicians?

This question was divided into the following subquestions:

i) What types of studies exist in the area of followership research on health care clinicians?
ii) What aspects of followership in health care have been addressed?
iii) What are the gaps in clinical practice research on followership?

Inclusion criteria

Participants

In accordance with the review objectives, only studies that included health care clinicians as participants were eligible for inclusion. This included health care professionals who generally provided direct patient care, such as physicians, nurses, midwives, and other allied health professionals. Trainees and students from health care clinical practice schools were included as prospective health care clinicians.

Concept

The primary concept under investigation in this review is *followership*. There is no unified definition of followership, but authors in this field have provided similar operational definitions. Crossman and Crossman[8] described followership as "a relational role in which followers have the ability to influence leaders and contribute to the improvement and attainment of group and organizational objectives."[(p.484)] Followership differs from leadership, as the main focus of followership is on individuals who assume or perform a following role, and this includes their characteristics, behaviors, and attitudes, as well as how they influence leadership.[4,5] Therefore, this review included studies that specifically addressed the concept of followership or had followership as a variable in the research. In relation to health care clinicians, this involves a number of aspects of followership, including clinicians' conceptualization of followership and

their attitudes toward the role of followership. The review also identified what outcomes are being considered in relation to followership training, such as enhanced teamwork, communication, and the performance of health care clinicians. In addition, the characteristics of effective followers and cultural or contextual effects on the followership styles of health care clinicians were considered.

Context

The review was limited to publications and literature on followership in clinical health care practice. This included all settings in which health care clinicians provided direct patient care, such as hospitals, long-term care, residential aged care, and community and home care. Educational settings were also included, but only regarding followership training related to clinical practice.

Types of sources

This scoping review considered quantitative, qualitative, and mixed methods study designs for inclusion. In addition, systematic reviews and meta-analyses were considered for inclusion.

Methods

The scoping review was conducted in accordance with JBI methodology for scoping reviews.[22] This review was also conducted in accordance with an a priori published protocol.[23]

Search strategy

The search strategy aimed to identify published and unpublished primary studies and reviews. An initial limited search of MEDLINE (PubMed) and CINAHL (EBSCOhost) was performed to identify relevant articles. The text words contained in the titles and abstracts of the relevant articles and the index terms used to describe the articles were used to develop a full search strategy (Appendix I). The search strategy, including all the identified keywords and index terms, was adapted for each information source. The reference lists of articles included in the review were screened for additional studies. To maximize comprehensiveness of the search, no date or language limits were applied. The databases searched included *JBI Evidence Synthesis*, Cochrane Database of Systematic Reviews, MEDLINE (PubMed), CINAHL (EBSCOhost), EPPI, Scopus, ScienceDirect, and Epistemonikos. The search also included sources of unpublished studies and gray literature in ProQuest Dissertations and Theses Global and Google Scholar.

Study selection

Following the search, all identified records were collated and uploaded to EndNote v.X9.3.3 (Clarivate Analytics, PA, USA), and duplicates were removed. Three independent reviewers screened the titles and abstracts to assess the inclusion criteria. The full texts of the selected citations were assessed in detail based on the reviewers' inclusion criteria. The reasons for the exclusion of full-text papers that did not meet the inclusion criteria were recorded, as shown in Appendix II. Any disagreements between the reviewers at each stage of the selection process were resolved through discussion. The results of the search are reported and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) flow diagram (Figure 1).[24]

Data extraction

Data were extracted from papers included in the scoping review by 3 independent reviewers using an extraction instrument developed by the reviewers, in alignment with the objective of this review. The instrument was based on the JBI guidelines for extracting data and results of studies, and was presented in the a priori protocol.[22,23] All disagreements between the reviewers were resolved through discussion.

Data presentation and analysis

Data from the included studies are presented in tables and a narrative summary. The tables were used to illustrate the central concepts arising from the included studies, which are then described in more detail in the narrative summary. The data presentation and analysis for this review necessitate consideration of 2 key factors. First, the classification of studies included an iterative process of examining data extraction sheets and developing a taxonomy of categories and subcategories based on the central concepts or the primary objective of the included studies. For instance, if the primary objective of a study was to investigate experiences of followership, the study would fall under the category of followership experience. This does not imply that the study did not

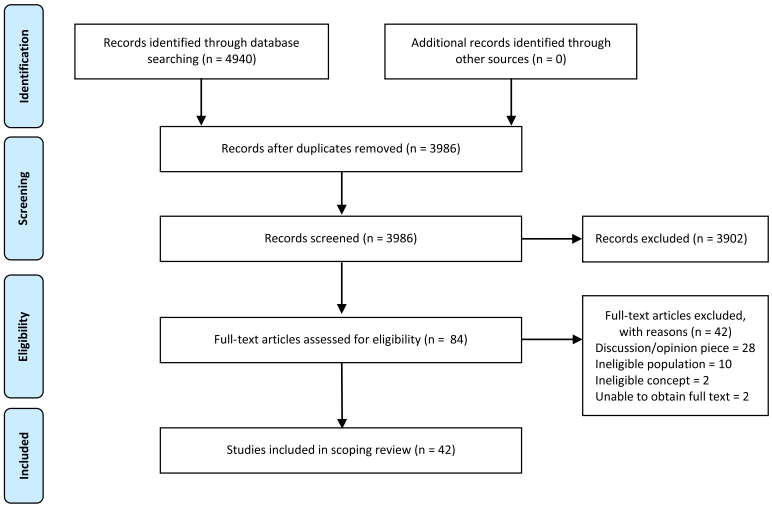


Figure 1: Search results and study selection and inclusion process[24]

mention or address concepts in other categories, such as followers' qualities or perceptions.

Second, there were several studies that involved the concept of followership and the concept of leadership. However, in accordance with the purpose of the review, we focused on the role of followership and only acknowledged leadership where appropriate. For example, if the aim of a study was to explore the qualities of followership and leadership, the extraction and classification of data were centered on followership characteristics. All authors were involved in this process, and categories and subcategories were achieved through discussion and consensus. Particular consideration was given to study design and the propensity of studies to directly inform practice.

Results

Study inclusion

A total of 4940 records were retrieved from all included databases. All records were exported to EndNote v.X9.3.3. After duplicates were removed, 3986 records remained. Titles and abstracts were screened to check for relevance. The process identified 84 papers that met the inclusion criteria and these were subjected to a full review. Consequently, 42 papers were excluded, with reasons provided in Appendix II, leaving 42 papers for inclusion in this review. Figure 1 presents the search results and study selection and inclusion process in a PRISMA flow diagram.

Characteristics of included studies

The 42 included studies were conducted between 1983 and 2021.[25–66] Twenty-nine studies were published as journal articles, and the remaining 13 were PhD theses. Out of the 42 included studies, 26 originated from the United States, 5 from Korea, 3 from the United Kingdom, 2 from Italy, and 1 study in each of the following countries: Australia, Japan, New Zealand, Pakistan, Sweden, and Switzerland. The health care clinicians involved in these studies were mostly nurses, medical students/trainees, physicians, and nursing students. The other health care clinicians were mental health clinicians, infection preventionists, medical students/trainees, anesthetic trainees, pharmacy students, social work students, and occupational therapy students (Table 1). Most of the included studies were quantitative, analytical, observational, or interventional studies. Twelve of the 42 studies used qualitative approaches to inquiry, including case studies and narrative, phenomenological, and grounded theory study designs. A

detailed description of the included studies is provided in Appendix III.

Review findings

Mapping the included literature identified 6 main categories of followership (see Figure 2):

i) followership styles (identifying followership styles and followership style scales)
ii) followership impact (impact on individuals, organizations, and practice)
iii) followership experience
iv) followership features (perceptions; knowledge, skills, attitude/abilities, and other characteristics [KSAOs]; interaction)
v) assertive followership
vi) followership interventions.

Followership styles

Seven (17%) studies on followership among health care clinicians were in the followership styles category (Table 2).[25–31] All the studies included in this category used a descriptive cross-sectional survey design. Kelley's followership model[3] was used to identify the followership styles of health care clinicians in all included studies in this category except for 2 studies.[25,28] Studies in this category were further classified into the following subcategories.

Table 1: Health care clinicians involved in the included studies on followership

Participants	# Publications
Nurses	18
Medical students/trainees	5
Nurses and physicians (together)	4
Nursing students	4
Physicians	2
Mental health clinicians	2
Infection preventionists	1
Anesthetic trainees	1
Nurses, physicians, nursing students	1
Occupational therapy students	1
Pharmacy students, medical students, nursing students, social work students	1
Pharmacy residents/students	1
Interprofessional health care teams (physicians, nurses, medics, corpsmen, dentists, occupational therapists, technicians, physician assistants, psychologists)	1

Identifying followership styles

In this subcategory, 6 descriptive studies[25–30] were used to determine the followership styles in the samples of health care clinicians.

Followership styles scales

In this subcategory, 1 descriptive study[31] aimed to test a revised scale for gauging followership styles among nurses based on Kelley's followership model.[3] Using confirmatory factor analysis, the updated scale reduced the original 20 items of Kelley's scale to 8 items with sufficient reliability. The validity of the scales was investigated in other included papers[33–36,38–42] but not as the main objective; hence, they were not included in this subcategory.

Followership impact

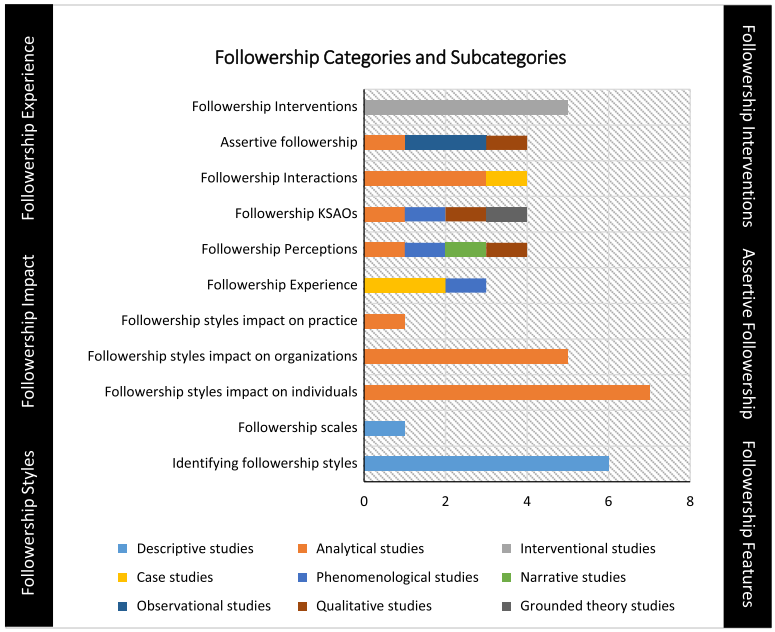
Most research on followership among health care clinicians was under the category of followership impact, representing 26% of all included studies in this review (Table 3).[32–42] All included studies (n = 11) in this category used Kelley's followership model or questionnaire,[3] except for 2 studies.[32,37] Furthermore, 2 studies incorporated variables that applied to more than 1 of the subcategories, thereby warranting their inclusion in both subcategories.[33,34] This category could be viewed as a subcategory of followership styles; however, the authors opted to classify it separately because the focus of studies in this category was on the impact of followership styles or their associations with variables related to individuals, organizations, and practice, as illustrated in the following subcategories.

Followership impact on individuals

In the subcategory of followership impact on individuals, researchers used analytical studies to investigate the association between health care clinicians' followership styles and individual-related factors, including levels of practice and education,[32] job satisfaction,[33,34,36–38] turnover intention,[34] and burnout levels.[35]

Followership impact on organizations

In this subcategory, researchers used analytical cross-sectional study designs to investigate the relationship between the followership styles of health care clinicians and other organizational variables, including organizational commitment,[33,34] organizational effectiveness,[39] customer orientation,[34] relational



Categories are listed along the outer edges; subcategories are listed in the center, with the number of studies represented in each subcategory. Two studies fall under 2 subcategories: followership style impact on individuals and followership style impact on organizations.
KSAOs, knowledge, skills, attitudes/abilities, and other characteristics.

Figure 2: Categories and subcategories of followership in health care clinicians, as mapped from included studies.

coordination competence,[40] and mediating effects of followership.[41] Most health care clinicians involved in these studies were nurses.

Followership impact on practice

In the followership impact on practice subcategory, there was only 1 analytical study[42] that investigated the relationship between infection preventionists' followership styles and infection prevention practices.

Followership experience

In the followership experience category, researchers attempted to explore health care clinicians' followership experiences to understand and highlight the importance of the followership role in health care organizations. Three studies (7%) were identified in this category using qualitative approaches,[43–45] as shown in Table 4.

Followership features

Studies in this category (n = 12; 29%) focused on exploring health care clinicians' perceptions about the concept or role of followership, the core skills and qualities required for effective followership, and the quality of interaction between followers and leaders (Table 5).[46–57] More detail is provided in the following subcategories.

Followership perceptions

In this subcategory we included studies that explored health care clinicians' perceptions of followership. Four studies fit in this subcategory based on the study aim.[46–49] However, it was a consistent theme in all

Table 2: Category of followership identified in included studies: followership styles

Subcategories	Author, year, country	Study type	Population	Study aim
Identifying followership styles	Castillo, 1983, US[25]	Descriptive study	Nursing students	Measuring followership and leadership styles of undergraduate nursing students
	VanDoren, 1998, US[26]	Descriptive study	Nurses	Measuring and comparing the followership and leadership styles of staff nurses in hospital and home care settings
	Pack, 2001, US[27]	Descriptive study	Nurses	Measuring followership styles in professional nurses
	Brown and Williams, 2013, Australia[28]	Descriptive study	Occupational therapy students	Investigating the preferred team member styles of occupational therapy students
	Boothe *et al.*, 2019, US[29]	Descriptive study	Nurses	Measuring followership styles in professional nurses
	Urooj *et al.*, 2020, Pakistan[30]	Descriptive study	Medical trainees	Measuring followership styles in resident trainees
Followership styles scales	Ghislieri *et al.*, 2015, Italy[31]	Descriptive study	Nurses	Evaluating the principal psychometric properties of a brief followership scale for nurses based on Kelley's (1992) followership model

included literature that followership was described or defined as a role in which followers work collaboratively with leaders and other group members to achieve common goals for their organization, with emphasis on specific qualities such as courage, speaking up, assertiveness, independent critical thinking, and effective communication.

Some uncertainties about the followership role were identified in studies that involved medical trainees, pharmacy-trained students, and junior clinicians. One of the studies indicated that because of the hierarchical nature of the medical establishment, most medical trainees continue to have traditional views about what it means to be a leader and what it means to be a follower.[47] Another study reported that the majority of pharmacy clinicians and students had a general negative perception toward the concept of followership compared to leadership.[49]

According to a third study in this category, junior practitioners had different perceptions of leadership and followership that were based on preconceived notions, stereotypes, and assumptions about their own leadership roles, as well as the leadership and followership roles of others.[46] The study stated that, despite the existence of modern leadership paradigms that place an emphasis on teamwork, shared responsibilities, and adaptability, medical students and junior doctors seemed to be operating from a transactional mindset that values command and control leadership.[46] The study also revealed the existence of different perceptions on what constitutes a health care team, claiming that the use of the term *team* may cause uncertainties for junior clinicians in building their professional clinical identities and proposing that leadership/followership models may be useful in this respect.[46]

Followership knowledge, skills, attitudes/abilities, and other characteristics (KSAOs)

In this subcategory, researchers attempted to identify some of the core skills, characteristics, qualities, abilities, and attitudes that are thought to be required for effective followers. There were only 4 studies classified in this subcategory based on their main aims [50–53]; however, we searched all included literature for KSAOs relevant to effective followership, as illustrated in Figure 3.

Followership interaction

Studies included in this subcategory investigated the quality of interaction between followers and leaders, and their association with different variables using different study designs.[54–57] One study used the leader–member exchange theory to examine the quality of interaction between followers and leaders in a sample of nurses, and its relation with the interpersonal attributes of followers, including attitudinal similarity, locus of control, extraversion/introversion, and commitment to personal growth.[54] Another study used the same theory for evaluating mental health

Table 3: Category of followership identified in included studies: followership impact

Subcategories	Author, year, country	Study type	Population	Study aim
Followership impact on individuals	Wonders, 1996, US[32]	Analytical study	Nurses	Exploring the relationship between nurses' perceived levels of practice, education, and reported followership-leadership styles
	Koo and Choi, 2000, Korea[33]	Analytical study	Nurses	Investigating the relationship between nurses' followership, job satisfaction, and organizational commitment
	Lee and Jung, 2013, Korea[34]	Analytical study	Nurses	Identifying the relationship among followership, organizational commitment, job satisfaction, turnover intention, and customer orientation in hospital nurses
	Crawford and Daniels, 2014, US[35]	Analytical study	Nurses	Investigating the relationship between nurses' followership styles and levels of burnout
	Morgan, 2014, US[36]	Analytical study	Nurses	Exploring the association of nurses' followership styles with employee and patient satisfaction
	Chapman, 2016, US[37]	Analytical study	Nurses	Examining the mediating effects of authentic followership between authentic leadership and job satisfaction in a sample of nurses
	Gatti *et al.*, 2017, Italy[38]	Analytical study	Nurses	Investigating the relationship between followership and job satisfaction in nurses
Followership impact on organizations	Koo and Choi, 2000, Korea[33]	Analytical study	Nurses	Investigating the relationship between nurses' followership, job satisfaction, and organizational commitment
	Han and Kim, 2009, Korea[39]	Analytical study	Nurses	Examining whether nurses' followership styles influence organizational effectiveness
	Lee and Jung, 2013, Korea[34]	Analytical study	Nurses	Identifying the relationship among followership, organizational commitment, job satisfaction, turnover intention, and customer orientation in hospital nurses
	Travis, 2015, US[40]	Analytical study	Physicians	Exploring the association of physicians' followership styles and the relational coordination competence
	Kim and Kim, 2019, Korea[41]	Analytical study	Nurses	Investigating the mediating effect of followership in the relationship of organizational citizenship behavior and nurse managers' empowering leadership as perceived by nurses
Followership impact on practice	Greene and Saint, 2016, US[42]	Analytical study	Infection preventionists	Exploring the association between infection preventionists' followership styles and the regular use of recommended health care–associated infection prevention practices

Table 4: Category of followership identified in included studies: followership experience

Author, year, country	Study type	Population	Study aim
Tayree-Marshall, 2014, US[43]	Case study	Mental health clinicians	Examining the followership experience of licensed mental health clinicians
Eriksson, 2018, Sweden[44]	Case study	Physicians and nurses	Exploring followers' experiences to understand how followership can create and maintain high reliability and resilience in health care organizations
Stewart, 2019, US[45]	Phenomenological study	Physicians and nurses	Examining the experiences of health care practitioners with the coexistence of personal, professional, and market values in the health care setting

clinicians' quality of leader–follower interaction in relation to organizational climate and clinician turnover intention.[57] The third study in this subcategory explored the behavioral interactions between a licensed practical nurse leader and nurse aide followers during their shift-report communication.[55] The final study in this subcategory examined the behavioral synchrony of leadership and followership on enhancing team performance in a sample of medical students.[56]

Assertive followership

Researchers in the area of assertive followership (Table 6) investigated health care clinicians' propensities and constraints for raising safety issues or challenging erroneous decisions made by leaders or other team members. Four studies (10%) were included in this category.[58–61]

Followership interventions

Five studies (12%) in the followership interventions category focused on the effectiveness of training and educational interventions in improving the dimensions of leadership and followership (Table 7).[62–66] These studies aimed to enhance health care clinicians' team performance through followership or leadership training or to enhance followership and leadership knowledge and practices through education. Two studies[62,63] examined the effectiveness of crew resource management (CRM) training, which involves some of the principles of effective leadership and followership. CRM training provides tools and techniques for leaders to increase team collaboration; however, it also stresses the other side of teamwork, which is concentrating on the roles and functions of followers, which is or individuals who assist team leaders.[62] The CRM training module includes lessons on effective leadership and followership. The section on followership includes explanations of the different types of followers as well as the effective followership algorithm, which offers team members communication tools they may utilize to take actionable steps if they feel their concerns or opinions are not being acknowledged.[62,63] The researchers measured several variables before and after conducting the CRM training course for health care clinicians, including safety attitudes, self-efficacy, communication, team performance,[62] knowledge, applicability, and intended behaviors in practice.[63] The remaining 3 studies[64–66] in this category used different educational courses to enhance health care clinicians' skills and knowledge in leadership and followership.

Discussion

This scoping review synthesized and mapped the literature reporting on followership in health care clinicians. Mapping the included studies revealed 4 hierarchical levels of followership research based on study types and the main focus of the research: identifying, understanding, impact and associations, and interventions (Figure 4).

In the first level of identification, which accounted for 17% (n = 7) of all included papers, descriptive studies were used to identify health care clinicians' followership, or both followership and leadership, styles or characteristics. These studies have shown that a predominant followership style in one country might differ from another country.[25–30] While this may be useful—particularly in health care sectors with diverse demographics, such as Saudi Arabia, where most of the health care providers are expatriates who come from a wide variety of educational, cultural, and linguistic backgrounds[67]—it does not tell us much about the impact of followership styles.

The second level of followership research focused on understanding the followership phenomenon in

Table 5: Category of followership identified in included studies: followership features

Subcategories	Author, year, country	Study type	Population	Study aim
Followership perceptions	Barrow *et al.*, 2011, New Zealand[46]	Phenomenological study	Physicians and nurses	Exploring junior doctors' and novice nurses' perceptions on issues related to professional and personal identity, power relations, and leadership and followership in relation to work practices
	Gordon *et al.*, 2015, UK[47]	Narrative study	Medical trainees	Exploring medical trainees' perceptions of leadership and followership in the interprofessional health care workplace
	Baker *et al.*, 2016, US[48]	Analytical study	Nurses	Exploring followers' perceptions/attitudes about their own leadership behaviors
	Dikun *et al.*, 2021, US[49]	Qualitative study	Pharmacy students	Understanding and identifying developmental opportunities throughout students' views of leadership and followership
Followership KSAOs	Bearden, 2008, US[50]	Phenomenological study	Physicians	Exploring professional leaders' opinions on the characteristics associated with effective followers from the leaders' perspectives
	Baker *et al.*, 2011, US[51]	Analytical study	Nurses	Exploring the overlap of attributes between leadership and followership, and role sharing between the two
	Akamine *et al.*, 2021, Japan[52]	Qualitative study	Physicians	Examining the views of physicians in both Japan and the United States on what constitutes an effective follower on a resuscitation team
	Barry *et al.*, 2021, US[53]	Grounded theory	Interprofessional health care teams	Exploring the qualities of leadership and followership that support military interprofessional health care teams' collaboration
Followership interaction	Phillips and Bedeian, 1994, US[54]	Analytical study	Nurses	Investigating the relationship between the quality of leader–follower exchanges and the interpersonal attributes of nurses
	Hays, 1995, US[55]	Case study	Nurses	Exploring the behavioral interactions between a licensed practical nurse leader and nurse aide followers during their shift-report communication
	Pearce, 2016, US[56]	Analytical study	Medical students	Examining the behavioral synchrony of leadership and followership on enhancing team performance
	Aarons *et al.*, 2021, US[57]	Analytical study	Mental health clinicians	Examining leader–member exchange level in relation to organizational climate and clinician turnover intention

KSAO, knowledge, skills, attitude/abilities, and other characteristics.

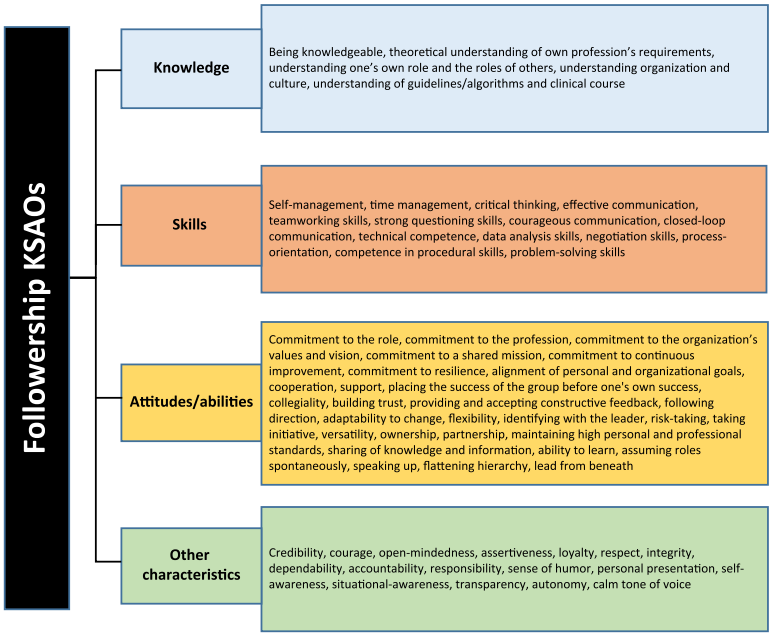


Figure 3: Knowledge, skills, attitudes/abilities, and other characteristics (KSAOs) of effective health care clinician followership identified in included studies

the health care context and exploring barriers to effective followership. Approximately 31% of the included papers were at this level of followership research utilizing qualitative and observational studies. Qualitative studies have been employed to understand health care clinicians' experiences of followership,[43–45] their perceptions about the roles of followership and leadership,[46,49] and the important KSAOs for effective followers and quality of interaction between followers and leaders in clinical practice.[50,52,53,56] Understanding clinicians' experiences and perceptions, and what meaning they associate with the roles of leadership and followership, is important because this could impact the ways in which followers and leaders work together in the collaborative delivery of health care.[46,51]

Table 6: Category of followership identified in included studies: assertive followership

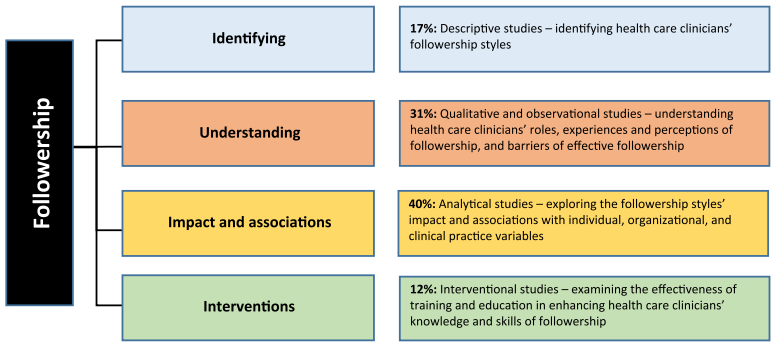
Author, year, country	Study type	Population	Study aim
Schwappach and Gehring, 2014, Switzerland[58]	Analytical study	Physicians and nurses	Investigating health care professionals' likelihood of speaking up about safety concerns with patients' care
Moneypenny *et al.*, 2013, UK[59]	Observational study	Medical students	Exploring why some medical students failed to challenge leadership decisions
Beament and Mercer, 2016, UK[60]	Observational study	Anesthetic trainees	Exploring the barriers to challenging seniors or leaders from anesthetic trainees' perspectives
Paxton, 2021, US[61]	Qualitative study	Nurses	Exploring the use of courageous followership in conversations with nurses and their colleagues

Table 7: Category of followership identified in included studies: followership interventions

Author, year, country	Study type	Population	Study aim
Sculli *et al.*, 2015, US[62]	Interventional study	Nurses, residents, nursing students	Examining the effectiveness of simulation-based training using the effective followership algorithm in enhancing safety attitudes, self-efficacy, communication, and team performance
Tschannen *et al.*, 2018, US[63]	Interventional study	Pharmacy students, medical students, nursing students, social work students	Examining the effectiveness of virtual training on the principles of effective leadership and followership on participants' knowledge, applicability, and intended behaviors
Campbell and Kinion, 1993, US[64]	Interventional study	Nursing students	Enhancing nursing students' leadership and followership skills through education
Schwab, 2017, US[65]	Interventional study	Nursing students	Exploring how introducing Chaleff's dimensions of courageous followership influences the undergraduate nursing students' views of the follower role and informs their nursing practice
Koo, 2018, Korea[66]	Interventional study	Nursing students	Measuring nursing students' leadership awareness level, empowerment level, and followership styles pre- and post-introducing a team-based learning leadership session

Observational studies,[59,60] in addition to another qualitative study,[61] explored the barriers to effective followership in clinical practice as experienced by health care clinicians. These studies are important because they highlight the implications of followership for patient safety and quality of delivered care.

The next level of followership research concentrated on exploring followership's impact on individuals, organizations, and practice; the mediating effect of followership; and the association of quality of interaction between followers and leaders with other variables. Most of the research activity was at this level, accounting for 40% of the included papers. Analytical studies were utilized to investigate the associations of these aspects of followership with multiple variables, such as interpersonal attributes,[54] job satisfaction,[33,34,36–38] turnover intention,[34,57] burnout levels,[35] organizational commitment,[33,34] citizenship behavior,[41] customer orientation,[34] team performance,[56] and adherence to infection control guidelines.[42] These studies found that followership had significant associations with most of the aforementioned variables and thus recommended that education or training on effective followership is needed for health care clinicians.



Note: 2 studies fall under both "Understanding" and "Impact and association"

Figure 4: Four levels of followership research in health care clinicians.

The final hierarchical level of followership research was in the intervention area, representing the lowest percentage (12%) of studies included in the review. At this level, 5 interventional studies were conducted to examine the effectiveness of training and education in enhancing health care clinicians' knowledge and skills of followership and leadership.[62–66] Several studies in this review indicated the need for training and education to enhance the followership skills of health care clinicians, particularly those that investigated the barriers that could hinder health care clinicians from speaking up about safety concerns or challenging erroneous decisions in clinical practice, such as assumed hierarchy, power discrepancies, fear of embarrassment, fear of being wrong, fear of retribution, natural avoidance of conflict, and personality traits.[58–61] Such barriers were the leading cause of Elaine Bromley's death and many other major clinical errors reported in the literature.[16,58–61] These studies have also shown that junior health care clinicians with little experience are more likely to avoid challenging erroneous decisions made by seniors or other team members. Therefore, the focus on followership interventions through training and education needs to be expanded, improved, and included in educational and health care organizations as part of formal training, as this is the optimal way to overcome or mitigate the barriers to effective followership in clinical practice.

Limitations of this review

Limitations of this review need to be considered. As this was a scoping review of the literature, critical appraisal of the included studies was not conducted because this process is not required in the JBI methodology for scoping reviews.[22] Furthermore, we acknowledge that there may be many studies relevant to followership found in overlapping concepts with followership, such as leadership, communication, teamwork, and non-technical skills. However, as per our inclusion criteria, we only considered studies that referred directly to the followership concepts or theories, or were found under the search terms of *follower** or *followership*. We aimed to locate the most relevant literature in this emerging and growing field.

Conclusions

This scoping review addressed research on health care clinician followership. Researchers have addressed many important aspects of followership, such as identifying clinicians' followership styles and their associations with different variables, exploring clinicians' perceptions and experiences of followership, examining the quality of interaction between followers and leaders, examining the effectiveness of followership training, and exploring the barriers that could hinder assertive or effective followership. However, research is still lacking in some important areas, such as the impact of the cultural dimension on followership, followership interventions, the impact of followership on clinical practice, and the identification of a specified and holistic followership framework that is relevant to clinical practice and health care clinicians. Therefore, future studies should address these aspects.

Implications for research

This scoping review revealed that most of the followership research in health care has focused on identifying health care clinicians' followership styles, utilizing Kelley's followership model,[3] and their correlations with various individual and organizational outcomes. Most of the crucial followership skills and qualities required for effective followership were identified in many studies included in this review. However, previous followership models did not cover all of these constructs and were based on just 1 or 2 of them. As a result, future researchers should consider developing a comprehensive framework of followership that can encompass and assess all of the major skills or constructs of followership. This will enable health care clinicians to identify critical parts of their followership behavior that need to be strengthened. Further, it would improve the efficacy of educational and training programs focusing on the development of followership. The core constructs of followership are not new; nevertheless, they are dispersed across the literature and are not widely understood in contemporary followership literature. Developing a holistic framework of followership will contribute to bridging this gap. This review attempted to gather all the relevant KSAOs drawn from included literature (Figure 3), which could be used as a starting point to achieve a reliable and holistic followership framework applicable to clinical practice and education.

Furthermore, although many aspects of followership in health care clinicians have been examined, there are still some areas that could be improved or addressed in future research. For instance, descriptive survey studies that aim to identify followership styles could be enhanced to capture additional useful information, such as important followership skills from health care clinicians' perspectives. This could be useful for enhancing and standardizing the training and educational models of followership. There is also a lack of research on the impact of followership on clinical practice and interventions. Another gap noted in followership research is the absence of longitudinal studies to investigate whether training on effective followership would result in a reduced occurrence of errors in clinical practice. In the literature there is an assertion that effective followership should be associated with a decrease in the occurrence of errors; however, this is not empirically supported. This is an important area that future researchers interested in followership should consider. Finally, it is noted that all studies included in this review were qualitative or quantitative. There is a lack of mixed methods studies investigating followership among health care clinicians. Employing a mixed methods approach could add value to understanding followership, as recommended by previous researchers.[4]

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Author contributions

SA collected the data, performed the analyses, and wrote the manuscript. RW supervised the project, helped with the analyses and revised and edited the manuscript. DF co-supervised the project, helped with the analyses, and revised and edited the manuscript.

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Appendix I: Search strategy

CINAHL (EBSCO)
Searched on March 18, 2022

Search	Query
#1	follower*: TX follower*
#2	TX ("Physician*" OR "Health Personnel" OR "Nurs*" OR "Midwifery" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staffl")
#3	#1 AND #2
Followership is not indexed as a Subject Heading in CINAHL databases. **2691** records retrieved; no limits were applied to the search.	

MEDLINE (PubMed)
Searched on March 18, 2022

Search	Query
#1	"follower*"[All Fields]
#2	((((("Physician*"[All Fields] OR "Health Personnel"[All Fields]) OR "Nurs*"[All Fields]) OR "Midwifery" [All Fields]) OR "Allied Health Personnel"[All Fields]) OR "pharma*"[All Fields]) OR "Dentist*"[All Fields]) OR "medical staff hospital"[All Fields])
#3	#1 AND #2
Followership is not indexed as a Subject Heading in MEDLINE (PubMed) databases. **633** records retrieved; no limits were applied to the search.	

EPPI
Searched on March 18, 2022

Search	Query
#1	Follower* [All]
#2	("Physician*" OR "Health Personnel" OR "Nurs*" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff, Hospital")
#3	#1 AND #2
Followership is not indexed as a Subject Heading in EPPI databases. **5** records retrieved; no limits were applied to the search.	

Scopus
Searched on March 18, 2022

Search	Query
#1	TITLE-ABS-KEY ("follower*")
#2	("Physician*" OR "Health Personnel" OR "Nurs*" OR "Midwifery" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff"))
#3	#1 AND #2
Followership is not indexed as a Subject Heading in Scopus databases. **683** records retrieved; no limits were applied to the search.	

Epistemonikos
Searched on March 18, 2022

Search	Query
#1	(title:(follower*) OR abstract:(follower*))
#2	(title:("Physician*" OR "Health Personnel" OR "Nurs*" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff, Hospital") OR abstract:("Physician*" OR "Health Personnel" OR "Nurs*" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff, Hospital"))
#3	#1 AND #2
Followership is not indexed as a Subject Heading in Epistemonikos databases. **10** records retrieved; no limits were applied to the search.	

JBI Evidence Synthesis
Searched on March 18, 2022

Search	Query
#1	"follower*".af.
#2	"Physician*" OR "Health Personnel" OR "Nurs*" OR "Midwifery" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff" {Including Limited Related Terms}
#3	#1 AND #2
Followership is not indexed as a Subject Heading in JBI databases. **42** records retrieved; no limits were applied to the search.	

Cochrane Database of Systematic Reviews
Searched on March 18, 2022

Search	Query
#1	"follower*" in Title Abstract Keyword - (Word variations have been searched)
#2	"Physician*" OR "Health Personnel" OR "Nurs*" OR "Midwifery" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff" in Title Abstract Keyword - (Word variations have been searched)
#3	#1 AND #2
Followership is not indexed as a Subject Heading in Cochrane databases. **328** records retrieved; no limits were applied to the search.	

ScienceDirect
Searched on March 18, 2022

Search	Query
#1	"followership" OR "follower" OR "followers"
#2	("Physician" OR "Health Personnel" OR "Nurse" OR "Midwifery" OR "Allied Health Personnel" OR "Pharmacist" "Dentist" OR "Medical Staff")
#3	#1 AND #2
Followership is not indexed as a Subject Heading in ScienceDirct databases. **227** records retrieved; no limits were applied to the search.	

ProQuest Dissertations and Theses Global
Searched on March 18, 2022

Search	Query
#1	"followership" OR "follower" OR "followers"
#2	All ("Physician*" OR "Health Personnel" OR "Nurs*" OR "Midwifery" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff")
#3	#1 AND #2
Followership is not indexed as a Subject Heading in ProQuest databases. **241** records retrieved; no limits were applied to the search.	

Google Scholar
Searched on March 18, 2022

Search	Query
#1	"followership"
#2	("Physician*" OR "Health Personnel" OR "Nurs*" OR "Midwifery" OR "Allied Health Personnel" OR "Pharma*" OR "Dentist*" OR "Medical Staff")
#3	#1 AND #2
80 records retrieved	

Appendix II: Studies ineligible following full-text review

1. Murphy D. Followers for a new era. Nurs Manag 1990;21(7):68-9.
   Reason for exclusion: Discussion/opinion piece
2. Morrow M, Yancey N, Karnick P, Carroll K, Wang C-e. Leading-following within nursing education advancing nursing practice: glimpsing the emerging now. Illuminations 2011;20(1):5-7.
   Reason for exclusion: Discussion/opinion piece
3. Muhlenbeck LB. Following after hope: an examination of the relationship between the goal-directed affects of hope and the dimensions of courageous followership as measured in the healthcare industry. Regent University ProQuest Dissertations Publishing; 2012.
   Reason for exclusion: Ineligible population
4. Treister NW, Schultz JH. The courageous follower. Physician Exec. 1997;23(4):9-13.
   Reason for exclusion: Discussion/opinion piece
5. Prilipko EV, Antelo A, Henderson RL. Rainbow of followers' attributes in a leadership process. Int J Manag Inform Syst. 2011;15(2):79-94.
   Reason for exclusion: Ineligible population
6. Rook BW. Followership: A study exploring the variables of exemplary followership [PhD]. North Dakota State University; 2018.
   Reason for exclusion: Ineligible population
7. Williams DR. Leadership, followership, and peak team performance. Can J Physician Leadership 2016;3:39-41.
   Reason for exclusion: Discussion/opinion piece
8. Warren SM. The leadership process: an analysis of follower influence on leader behavior in hospital organizations [EdD]. Pepperdine University; 2015.
   Reason for exclusion: Ineligible concept
9. Varpio L, Teuissen P. Leadership in interprofessional healthcare teams: empowering knotworking with followership. Med Teach 2021;43(1):32-37.
   Reason for exclusion: Discussion/opinion piece
10. Everett MJ. Leader-follower congruence and its relationship to follower self-efficacy [PhD]. Capella University; 2010.
    Reason for exclusion: Ineligible population
11. Leung C, Lucas A, Brindley P, Anderson S, Park J, Vergis A, *et al.* Followership: a review of the literature in healthcare and beyond. J Crit Care 2018;46:99-104.
    Reason for exclusion: Ineligible population
12. Ligon KV, Stoltz KB, Rowell K, Lewis VJ. Measuring followership: an empirical investigation of the Kelley followership questionnaire-revised. J Leadersh Educ 2019;18(3):97-112.
    Reason for exclusion: Ineligible population
13. Baker SD. The effect of leader-follower agreement on team effectiveness [PhD]. The George Washington University; 2006.
    Reason for exclusion: Ineligible population
14. Kean S, Haycock-Stuart E. Understanding the relationship between followers and leaders. Nurs Manag 2011;18(8):31-5.
    Reason for exclusion: Discussion/opinion piece

15. Kutz SE. Sensemaking for followers in leadership transition: What's going on here? [MPH]. University of Nevada, Reno; 2008.
Reason for exclusion: Ineligible population

16. Silversin J, Kornacki MJ. A new dynamic for medical group governance: enhancing "followership" and organizational performance. Group Pract J 2000;49(2):27-34.
Reason for exclusion: Unable to obtain full text

17. Kean S, Haycock-Stuart E, Baggaley S, Carson M. Followers and the co-construction of leadership. J Nurs Manag 2011;19(4):507-16.
Reason for exclusion: Ineligible concept

18. Corona DF. Followership: the indispensable corollary to leadership. Nurs Leadersh 1979;2(2):5-8.
Reason for exclusion: Unable to obtain full text

19. Alexander JW. Commentary on leader-follower exchange quality: the role of personal and interpersonal attributes [original article by Phillips A *et al.* appears in Acad Manage J 1994;37(4):990-1001]. A ONE's Leadership Prospectives. 1995;3(2):15-17.
Reason for exclusion: Discussion/opinion piece

20. Mayer T. Regaining control of your practice: physician empowerment through active 'followership'. Postgrad Med 1999;106(2):15-6, 8.
Reason for exclusion: Discussion/opinion piece

21. Mannion H, McKimm J, O'Sullivan H. Followership, clinical leadership and social identity. Br J Hosp Med 2015;76(5):270-4.
Reason for exclusion: Discussion/opinion piece

22. McKimm J, Vogan C, Mannion H. Implicit leadership theories and followership informs understanding of doctors' professional identity formation: a new model. The Asia Pacific Scholar 2017;2(2):18-23.
Reason for exclusion: Discussion/opinion piece

23. Montgomery KL. Becoming a follower: a new competency for the organizational leader. Patient Care Manag 2003;19(2):1-10.
Reason for exclusion: Discussion/opinion piece

24. McKimm J, Vogan CL. Followership: much more than simply following the leader. BMJ Lead 2020;4 (2):41-44.
Reason for exclusion: Discussion/opinion piece

25. Amundson J. Becoming a courageous follower. Fla Nurse 2015;63(3):14.
Reason for exclusion: Discussion/opinion piece

26. Dhaliwal G. Physician followership: standing up for and to the leader. Healthc Exec 2017;32(5):72-3.
Reason for exclusion: Discussion/opinion piece

27. Klingensmith ME. Leadership and followership in surgical education. Am J Surg 2017;213(2):207-11.
Reason for exclusion: Discussion/opinion piece

28. Henderson C. Toxic followership: a measure of followers associated with destructive leadership [MS]. Northern Kentucky University; 2015.
Reason for exclusion: Ineligible population

29. Joel LA. The leader-follower connection. Am J Nurs 1997;97(7):7.
Reason for exclusion: Discussion/opinion piece

30. Pina e Cunha M, Rego A, Clegg S, Neves P. The case for transcendent followership. Leadership 2013;9 (1):87-106.
Reason for exclusion: Discussion/opinion piece

31. Coombs M. Followership: the forgotten part of leadership in end-of-life care. Nurs Crit Care 2014;19 (6):268-9.
Reason for exclusion: Discussion/opinion piece

32. Allen D. Standard life: which came first… the good leader or the good follower? Nurs Stand 2002;17 (8):22-22.
Reason for exclusion: Discussion/opinion piece

33. Dixon EN. An exploration of the relationship of organizational level and measures of follower behaviors [PhD]. The University of Alabama in Huntsville; 2003.
Reason for exclusion: Ineligible population

34. Caldwell K, Moiden N. Followership in the elder care home sector. Nurs Manag 2000;7(7):12-5.
Reason for exclusion: Discussion/opinion piece

35. Ann Phillips V. Inspiring followership. Nurs Manag. 2017;48(12):12-3.
Reason for exclusion: Discussion/opinion piece

36. Freeman M. Dispelling the myths of followership in nursing. Can J Nurs Res 2020;35(1):3-4.
Reason for exclusion: Discussion/opinion piece

37. Batcheller J. Learning how to dance: courageous followership: a CNO case study. Nurse Lead 2012;10 (2):22-4.
Reason for exclusion: Discussion/opinion piece

38. Frisina ME. Learn to lead by following. Nurs Manag 2005;36(3):12.
Reason for exclusion: Discussion/opinion piece

39. Billingsley M. The importance of followers. Nursingconnections 1991;4(1):11-3.
Reason for exclusion: Discussion/opinion piece

40. Fireman HH. Understanding fanatics and followers. CMAJ 1995;152(6):807-8.
Reason for exclusion: Discussion/opinion piece

41. Hay-David AGC, Herron JBT, Gilling P, Brennan PA. Assertive followership: how to make a team safer. Br J Oral Maxillofac Surg 2020;60(5):558-562.
Reason for exclusion: Discussion/opinion piece

42. Boardman N, Munro-Berry J, McKimm J. The leadership and followership challenges of doctors in training during the COVID-19 pandemic. Br J Hosp Med 2021;82(2):1-9.
Reason for exclusion: Discussion/opinion piece

Appendix III: Characteristics of included studies

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
Aarons et al.,[57] 2021	US	Mental health	Analytical study	Mental health clinicians	363	Examining leader–member exchange (LMX) level in relation to organizational climate and clinician turnover intention	LMX7 Scale (Graen and Uhl-Bein, 1995), The Turnover Intentions Scale (Knudsen *et al.*, 2003; Walsh *et al.*, 1985)
Akamine et al.,[52] 2021	Japan	Hospital	Qualitative study	Physicians	18	Exploring physicians' perceptions of common favorable followership in resuscitation teams in USA and Japan	Semi-structured in-depth interviews
Baker et al.,[53] 2011	US	Hospital	Analytical study	Nurses	200	Exploring the overlap of attributes between leadership and followership and role sharing between the two	Leadership Practices Inventory (Kouzes & Posner, 2003), Performance and Relationship Questionnaire (Rosenbac *et al.*, 1997)
Baker et al.,[48] 2016	US	Hospital	Analytical study	Nurses	199	Exploring followers' perceptions-/attitudes about their own leadership behaviors	Leadership Practices Inventory (Kouzes & Posner, 2003), Performance and Relationship Questionnaire (Rosenbac *et al.*, 1997)
Barrow et al.,[46] 2011	New Zealand	Hospital	Phenomenological study	Physicians and nurses	25	Exploring junior doctors' and novice nurses' perceptions on issues related to professional and personal identity, power relations and leadership, and followership in relation to work practices	Semi-structured interviews
Barry et al.,[51] 2021	US	Military health care	Grounded theory	Physicians (n = 7), nurses (n = 7), medics (n = 4), corpsmen (n = 3), dentists (n = 2), occupational therapists (n = 2), technicians (n = 2), chaplain (n = 1), physician assistant (n = 1), psychologist (n = 1)	30	Exploring the qualities of leadership and followership that support military interprofessional health care teams' collaboration	Semi-structured in-depth interviews

(*Continued*)

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
Beament and Mercer et al.,[60] 2016	UK	Hospital	Mixed methods study	Anesthetic trainees	25	Exploring the barriers to challenging seniors from anesthetic trainees' perspectives	Simulation scenario, field notes, focus group
Bearden et al.,[50] 2008	US	Hospital	Phenomenological study	Physicians	20	Exploring professional leaders' perceptions of followership and the characteristics associated with effective followers from the leaders' perspectives	Semi-structured interviews
Boothe et al.,[29] 2019	US	Hospital	Descriptive study	Nurses	60	Measuring followership styles in professional nurses	KFQ (1992)
Brown and Williams,[28] 2013	Australia	Occupational therapy school	Descriptive study	Occupational therapy students	182	Investigate the preferred team member styles of occupational therapy students	What is My Team Member Style? questionnaire (HRDQ, 2005)
Campbell and Kinion,[64] 1993	US	Nursing school	Intervention study	Nurses	15	Enhancing nurses' leadership and followership skills through education	Leadership-/followership educational project
Castillo,[25] 1983	US	Nursing school	Descriptive study	Nursing students	212	Measuring leadership and followership styles of undergraduate nursing students	Leadership and Followership Style Questionnaire (Frew, 1977)
Chapman,[37] 2016	US	Hospital	Analytical study	Nurses	100	Examining the mediating effects of authentic followership between authentic leadership and job satisfaction in a sample of nurses	Authentic Leadership Questionnaire (Avolio and Gardner, 2008), Global Job Satisfaction Survey (Judge & Klinger, 2008)
Crawford and Daniels,[35] 2014	US	Hospital	Analytical study	Nurses	114	Investigating the relationship between nurses' followership styles and levels of burnout	KFQ (1992), Maslach Burnout Inventory (Kim & Stoner, 2007)

(*Continued*)

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
Dikun et al.,[49] 2021	US	Pharmacy school	Qualitative study	Pharmacy students/residents	14	Understanding and identifying developmental opportunities throughout students' evolving views of leadership and followership	Semi-structured in-depth interviews
Eriksson et al.,[44] 2018	Sweden	Hospital	Case study	Physicians and nurses	Not specified	Exploring how followership can create and maintain high reliability and resilience in health care organizations	Interviews, steering documents
Gatti et al.,[38] 2017	Italy	Hospital	Analytical study	Nurses	425	Investigating the relationship between followership and job satisfaction in nurses	KFQ- short Italian version (Ghislieri *et al.*, 2015), Job satisfaction tool (Pejtersen *et al.*, 2010)
Ghislieri et al.,[31] 2015	Italy	Hospital	Descriptive study	Nurses	559	Evaluating the principal psychometric properties of a brief followership scale for nurses based on Kelley's (1992) model.	KFQ (1992)
Gordon et al.,[47] 2015	UK	Hospital	Narrative study	Medical trainees	65	Exploring medical trainees' experiences of leadership and followership in the interprofessional health care workplace	Interviews
Greene and Saint et al.,[42] 2016	US	Hospital	Analytical study	Infection preventionists	381	Exploring the association between infection perventionists' followership styles and the regular use of recommended health care–associated infection prevention practices	KFQ (1992)

(*Continued*)

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
Han and Kim,[39] 2009	Korea	Hospital	Analytical study	Nurses	451	Examining whether nurses' followership style influences organizational effectiveness	KFQ (1992), The transformational-transactional leadership measurement tool (Bass, 1985), Organizational culture measurement tool (Han, 2001)
Hays et al.,[55] 1995	US	Home care	Case study	Nurses	7	Exploring the behavioral interactions between a licensed practical nurse leader and nurse aides followers during their shift-report communication	Video recordings
Kim and Kim,[41] 2019	Korea	Hospital	Analytical study	Nurses	222	Investigating the mediating effect of followership in the relationship of organizational citizenship behavior and nurse managers' empowering leadership as perceived by nurses	KFQ (1992), The empowering leadership questionnaire (Arnold etal, 2000), OCB (Podsakoff etal, 1990)
Koo et al.,[66] 2018	Korea	Nursing school	Intervention study	Nursing students	60	Measuring nursing students' leadership awareness level, empowerment level, and followership styles pre- and post-introducing a team-based learning leadership session	Team-based learning leadership session
Koo and Choi,[33] 2000	Korea	Hospital	Analytical study	Nurses	173	Investigating the relationship between nurses' followership, job satisfaction, and organizational commitment	KFQ (1992), Organizational commitment questionnaire (Mowday *et al.*, 1979), Job satisfaction scale (Slavitts *et al.*, 1978)

(*Continued*)

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
Lee and Jung,[34] 2013	Korea	Hospital	Analytical study	Nurses	210	Identifying the relationship among followership, organizational commitment, job satisfaction, turnover intention, and customer orientation in hospital nurses	KFQ (1992)
Moneypenny,[59] 2013	UK	Medical school	Mixed methods study	Medical students	18	Exploring why some medical students failed to challenge leadership decisions	Simulation scenario, observations, interviews
Morgan et al.,[36] 2014	US	Hospital	Analytical study	Nurses	105	Exploring the association of nurses' followership styles with employee and patient satisfaction	KFQ (1992)
Pack et al.,[27] 2001	US	Hospital	Descriptive study	Nurses	125	Measuring followership styles in professional nurses	KFQ (1992)
Paxton et al.,[61] 2021	US	Hospital	Qualitative study	Nurses	18	Exploring the use of courageous followership in conversations with nurses and their colleagues	Interviews, Critical Incident Technique
Pearce et al.,[56] 2016	US	Medical School	Analytical study	Medical students	226	Examining the behavioural synchrony of leadership and followership on enhancing team performance	Emergency medical simulation task
Phillips and Bedeian,[54] 1994	US	Hospital	Analytical study	Nurses	96	Investigating the relationship between the quality of LMX and the interpersonal attributes of nurses	LMX scale (Graen, Liden, & Hoel, 1982)
Schwab et al.,[65] 2017	US	Hospital	Intervention study	Nursing students	12	Exploring how introducing Chaleff's dimensions of courageous followership influences the undergraduate nursing students'	Followership seminar based on Chaleff's followership model (2009), online reflections, individual and focus group interviews

(*Continued*)

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
						views of the follower role and informs their nursing practice	
Schwappach and Gehring,[58] 2014	Switzer-land	Hospital	Analytical study	Physicians and nurses	1013	Investigating health care professionals' likelihood of speaking up about safety concerns in patients' care	Clinical vignettes survey
Sculli et al.,[62] 2015	US	Hospital, medical school, nursing school	Intervention study	Nurses Residents Nursing students	758 338 135	Examining the effectiveness of training using the effective followership algorithm in enhancing teamwork performance	Training module (effective followership algorithm)
Stewart et al.,[45] 2019	US	Hospital	Phenomenological study	Physicians and nurses	8	Examining the experiences of health care practitioners and the coexistence of personal, professional, and market values in the health care setting	Semi-structured interviews
Tayree-Marshall, et al.,[43] 2014	US	Mental health	Case study	Mental health clinicians	8	Examining the followership experience of licensed mental health clinicians	Semi-structured interviews
Travis et al.,[40] 2015	US	Hospital	Analytical study	Physicians	46	Exploring the association of physicians' followership styles and the relational coordination competence	KFQ (1992), Relational Coordination Survey (Gittell, 2009)
Tschannen et al.,[63] 2018	US	Educational	Intervention study	Pharmacy students, medicine, nursing, social work	41	Examining the effectiveness of virtual training on the principles of effective leadership and followership on participants' knowledge, applicability, and intended behaviors	Training module (crew resource management)

(*Continued*)

Study, year	Country	Setting	Study type	Population	Sample size	Purpose	Methods, tools, interventions
Urooj et al.,[30] 2020	Pakistan	Hospital	Descriptive study	Resident trainees	281	Measuring followership styles in resident trainees	KFQ (1992)
VanDoren et al.,[26] 1998	US	Hospital/home care	Descriptive study	Nurses	136	Comparing the followership and leadership behaviors of staff nurses in hospital and home care settings	KFQ (1992), MLQ (Bass,1995)
Wonders,[32] 1996	US	Hospital	Analytical study	Nurses	259	Exploring the relationship between nurses' perceived levels of practice, education, and reported followership-leadership characteristics	Leadership and Followership Style Questionnaire (Frew, 1977)

KFQ, Kelley Followership Questionnaire; LMX, leader-member exchange; MLQ, Multi-factor Leadership Questionnaire; OCB, Organizational Citizenship Behavior.

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By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);

ii. permission is granted for the candidate in include the publication in the thesis; and

iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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RESEARCH ARTICLE

NURSING FORUM AN INDEPENDENT VOICE FOR NURSING WILEY

Followership in nurses working in Saudi Arabian hospitals: A cross-sectional study

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Abstract

Aim: To explore the followership styles and their associations with nurses' sociodemographic profiles in Saudi Arabia.

Background: In Saudi Arabia, nurses' role is seen as less important and passive. However, whether they were actually passive followers has not been examined. No previous research has examined nurses' followership styles in Saudi Arabia.

Methods: This cross-sectional study used a convenience sample of nurses. The Kelley followership questionnaire-revised was used to determine the prevalence of the five followership styles. Participants' demographic characteristics, which included age, gender, nationality, education level, years of experience, and role, were collected to investigate their associations with followership styles. An online survey was designed and distributed using SurveyMonkey®. Data were analyzed with logistic regression and expressed as odds ratios.

Results: This study included 355 nurses. Findings revealed that the predominant followership style was exemplary (74%), followed by the pragmatist (19%), conformist (4%), and passive styles (3%). Logistic regression analysis revealed that expatriates, higher education, and a leader role had an independent association with an exemplary followership style. Male gender was associated with a passive style. Younger age, male gender, Saudi Arabian nationality, undergraduate qualification, no previous leadership experience, a follower role, and fewer years of experience increased the odds of having a pragmatist style.

Conclusion and Implications: Followership styles were influenced by sociodemographic and work-related factors. Young nurses with less experience tend to be pragmatist followers. Nursing managers should integrate followership styles when planning leadership and team development courses to ensure maximum team effectiveness as leadership and followership are interdependent.

KEYWORDS

followership, leadership, nurses, Saudi Arabia, workforce

1 | INTRODUCTION

Healthcare professionals should be effective in both leadership and follower roles to provide efficient quality care to patients.[1,2] However, most research on this has focused on leadership roles with limited attention on the followership role.[3–5] Spriggs stated that "while we continue to talk exclusively about leadership, there remain major shortfalls in clinical and health system followership."[6,p.637] The field of followership is considered relatively new compared to the well-established field of leadership. Furthermore, interest is growing in the study of followership among researchers.[7] Several authors have provided operational definitions to describe followership. Crossman and Crossman defined followership as "a relational role in which followers have the ability to influence leaders and contribute to the improvement and attainment of group and organizational objectives."[8,p.484] In healthcare settings, followership, leadership, and communication are considered important nontechnical skills.[9,10] Hinshaw described followership as "the active abilities of individual members to enhance team performance through task completion, co-operation and support, constructive challenge where appropriate, and assertiveness."[10,p.369] The latter definition is more reflective of Kelley's followership model,[11] as Kelley places emphasis on the importance of an effective follower's ability to support the leader and the team while simultaneously being able to speak up or challenge them when required.

1.1 | Kelley's followership model

Kelley's followership model,[11] Figure 1, on which this study was based, is considered the most important contribution to followership, and has been used in many studies.[12–15] Chaleff[16] and Kellerman,[17] also important figures in this field, provided similar models. Kelley studied the followership phenomena in individuals working in different organizations for many years. He concluded that an individual's followership style within an organization was determined by two variables: level of engagement (passive or active) and critical thinking (independent or dependent). Kelley created his model, which depicted five followership styles, *exemplary, alienated, pragmatist, conformist, and passive*, each with its own characteristics, as illustrated in Table 1. Kelley maintained that it was the exemplary followers who could make a difference and move organizations toward success.[11]

1.2 | Nursing and followership

Since nurses represent the largest proportion of the healthcare workforce, it is important to understand their followership styles. Abdel Malak stated that "failure to clearly identify the different types of followers and how they impact the leadership is believed to consequently hinder organizational performance in today's work context."[18,p.287] In addition, passive or ineffective followership could negatively impact the quality of care and patient safety. The case of Elaine Bromiley showed how ineffective followership can result in severe consequences for patient safety. The young woman died during a minor elective surgery after surgeons lacked situational awareness and lost control. In addition, two nurses felt unable to challenge the surgeons despite knowing the procedure to save the patient's life.[19,20] Obviously, ineffective followership, including failure to challenge others when they might be wrong, compromises patient safety and contributes to errors occurring in clinical practice.[3,19–22] Freeman[23] asserted that effective followership was an important role for nurses, and called for further research as it was understudied. Therefore, identifying nurses' followership styles could reveal their critical thinking and engagement levels. This could be used by leaders for professional development of their employees.

1.3 | Nursing in the context of Saudi Arabia

Many leadership scholars have argued that followership concepts, styles, and behavior preferences of leaders may vary across cultures.[7,24–27] Saudi Arabia is a country where culture has a major influence on the structure, employment, performance, and relationships between leaders and followers in organizations.[28] Saudi culture is derived from two major sources: Islamic values and tribal traditions and customs.[28,29] In this unique cultural context, the nursing profession has confronted many challenges. First, nursing was considered a profession for females, although not suitable for Saudi nationals for religious and cultural reasons, hence the high dependence on expatriates.[29–31] This challenge has largely been overcome. Continuous efforts from the Saudi government, through the Saudization program, have contributed to the acceptance of Saudis to become nurses, although males are still reluctant to join nursing, according to reports from the Ministry of Health.[32]

The second challenge, more relevant to this study, was the cultural-based view towards the role of nurses in healthcare. Nurses have been seen as less important and less educated compared to other healthcare professionals. Furthermore, their role is perceived to be passive and limited to merely implementing physicians' orders.[29–31] In 2004, a study revealed that Saudi high school students had minimal interest in nursing as a future

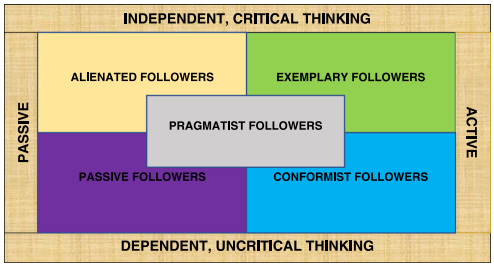

FIGURE 1 Robert Kelley's followership dimensions and styles (1992)

TABLE 1 Characteristics of the followership styles according to Kelley's model (1992)

Followership styles	Independent thinking	Active engagement	Characteristics & behaviors
Exemplary followers	High	High	Proactive, have strong interpersonal and effective communication skills within the group setting, and play different roles above or below their actual role. Competent, credible, accountable, committed, loyal, motivated, self-managed, courageous, supportive of the team and the leader, able to speak up or constructively challenge the leader when necessary. Have a deep understanding of the vision, mission, and objectives of the organization.
Alienated followers	High	Low	May hold negative attitudes towards the system or the leader, and this may stem from a feeling that their contributions to the organization are not as recognized or appreciated as they should be. Tend to resist change, and spread negative energy in working groups.
Pragmatist followers	Moderate	Moderate	Fluctuate between the other four followership styles depending on the changing situation and policies of the organization. May lack confidence, and usually put their interests and personal goals first.
Conformist followers	Low	High	"Yes-people," they are motivated and supportive of their leaders. However, they depend on the leader to think, instruct, and guide them to achieve the organization's goals. Tend to avoid any conflict with their leaders or team members.
Passive followers	Low	Low	Dependent, lacking critical thinking and less engaged in their work. Need constant monitoring, guidance, and prompts to encourage them to complete their tasks. Tend to avoid challenging or disagreeing with their leaders, even if the decisions or instructions of the leaders are sometimes wrong.

career compared to medicine and other professions due to cultural and communal values.[33] Anthony et al. stated that "In 2014 it was still reported that nursing was held in poor regard by Saudis."[34,p.3] Another researcher mentioned that "nurses indicated in the interviews that they felt unrecognised as professionals and unappreciated."[35,p.196] Thus, nurses were not expected to be leaders or assume active leadership responsibilities. Clearly, the cultural context in Saudi Arabia toward nurses contributed to fostering the perceived power disparities between them and other healthcare professionals, particularly physicians. In a study across 76 countries, which examined the cultural dimensions of power distance in organizations, Saudi Arabia was classified as one of the highest power distant cultures and scored 80% on the Power Distance Index.[27] In such cultures, independent thinking is discouraged and followers or subordinates are largely dependent on leaders or authority.[26,27] Schuder also stated that "subordinates in countries with a large power distance are less likely to approach or contradict their superior because people are taught that respect for authority and obedience are priorities."[26,p.59]

However, health leaders in Saudi Arabia have recognized the challenges that prevent nursing from being perceived as a respected, independent, and legitimate profession. As a collaboration between the Health and Education Ministries, three initiatives were implemented. First, the establishment of educational programs that award bachelor's and master's degrees in nursing in most universities in Saudi Arabia.[34] Second, additional training courses on leadership and leadership skills have been dedicated to nurses to empower and prepare them to effectively participate in the leadership process at all levels. Third, a scholarship program initiative, where nurses have been sent to developed countries, such as the United States, the United Kingdom, Australia, and Canada,[36] to obtain higher qualifications and experiences that will enable them to lead or participate in reforming the nursing profession to the highest standards. Therefore, it is valuable for health leaders to understand nurses' followership styles to improve and empower the young nursing workforce in Saudi Arabia.

Based on existing literature, it could be hypothesized that nurses in Saudi Arabia were passive or at best conformist followers according to Kelley's followership model (1992).[11] To our knowledge, no previous research in Saudi Arabia has described followership in any healthcare profession, including nursing. This is the first study to report on followership of nursing professionals in Saudi Arabia. The study aimed to explore the followership styles of nurses in Saudi Arabia, based on Kelley's followership model,[11] and investigate the associations between followership styles and participants' sociodemographic profiles.

2 | METHODS

2.1 | Study design

This cross-sectional exploratory study used a convenience sample of nurse professionals. A web-survey, which comprised the Kelley Followership Questionnaire-Revised (KFQ-R),[37] was used to determine nurses' followership style. Sociodemographic and work-related data were also collected. The survey was administered via SurveyMonkey® from August to October 2020.

2.2 | Settings

The study was conducted in public hospitals affiliated with the Ministry of Health (MOH) in Saudi Arabia. Nearly 80% of healthcare services were provided by the MOH.[30] In addition, MOH hospitals were the major employers for the study's target population. Thus, the sample was representative.

2.3 | Study participants

Our survey population was nurse professionals from the MOH public hospitals in Saudi Arabia.

2.4 | Sample size

The total population from which the sample was drawn was (N) = 89,093 nurses, according to the annual report from the MOH in Saudi Arabia.[32] The researcher sent an invitation email, which contained an information sheet regarding the study and a link to the survey, to the General Administration of Nursing at the MOH. The email requested that the invitation be shared with nursing directors in the regions, who would distribute it to the target population locally. Based on the assumption that the invitation reached all nurses, which cannot be verified, the response rate was only 0.6%. This was extremely low and significantly limited the study. The SurveyMonkey® website showed that the survey reached only 508 nurses, with a 70% completion rate. Data collection occurred during the height of the COVID-19 pandemic, which affected the response rate significantly. Despite the small sample size, the sample composition reflected the population as it included both Saudi and expatriate nurses from two major countries: Philippines and India. Since participants had different native languages, they were expected to communicate in English since it was official language for communication in all Saudi Arabian healthcare organizations.[29–31] Therefore, the study instrument was used in its original language.

2.5 | Measures

Participants' demographic and work-related data were categorized as measures to investigate used to association followership styles. These included age (in years), gender (Female, Male), nationality (Saudi, Expatriates), education level (diploma/bachelor, masters/PhD), years of experience in nursing, perceived role (Follower, Leader), and previous leadership position.

2.6 | Instrument

The Kelley Followership Questionnaire-Revised (KFQ-R),[37] was used to identify the distinct followership styles. The KFQ-R, a self-reporting instrument, consisted of 25-items rated on a 7-point Likert scale that ranged from 0 (rarely) to 6 (almost always). It measures two subscales, independent critical thinking (13 items) and active engagement (12 items). The KFQ-R (2019) was a recently revised version of the original Kelley Followership Questionnaire (1992). The revised version was simplified in language, evaluated against social desirability, and validated empirically.[37] For example, an item in the independent thinking subscale in Kelley's original questionnaire was "Do you help the leader or group see both the upside potential and downside risks of ideas or plans, playing the devil's advocate if need be?" In the revised version, this item was split into "I help the leader to see potential and risks of ideas and plans" and "I help my team to see potential and risks of ideas and plans."[37] Another example, an item in the active engagement subscale in Kelley's original questionnaire was "Are you highly committed to and energized by your work and organization, giving them your best ideas and performance?" This was shortened and split in the revised version into "I am committed to my work role" and "I contribute my best at work." Completing this questionnaire resulted in a participant achieving a plotted score on Kelley's model that indicated one of the five followership styles: exemplary, alienated, pragmatist, conformist, or passive. Internal consistency reliability of the revised tool was evaluated and achieved Cronbach's α = .88.[37] Written permission was obtained from the author to use the revised tool.

2.7 | Statistical analysis

Descriptive statistics were presented for each outcome as means and standard deviations for normally distributed continuous variables or medians and interquartile ranges for nonnormal continuous variables. Furthermore, frequencies and percentages were used for categorical variables. Mixed-effects logistic regression was used to model the association between each characteristic of interest and the odds of having each followership style. Logistic regression was used as the dependent variable/s were categorical, such as followership styles. This allowed us to assess the predictive ability of independent variables in predicting or explaining a categorical dependent variable.[38] The odds ratio (OR) was a measurement that allowed comparing the likelihood of an event (e.g., exemplary followership style) that occurred between two groups (e.g., females and males).[39] Logistic regression models were fitted with Stata,[40] and all other analyses were conducted with SPSS.[41] Results were presented as unadjusted and adjusted ORs and 95% confidence intervals (CIs).

3 | RESULTS

3.1 | Characteristics of the study participants

A total of 355 nurses participated, 78% were female (n = 278) and the median (interquartile range) age was 33 (9) years. Of these, 48% were expatriate nurses, whereas the MOH recorded only 43% as being

TABLE 2 Descriptive statistics of the study sample by followership styles

Characteristic	Total (*n* = 355)	Exemplary (*n* = 262)	Pragmatist (*n* = 68)	Conformist (*n* = 15)	Passive (*n* = 10)	MOH data (2020)
Gender, *n* (%)						
Male	77 (22)	43 (56)	23 (30)	4 (5)	7 (9)	21,694 (24)
Female	278 (78)	219 (79)	45 (16)	11 (4)	3 (1)	67,399 (76)
Qualification, *n* (%)						
Masters/PhD degree	75 (21)	64 (85)	9 (12)	2 (3)	0	NA
Diploma/bachelor degree	280 (79)	198 (71)	59 (21)	13 (5)	10 (3)	
Nationality, *n* (%)						
Expatriate	172 (48)	142 (83)	21 (12)	9 (5)	0	38,163 (43)
Saudi national	183 (52)	120 (66)	47 (26)	6 (3)	10 (5)	50,930 (57)
Role, *n* (%)						
Leader	191 (54)	152 (80)	28 (15)	6 (3)	5 (2)	NA
Follower	164 (46)	110 (67)	40 (24)	9 (6)	5 (3)	
Previous leadership position, *n* (%)						
Yes	157 (44)	121 (77)	19 (12)	10 (6)	7 (5)	NA
No	198 (56)	141 (71)	49 (25)	5 (2)	3 (2)	
Age (years) median (IQR)	33 (9 years)					
Experience (years) median (IQR)	10 (10 years)					

Abbreviations: IQR, interquartile range; MOH, Ministry of Health in Saudi Arabia; NA, not available.

expatriate.[32] Gender proportions were similar to the MOH data, which recorded 76% as females.[32] Participants' demographic characteristics are described in Table 2 by followership styles.

3.2 | Followership styles

Of the 355 participants, 74%, 19%, 4%, and 3% had the exemplary, pragmatist, conformist, and passive followership styles, respectively. The alienated followership style was not found. Figure 2 illustrates the distribution of the participants' followership styles according to Kelley's followership model (1992). Table 3 shows the results of the logistic regression models investigating the association between each characteristic of interest and followership style.

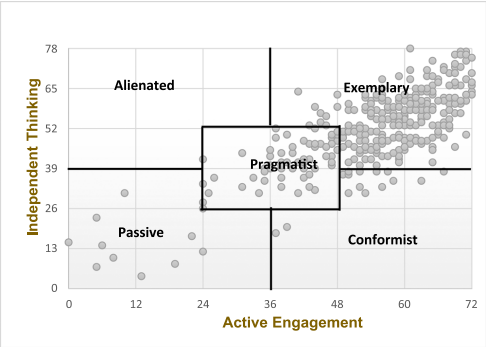

FIGURE 2 Distribution of the participants' followership styles based on Kelley's model (1992)

3.2.1 | Exemplary followership style

All characteristics except for previous leadership had a statistically significant association with having an exemplary followership style in the univariate analyses. Once all the factors were considered in the multivariable analysis, nationality, qualification, and role all had an independent association. Expatriates had higher odds of having an exemplary style than Saudi Arabian nurses (OR 4.81, 95% CI 2.28–10.14). Nurses with a master's or PhD had higher odds than those with a diploma or bachelor's degree (OR 2.36, 95% CI 1.04–5.33). Leaders had higher odds than followers (OR 2.40, 95% CI 1.31–4.40).

TABLE 3 Logistic regression models of the followership styles

	Univariate Exemplary		Multivariable		Univariate Conformist		Multivariable	
Characteristic	OR (95% CI)	*p*	OR (95% CI)	*p*	OR (95% CI)	*p*	OR (95% CI)	*p*
Age	1.04 (1.00–1.08)	.051	0.93 (0.86–1.01)	.099	1.01 (0.94–1.08)	.758	1.06 (0.91–1.22)	.467
Gender								
Female	Reference		Reference		Reference		Reference	
Male	0.39 (0.21–0.72)	.003	0.55 (0.25–1.11)	.135	1.33 (0.41–4.30)	0.634	2.12 (0.45–10.02)	.344
Nationality								
Saudi	Reference				Reference		Reference	
Expatriate	2.99 (1.43–6.23)	.004	4.14 (1.64–10.45)	.003	1.63 (0.57–4.68)	.365	2.12 (0.46–9.66)	.332
Previous leadership								
No	Reference		Reference		Reference		Reference	
Yes	1.51 (0.89–2.56)	.128	1.03 (0.56–1.90)	.913	2.65 (0.85–8.19)	.092	4.05 (1.21–13.51)	.053
Qualification								
Diploma/bachelor	Reference		Reference		Reference		Reference	
Masters/PhD	3.61 (1.61–8.10)	.002	4.06 (1.75–9.42)	.001	0.56 (0.12–2.55)	.456	0.63 (0.13–3.11)	.567
Role								
Follower	Reference		Reference		Reference		Reference	
Leader	2.39 (1.39–4.10)	.002	2.49 (1.34–4.64)	.004	0.56 (0.19–1.60)	.279	0.55 (0.17–1.76)	.312
Years of experience	1.06 (1.02–1.11)	.005	1.11 (1.01–1.21)	.031	1.00 (0.92–1.08)	.923	0.91 (0.77–1.09)	.315
	Pragmatist				Passive			
Age	0.95 (0.91–1.00)	.036	1.06 (0.97–1.15)	.228	0.97 (0.86–1.09)	.626	1.01 (0.73–1.38)	.400
Gender								
Female	Reference		Reference		Reference		Reference	
Male	1.97 (1.02–3.81)	.042	1.39 (0.62–3.10)	.420	5.92 (1.28–27.37)	.023	2.26 (0.38–13.47)	.370
Nationality					[a]			
Saudi	Reference							
Expatriate	0.37 (0.18–0.79)	.010	0.25 (0.10–0.65)	.005		.365		
Previous leadership								
No	Reference		Reference		Reference		Reference	
Yes	0.35 (0.19–0.66)	.001	0.48 (0.24–0.95)	.034	3.02 (0.69–13.14)	.141	4.76 (0.77–29.54)	.094
Qualification					[a]			
Diploma/bachelor	Reference		Reference					
Masters/PhD	0.33 (0.14–0.79)	.013	0.35 (0.14–0.86)	.022		.456		
Role								
Follower	Reference		Reference		Reference		Reference	
Leader	0.46 (0.26–0.82)	.009	0.50 (0.26–0.96)	.038	0.53 (0.13–2.14)	.374	0.36 (0.07–1.86)	.221
Years of experience	0.93 (0.89–0.98)	.004	0.92 (0.84–1.02)	.107	0.97 (0.86–1.09)	.616	0.96 (0.74–1.24)	.751

Abbreviations: CI, confidence interval; OR, odds ratio.

[a]No nurses with Passive followership style had a higher degree qualification or were expatriates.

3.2.2 | Conformist followership style

There were no statistically significant associations between any characteristics and the conformist followership style.

3.2.3 | Passive followership style

Gender had a statistically significant association, with male nurses having higher odds of having a passive style than females (OR 9.17, 95% CI 2.31–36.35). However, due to the large CI this result should be viewed with caution. Models could not be fitted with nationality or qualification since there were no expatriates or people with masters or PhD qualifications with this style.

3.2.4 | Pragmatist followership style

Statistically significant associations were found between age, gender, nationality, qualification, previous leadership, role, and years of experience. Increased age resulted in reduced odds of having the pragmatist style (OR 0.96, 95% CI 0.92–1.00). Males had higher odds than females (OR 2.21, 95% CI 1.23–3.95). Expatriates had lower odds than Saudi Arabian nurses (OR 0.40, 95% CI 0.23–0.71). Those with previous leadership experience had lower odds than those without (OR 0.42, 95% CI 0.23–0.75). Nurses with a masters or PhD had lower odds than those with a diploma or bachelor's degree (OR 0.35 95% CI 0.14–0.86). Leaders had lower odds than followers (OR 0.50, 95% CI 0.26–0.96). Increased years of experience resulted in lower odds (OR 0.94, 95% CI 0.89–0.98).

4 | DISCUSSION

This study aimed to identify the followership styles of nurses in Saudi Arabia using Kelley's followership model (1992) and investigate the association between the followership styles and participants' demographic profiles. Findings revealed that the predominant followership style was exemplary (74%), followed by pragmatist (19%), alienated (0%), conformist (4%), and passive (3%). However, these ratios of nurses' followership styles in Saudi Arabia are quite different from those in other cultures. For instance, in the United States, Boothe et al.,[12] found 93% of nurses were exemplary, 5% pragmatists, 0% alienated, 2% conformists, and 0% passive. Pack,[42] also in the United States, reported similar results. However, in Korea and Pakistan, the percentages were different from the United States. A study showed that 18% of Korean nurses were exemplary, 36% pragmatists, 8% alienated, 17% conformists, and 21% passive.[43] In a sample of resident trainees in Pakistan, 44% were exemplary, 38% pragmatists, 5% alienated, 5% conformists, and 8% passive.[44] Our percentages were different compared to those in other cultures since our participants were from different cultures: Saudi Arabia, Philippines, and India. If they were from one culture, we may have found different figures. For instance, if we took the Saudi participants separately from expatriates, the figures change to 66% exemplary, 26% pragmatists, 3% conformists, and 5% passive. In addition, we found that the conformist followership style was higher in the Indian participants (7%) compared to the Saudis (3%) and Filipinos (3%), while the passive followership style was found only in Saudi participants. This variance by different nationalities confirmed the statements of Kelley,[45] Chaleff,[25] and Carsten et al.,[7] that followership perceptions and styles differed across cultures. It also validated our logistic regression findings, which revealed that nationality, among other demographic variables, had a statistically significant association with followership styles.

We found that exemplary followership was more likely in expatriate nurses than Saudi nurses. This finding was expected and reflected the reality of nursing in Saudi Arabia, which has depended on expatriate nurses, approximately 80% of the staff, to meet the employment needs.[31,46] Saudis have become more involved in the nursing profession after the "Saudization" program in 1992, which aimed to reduce the number of foreign workers and replace them with nationals. Saudis currently account for 57% of the total nursing workforce.[32] Therefore, expatriate nurses with more nursing experience than Saudi nurses are more likely to be exemplary followers, as supported by our multivariable model's statistically significant association of exemplary style with nursing experience.

Older and younger participant age showed a higher odds ratio of being an exemplary or pragmatist follower, respectively. Younger nurses, usually novice or new nurses, are more likely to have less experience. A literature review of novice nurses and their feelings of confusion, uncertainty, stress,[47] and lack of confidence[48] found a relationship between young nurses and the pragmatist style, especially when considering the characteristics of Kelley's pragmatist followers.[11] This indicated that there was a need to increase training and support for young or novice nurses to become exemplary followers more confident in their roles. Young nurses should be educated that a follower role is being active and essential and not being passive or of secondary importance. In addition, simulation training can be an effective method of enhancing followership as stated by Hay-David et al. "purposeful training of followership in simulation that highlights the key desired attributes is one way to improve such skills in a safe environment."[49,p.561]

An interesting finding was that gender had a statistically significant association with followership styles. Female and male nurses had higher odds ratios of having the exemplary and passive followership style, respectively. This implied that female nurses were more actively engaged in their roles than male nurses and had higher independent critical thinking scores. This was similar to the findings of the Pakistan study on resident trainees that reported that the frequent predominant followership styles were pragmatist and exemplary in males and females, respectively.[44] However, these findings were reported as frequencies and not statistically significant figures. The author did not provide an explanation of the differences in followership styles on the basis of gender. In addition, our finding corresponded to a similar finding in a study that investigated the

work engagement of nurses in Saudi Arabia and reported that female nurses had higher work engagement scores.[50] There is no clear explanation for why female nurses are more likely to be exemplary followers than males. This may be explained by nursing being considered as a profession for females.[50] Male nurses are relatively new, particularly in Saudi Arabia.[31] The vast majority of male nurses in this sample were Saudi nationals with a lower percentage of exemplary followership style (56%) than female nurses (79%). Percentages of pragmatist, conformist, and passive followership styles were higher in male nurses than female nurses. This should not be ignored by health leaders in Saudi Arabia and an investigation into the factors that impede effective followership, particularly in male nurses, is worth considering.

Education level was found to have a statistically significant association with the exemplary style. Participants with higher education in nursing (master's or PhD degrees) were more likely to be exemplary followers than those with diploma or bachelor degrees. This accorded with Baker et al.,[51] who investigated followership and leadership characteristics in healthcare professionals in the United States, and found that participants with a higher level of education performed better in the followership performance characteristic of Embracing Change. Education and training are important elements to improve nontechnical skills, such as leadership, followership, and communication. Schwab[52] found that teaching followership to nursing students enhanced their understanding regarding responsibility, accountability, and power and increased their confidence to engage in exemplary behaviors in clinical practice. Sculli et al.[21] conducted simulation-based training, using the Effective Followership Algorithm tool, with nurses and physicians in the United States, who reported higher efficacy and improvement in teamwork and communication skills after the training.

In developed countries, healthcare professionals should be competent in both their clinical and nontechnical skills as most medical errors and adverse events are caused by human factors, such as failure in communication and breakdown in teams.[53] In a study that addressed challenges in nursing education in Saudi Arabia, the author stated that Saudi graduate nurses had little confidence and lacked communication skills and other essential nursing skills.[46] Therefore, the quality of nursing education should be improved to accommodate the concepts of nontechnical skills, including effective leadership, followership, and communication, especially in the diploma and bachelor programs.

The perceived roles of follower or leader also had a statistically significant association with two followership styles. In this study, participants were asked to answer the question: "In your current role for the majority of your practice, would you consider yourself as follower or leader?" In response, 54% and 46% perceived their role as leaders, even though most were not in a leadership position, and followers, respectively. Those who perceived their role as leaders and followers had higher odds of having an exemplary and pragmatist style, respectively. Participants who perceived themselves as leaders were more confident, actively engaged in their role, and had the potential to assume leadership responsibilities. This was consistent with Kelley's[11] and Chaleff's[16] descriptions of exemplary or effective followers as willing to be leaders or followers and have the courage to assume responsibility. Kelley,[11] Baker et al.,[51] and many leadership scholars assert that the characteristics or attributes of effective or exemplary leaders are the same characteristics of exemplary followers. Pragmatist followers are reluctant to describe themselves as leaders or unwilling to assume leadership responsibilities. Interestingly, our results indicated that not having a previous leadership position had a statistically significant association with the pragmatist followership style. These findings were consistent with Kelley's and validated the theory that pragmatist followers who had moderate levels of active engagement and independent critical thinking lacked confidence and subsequently required support and encouragement to reach their potential. Education and simulation training can be useful tools to promote exemplary or effective followership behaviors.[21,49,52]

This study raised some questions to be answered to better understand followership more deeply in the context of nursing in Saudi Arabia. For instance, is there a difference in the perception of followership between female and male nurses and between expatriates and Saudi nationals? What characteristics and behaviors are present in both followers and leaders? Do nursing leaders prefer and encourage the exemplary followership style in their followers, and if they do, why? What challenges exist that prevent or reduce the practice of exemplary or effective followership? These questions are best answered using qualitative approaches, planned as a second phase of this study.

4.1 | Limitations

An important limitation of this study was that followership style might determine completion of the survey as this was a convenience or self-selected sample. Consequently, nurses with particular followership styles may be more likely to participate, which could have resulted in responder bias. Given that the sample was small and not randomized, the findings lacked reliability and validity. Only generalizations from the information can be made. Therefore, this study should be replicated with a larger sample size and additional efforts should be made to reduce and control for responder bias.

5 | CONCLUSION AND IMPLICATIONS

This was the first study to report on followership styles in nursing professionals in Saudi Arabia. This study revealed that followership styles were influenced by sociodemographic and work-related factors. For instance, gender, nationality, education, and experience had significant associations with followership styles.

These findings might assist nurse managers to identify nurses with characteristics likely to be associated with exemplary followership style and allocate them in the desired departments, particularly critical ones, such as emergency or operating rooms.

Simultaneously, the findings might assist in identifying nurses with characteristics more likely to be associated with ineffective followership styles to be mentored and trained. Nursing leadership should consider conducting followership assessment before recruiting nurses in critical departments. This is important since, for example, a nurse with a passive or conformist followership style is highly likely not to challenge erroneous decisions made by others, which could result in tragic consequences, such as Elaine Bromley's case. In addition, nursing managers should consider integrating followership when planning for leadership and team development to ensure maximum team effectiveness as both leadership and followership are interdependent. Similarly, for undergraduate nursing education, introducing leadership and followership will enable nursing students to build these important nontechnical skills at an early stage.

Further research on followership in the nursing profession of Saudi Arabia is required to fully understand this concept and its relationship with other important variables, such as patient outcomes, quality of nursing services, or organizational effectiveness. Finally, the Kelley Followership questionnaire-revised tool,[37] was effective in identifying the followership styles according to Kelley's followership model. Thus, we recommend using this tool in the study of followership styles as it is empirically validated, evaluated against social desirability, and has simplified language and points of criticism in Kelley's original followership questionnaire.

AUTHOR CONTRIBUTIONS

We confirm that all listed authors meet the authorship criteria: Sulaiman Alanazi designed the study, collected and analyzed the data, prepared the manuscript. Richard Wiechula participated in the initial design and conception of the study, revised the manuscript critically, and made final approval of the version to be published. David Foley participated in the initial design and conception of the study, revised the manuscript critically, and made final approval of the version to be published. All authors approved the final version for submission.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Informed consent for participation was obtained within the survey from all the participants. This study was approved by The University of Adelaide Human Research Ethics Committee (approval number: H-2020-026) and the Central Institutional Review Board at the Ministry of Health in Saudi Arabia (log number: 20-161E).

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CHAPTER 5: THE QUALITATIVE STUDY

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Name of Principal Author (Candidate)	Sulaiman Alanazi
Contribution to the Paper	Collected data, performed analysis, interpreted data, wrote manuscript, and acted as corresponding author.
Overall percentage (%)	70 %
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
Signature	Date 13 / 11 / 2023

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);
ii. permission is granted for the candidate in include the publication in the thesis; and
iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Richard Wiechula
Contribution to the Paper	Supervised development of work, helped in data interpretation, revised, edited & approved manuscript.
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Perceptions of followership among nurses: A qualitative study

Abstract

Background: Followership is defined as the role individuals play in supporting, contributing to, and realizing the vision and directives set by their leaders. Such a role is indispensable in healthcare, facilitating effective team dynamics and healthcare delivery. Within the nursing field, it encompasses nurses' active engagement and participation in healthcare delivery, ensuring safety, fostering teamwork, and enhancing patient outcomes. Despite its significance, the exploration of followership within the nursing context of Saudi Arabia remains limited.

Objective: This study aims to explore how followership is perceived and practiced by nurses in this unique cultural and professional setting, and its implications for healthcare delivery.

Methods: We conducted a qualitative inquiry involving seven registered nurses working in hospitals affiliated with the Saudi Arabian Ministry of Health. Semi-structured interviews were conducted, and a thematic analysis was utilized to extract key findings.

Results: Our thematic analysis identified four main themes and several sub-themes that encapsulate the participants' perspectives on followership. The themes include: (1) Understanding of Followership, where a predominant lack of clarity about the concept was observed, often conflating it with teamwork; (2) Followers' Involvement in Decision-Making, highlighting the limited participation of nurses in decision-making processes due to hierarchical and autocratic leadership structures; (3) Barriers to Followership, which encompassed issues such as poor leadership, the undervaluation of the follower role, lack of training and development opportunities, challenges in collaboration, and language barriers; and (4) Facilitators of Followership, identified as effective leadership, followership training, communication skills, positive relationships, respect, collaboration, understanding of roles, commitment, and flexibility. These findings elucidate the complex landscape of followership within the nursing profession in Saudi Arabia, revealing both the challenges and pathways to fostering effective followership in healthcare settings.

Conclusion and Implications: This study reveals a widespread lack of awareness about followership among nurses in Saudi Arabia, highlighting significant challenges related to hierarchy and the undervaluation of the follower role in nursing practice and education. It underscores the need for educational and training interventions that redefine and elevate the role of followership in clinical settings to enhance collaboration, assertiveness, and decision-making skills. Moreover, the study advocates for the re-evaluation of leadership practices to better acknowledge and value followership, promoting a more flattened hierarchy that encourages active participation in patient care and organizational development. Implementing these changes could improve patient outcomes and increase nurse satisfaction by effectively addressing the identified barriers related to hierarchy and leadership.

What is already known about this topic?

- Effective health care teams require exemplary followers.
- Followership is an important role for nurses.
- Followership hasn't received sufficient theoretical and empirical attention.

What this paper adds:

- Followership is not understood and is often merged with teamwork and other work-related concepts.
- The study found that in cultures characterized by high power distance, nurses tend to undervalue the role of a follower.
- The practice of exemplary followership is reliant on the type of leadership in the workplace.

Key words: Leadership; Nurses; Qualitative Research; Saudi Arabia

1 | Background

Followership, as conceptualized in organizational behavior, refers to the behaviors, processes, and roles exhibited by individuals who are considered followers within the context of leadership dynamics (Kellerman, 2008; Crossman and Crossman, 2011). It encompasses the active engagement, contribution, and influence of followers in relation to their leaders and the overall organizational environment (Kelley, 1988; Chaleff, 2009). A distinctive aspect of the concept of followership is assertiveness and the ability of followers to constructively challenge leadership when necessary to ensure adherence to organizational objectives and ethical standards (Kelley, 1988; Chaleff, 2009). Despite its significance, followership has historically been under-researched compared to leadership (Carsten et al., 2010; Spriggs, 2016; Loyola and Aiswarya, 2023) an imbalance that can be attributed to two main factors. First, the conventional perspective on leadership has predominantly highlighted the leader's role as the primary determinant of an organization's success or failure, thereby marginalizing the critical importance of followers in the leadership equation (Martin, 2015; Honan, Lasiuk, and Rohatinsky, 2022; Loyola and Aiswarya, 2023). This leader-centric view has contributed to a lack of attention towards the role and impact of followership in organizational dynamics. Second, there exists a stereotypical assumption that followers are passive participants within the leadership process, thereby diminishing the perceived value of their contributions and experiences (Riggio, 2020; Honan, Lasiuk, & Rohatinsky, 2022; Loyola and Aiswarya, 2023). This has led to a significant oversight in understanding the active and dynamic roles followers play in influencing leadership outcomes and organizational success (Loyola and Aiswarya, 2023).

However, Kelley, through his seminal work “In praise of followers” (1988), pioneered a shift in perspective on followership, challenging traditional views by introducing a model that emphasized the active and critical role of followers in organizations. Kelley's followership model has had a profound impact on leadership studies, shifting the focus from a leader-centric perspective to a more balanced view that recognizes the dynamic interplay between leaders and followers. It highlights the importance of followers who are not just passive recipients of leadership but active participants in shaping organizational outcomes (Alanazi, Wiechula, and Foley, 2023). This model has paved the way for

further research into followership, encouraging scholars and practitioners alike to explore the ways in which followers can be empowered and engaged to contribute more effectively to their organizations. As a result, the field of followership research is gaining momentum, with a growing body of work focused on understanding the roles, characteristics, and experiences of followers across various organizational sectors, including healthcare (Alanazi, Wiechula, and Foley, 2023).

In healthcare, the critical nature of patient care and safety amplifies the importance of followership (Andersen et al., 2010). Effective followership involves assertiveness, active engagement, critical thinking, and a commitment to both support and constructively challenge leadership, alongside adhering to ethical standards (Kelley, 1992; Chaleff, 2009). These traits are crucial for fostering a culture of safety and enhancing communication within healthcare teams (Hinshaw, 2016; Hay-David et al., 2022). Furthermore, such followership leads to improved team dynamics, reduced errors, and better patient outcomes by creating an environment where team members feel empowered to share insights, voice concerns, and participate in decision-making (Whitlock, 2013; Adams and Gibson, 2024). The active participation and independent critical thinking inherent in positive followership styles also result in increased job satisfaction (Leung et al., 2018), reduced burnout (Crawford and Daniels, 2014), and enhanced workplace performance in healthcare settings (Sculli et al., 2015). In contrast, ineffective followership, which is characterized by a reluctance to question others' actions, when necessary, can jeopardize patient safety and increase the likelihood of errors in clinical settings (Fadden and Mercer, 2019; Whitlock, 2013; Bould et al., 2015; Green et al., 2017). The Elaine Bromiley case exemplified the potential negative impact of ineffective followership on patient outcomes (Bould et al., 2015; Green et al., 2017). Elaine Bromiley incurred hypoxic brain injury as a result of a delayed surgical airway prior to elective surgery. The perioperative nursing staff were aware of the necessity to perform a surgical airway procedure to preserve the patient's life. Nonetheless, they were reluctant to communicate their concerns to the anaesthetists who were distracted while attempting to perform an oral intubation (Bould et al., 2015; Green et al., 2017). In fact, many clinical practice errors can be attributed to human factors, such as ineffective communication, leadership, or followership (Hinshaw, 2016; Fadden and Mercer, 2019; Whitlock, 2013; Bould et al., 2015; Green et al., 2017). Therefore, developing a comprehensive understanding of followership in healthcare is crucial, especially among

nurses, who represent the largest group within healthcare systems (Freeman, 2020; Abdel-Malak, 2016; Lopez and Freeman, 2018).

Despite the growing body of research on followership, it has been predominantly centered on Western contexts (Chaleff, 2016; Kelley, 2008; Can, & Aktaş; Uhl-Bien et al., 2014). This gap highlights the need for studies that explore followership in varied cultural and organizational contexts, such as Saudi Arabia, a cultural context characterized by high power distance and hierarchical organizational structures (Hofstede, Hofstede, and Minkov, 2010; Almalki, FitzGerald, and Clark, 2011). In cultures of this nature, hierarchy is usually emphasized, independent thinking is discouraged, and followers are more dependent on leaders (Schuder, 2016). By examining followership within such contexts, research can offer valuable insights into how different cultural and organizational environments influence perceptions, behaviors of followership, and, consequently, the outcomes of teams and organizations (Chaleff, 2016; Kelley, 2008; Carsten et al., 2010).

This qualitative study, the latest component of a larger mixed methods research project, specifically aims to delve into the concept of followership within the nursing context of Saudi Arabia. Building upon the foundational work of our scoping review (Alanazi, Wiechula, and Foley, 2023), which identified and mapped the existing literature on followership among healthcare clinicians, and a subsequent quantitative analysis (Alanazi, Wiechula, and Foley, 2022) that explored the diverse followership styles of nurses in Saudi Arabia in relation to their sociodemographic profiles, this phase seeks to illuminate the nuanced perceptions and enactments of followership in this unique cultural and professional setting. The culmination of these efforts aims to contribute to the development of effective leadership and followership training programs, tailored to meet the needs of diverse healthcare environments worldwide, thereby enhancing team dynamics and improving patient care on a global scale.

2 | METHODS

2.1 Study design

This study employed a qualitative methodology, with semi-structured interviews, to comprehend how nurses conceptualize their roles within organizational contexts. Thematic analysis

was used to explore participants' comprehension of followership, perspectives on the attributes of effective followers, and the factors that promote or impede effective followership within their organizations. This technique is appropriate for conducting exploratory research because it has the potential to increase the depth and reveal the thinking of participants that quantitative research methods might not have been able to capture (Bryman, 2004; Conger, 1998).

2.2 Participants

The study was carried out in Saudi Arabian public hospitals that are affiliated with the Ministry of Health. In Saudi Arabia, the Ministry of Health is responsible for providing nearly 80% of all healthcare services (Ministry of Health, 2020). The recruitment process for the study targeted nurses working in these settings using convenience sampling. Semi-structured interviews were conducted with seven registered nurses from four regions in Saudi Arabia working in five hospital departments including surgery, mental health, emergency, intensive care unit, and a post-anaesthesia care unit. Five participants were staff nurses and two participants were head nurses. Five of the participants were male, with two female nurses. Six of the nurses were Saudis, with one nurse was an expatriate. The mean duration of employment for respondents with their present organizations was 5.8 years.

In our study, data saturation was thoughtfully considered and achieved with seven nurses from diverse healthcare settings in Saudi Arabia. This was determined through a meticulous analysis process where no new themes emerged from the data by the final interviews, indicating that the collected data were adequate for conducting the thematic analysis. The guiding questions for these interviews were informed by the findings from the quantitative component of our study (Alanazi, Wiechula, and Foley, 2022), and designed to explore various dimensions of followership, including personal definitions, clinical shift routines, interactions with other team members, perceived roles and responsibilities, participation in decision-making, views on and preferences for leader or follower roles, challenges encountered, experiences, and the attributes of effective followership from the participants' perspectives. This approach not only enriched our data collection but also ensured thematic saturation, offering a depth and breadth of understanding of the topic, and allowing for a substantial volume of findings from a relatively small number of participants.

2.3 Procedure

The principal investigator sent an email to the General Administration of Nursing at the Ministry of Health detailing the study and requesting they invite nursing staff from all Ministry of Health's hospitals. Seven participants expressed interest. Interviews, ranging from 25 minutes to an hour, were scheduled at the participants' convenience, conducted via Zoom™, and video recorded with informed consent. These semi-structured interviews explored many aspects relevant to followership as described in the above section. Though healthcare communication in Saudi Arabia primarily uses English (Almalki, FitzGerald, and Clark, 2011), the protocol was available in both Arabic and English. Three interviews were in Arabic and later translated to English; the rest were in English. All interviews were transcribed verbatim for coding.

2.4 Coding and data analysis

The interviews underwent qualitative coding using the six-step thematic analysis approach developed by Braun and Clark (2006). Qualitative methods scholars suggest that thematic analysis is advantageous due to its flexibility, which allows it to be tailored to suit the requirements of qualitative studies (King, 2004; Nowell et al., 2017). It is also capable of generating a comprehensive and detailed representation of data (Braun and Clark, 2006; King, 2004; Nowell et al., 2017). The initial stage involved closely examining the transcripts through repeated readings to become familiar with the data (Braun and Clark, 2006). In the second stage, initial codes were generated by coding relevant data segments related to the research topic of followership (Braun and Clark, 2006). The third stage involved identifying themes by scrutinizing and categorizing the codes into broader themes relevant to followership (Braun and Clark, 2006). In the fourth step, the preliminary themes were refined and developed while gathering and consolidating all data related to each theme (Braun and Clark, 2006). Then in the fifth step, a thorough examination assessed the relevance and connections between subthemes and main themes, as well as the interrelationships among the themes (Braun and Clark, 2006). Finally, in the last stage, the findings were synthesized and reported (Braun and Clark, 2006).

2.5 Trustworthiness

To ensure rigor in this qualitative research, we considered the principles of trustworthiness outlined by Lincoln and Guba (1985), which include credibility, transferability, dependability, and confirmability. The participants' responses were recorded in full, transcribed verbatim, and Arabic

interviews were carefully translated to ensure the credibility of the subsequent analysis. This process provided comprehensive and detailed descriptions of the research context, settings, procedures, and results, thereby satisfying the principle of transferability. To adhere to the principles of dependability and conformability, the principal investigator's supervisors actively participated throughout the analysis process to ensure that the findings were grounded in the participants' perceptions and that the participants' perspectives were accurately reflected in the final report.

2.6 Ethical considerations

The study received approval from the University of Adelaide Human Research Ethics Committee (H-2020-026) and the Central Institutional Review Board at the Ministry of Health in Saudi Arabia (20-161E). Before interviews, participants were briefed about the study and provided informed consent, allowing recordings. All data was anonymized. Participation was voluntary, with the option to withdraw at any stage. Voice recordings and transcripts were securely encrypted and stored on a password-protected computer.

3 | RESULTS

The study's results revealed the identification of four major themes, accompanied by several sub-themes, through which nurses in Saudi Arabia have approached the concept of followership. These themes are “understanding of followership,” “followers’ involvement in decision-making,” “barriers to followership,” and “facilitators of followership,” see Figure 1.

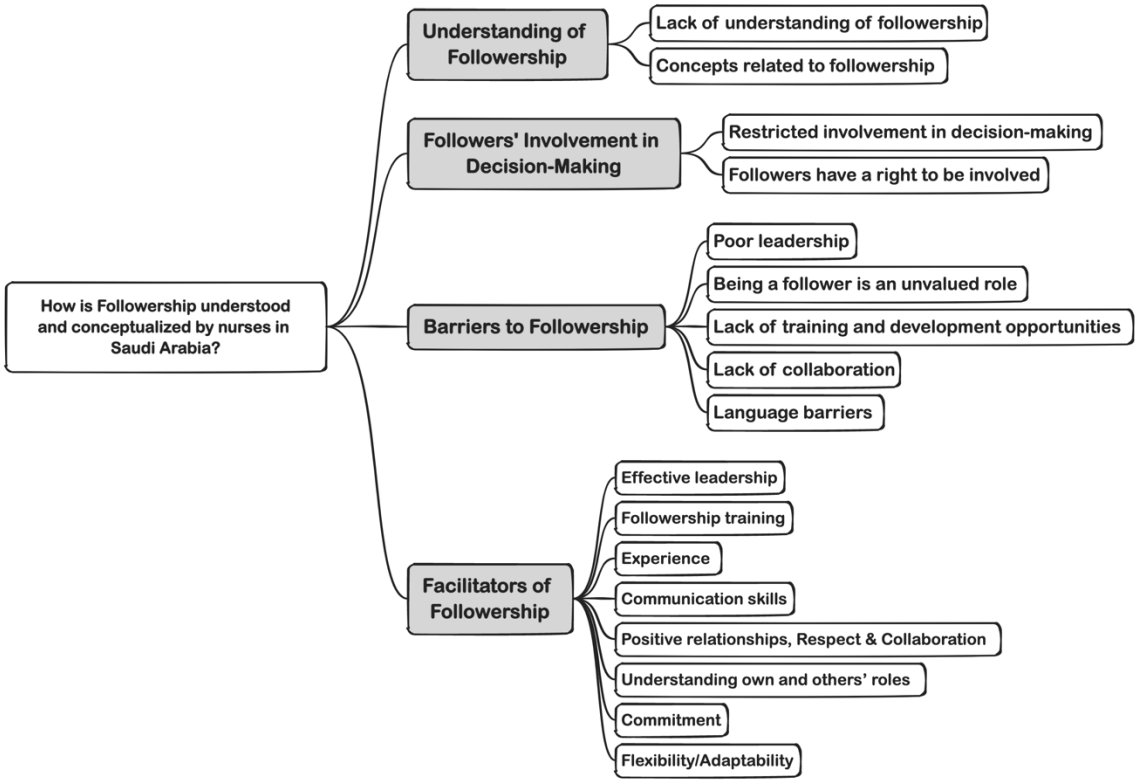

Figure 1 Themes and sub-theme

4 | UNDERSTANDING OF FOLLOWERSHIP

The first theme addressed participants' understanding of followership. Most were not familiar with the term followership and had difficulty finding a specific definition. Some did, however, articulate some concepts they felt could be related to followership. Two sub-themes were developed: Lack of understanding of followership and concepts related to followership.

4.1 Lack of understanding of followership

The term 'followership' was unfamiliar to all but one participant, highlighting the challenge in comprehending its underlying principles. Participant 4's statement underscores this confusion: *"To be honest, no. I didn't get the meaning of it. But followers are like the people who follow the leader."* This interpretation simplifies followership to merely following leaders' directives, a perspective that Participant 6 also shares: *"I have not heard of it before, but in my opinion, it relates to the work team and their strategies to coordinate work, following leaders and guidelines."* These responses reveal a

consistent pattern among participants to associate followership with obedience to leadership, teamwork, or other work-related concepts. This trend became more evident in discussions on barriers to and facilitators of effective followership.

For instance, some participants identified challenges in work-life balance as significant barriers. Participant 5 noted, *"Sometimes, problems outside the scope of work significantly affect the nurse and his performance at work."* Long working hours were mentioned as another obstacle to effective followership. Participant 7 remarked, *"Long working hours sometimes affect focus… this can even negatively affect patient care due to lack of focus, and this is one of the important obstacles that affect the effectiveness of subordinates."* One participant highlighted the issue of insufficient staffing as a limitation on nurses' ability to act as effective followers, limiting their professional development opportunities: *"The problem in our emergency department is the shortage of nursing, and this shortage hinders nurses from taking development courses,"* [Participant 6] mentioned. Additionally, two participants underscored the vital importance of time management for effective followership, especially to ensure timely healthcare delivery. Participant 2 explained, *"Time management is crucial...to prevent delays in patient care."*

Clearly, the participants demonstrated a limited understanding of followership, defining it narrowly as obedience to leadership and associating it with indirectly related factors such as work-life balance, long shift hours, understaffing, and time management.

4.2 Concepts related to followership

Despite their unfamiliarity with the term 'followership,' participants intuitively identified some of its key aspects, demonstrating an intrinsic understanding of its roles in decision-making, leadership support, and workplace relationships.

Participant 1 directly links followership to effective team decision-making, saying, "No, it's actually the first time today. But as a concept, it's how to be effective and how to make decisions with the team to be able to do your work in a professional way." This statement underscores the practical role of followership in enhancing team functionality and decision-making processes. Participant 2's observation highlights the relational aspect of followership to leadership, noting its specific relevance for those in non-leadership roles: *"To be honest, no. But I think followership is the partner of leadership*

and focuses more on the role of the staff, not the leader." This insight emphasizes followership as a partnership with leadership, particularly pertinent to individuals without formal leadership positions. Finally, Participant 7 connects followership to the dynamics of workplace relationships, stating, *"I have never heard of this term and do not have a deep understanding of it, but I believe that it relates to the relationship between employees and co-workers and the relationship between the boss and subordinates,"* indicating that its relevance extends beyond formal roles to encompass the interplay among employees at all levels.

Together, these insights reveal an intuitive grasp of followership, connecting it to effective decision-making, its interdependence with leadership, and its influence on interpersonal relationships within the organization.

5 | FOLLOWERS' INVOLVEMENT IN DECISION-MAKING

The study participants were asked about their participation in decision-making regarding patient care and the extent of their involvement in this process. They described that their engagement in the decision-making process was primarily through the articulation of their opinions on the provision of healthcare services to patients. However, they expressed that, as followers, their participation in decision-making is limited by hierarchy and power disparities, but they did recognise the right to be fully involved, as explained in the following sub-themes.

5.1 Restricted involvement in decision-making

Five participants described how hierarchical structures within their organizations limited their participation in decision-making, emphasizing significant communication barriers with higher levels. Participant 4 highlights the difficulty: *"We can't communicate with the higher levels of the hospital. If, for example, I contact the nursing department without permission from my head nurse, a big problem will happen. So, unless the situation is complicated, I will not pass my head nurse to communicate with the higher level."* This illustrates the challenges nurses face in navigating organizational hierarchies, where stepping outside established lines of communication can lead to problems.

Participant 5 shares an experience of direct authority imposition: *"His reaction was from the premise that he is the boss and you must accept this matter, you must admit the patient even if he was*

carrying an infection, I mean, I am your boss, do what I tell you." This reflects a top-down approach to decision-making, where orders from superiors are not to be questioned.

The dominance of physicians in patient care decisions was also noted, with Participant 2 stating, *"The decision-making in relation to patient care is not all up to nurses or nursing in general. So that's more up to the doctors, to be honest with you."* Participant 6 succinctly adds, *"Do you mean the leader? In this case the doctor,"* reinforcing the perception of doctors as primary decision-makers.

These accounts depict an organizational dynamic where nurses are often seen as subordinates in decision-making, particularly in patient care, highlighting the systemic challenges they encounter due to rigid hierarchical structures and traditional roles.

5.2 Followers have a right to be involved

The participants articulated a strong belief in their essential role in healthcare decision-making, emphasizing the value of their insights due to their proximity to patients and firsthand knowledge of patient needs. Despite not being familiar with 'followership', their experiences and perceptions resonate deeply with its principles, particularly in terms of participation in decision-making processes.

Participant 5 highlighted the critical role nurses play, stating, *"I think that the role of the nurse is very important in making decisions because the nurse is the person who is very close to the patient…You must express your opinion…in the end, this is your patient whom you are obligated to during the shift, it is your responsibility."* This perspective underscores the belief that nurses, because of their closeness to patients, possess valuable insights that should inform healthcare decisions.

Further emphasizing the importance of nurse input, Participant 6 recounted a life-saving intervention where their suggestion made a critical difference: *"I remember that I was in the resuscitation team for a woman, and after the end of the 30 minutes, the doctor announced stopping the resuscitation process, but I suggested that we continue for an additional 10 or 15 minutes because we would not lose anything. The doctor agreed to that, and after 10 minutes had passed, the pulse returned and the patient was intubated and transferred to the intensive care unit, and everyone was happy."*

The need for leaders to be receptive to nurses' views was further articulated by Participant 1, who believes in the importance of inclusivity in decision-making: *"I think this is the main role of leaders to include them and to know the skills of all the nurses, each staff nurse, each follower."* Participant 3

emphasized the right to offer feedback based on expertise: *"Even if the doctor orders this medication or this management, and my previous experience has shown that the management will not benefit the patient, so I will give, for example, my feedback or my previous experiences with regards to the certain management that the doctor wants to do for the patient."*

Participant 7 pointed out the necessity of balancing adherence to leaders' instructions with the opportunity for dialogue: *"In addition, listening to the instructions of the superiors with the possibility of exchanging views."* However, this ideal often clashed with reality, as Participant 6 noted challenges in having their decisions and critiques accepted: *"Sometimes some doctors insist on their orders…This happens when the manager and the subordinate do not have confidence between them, or when the doctor does not accept that his orders are reviewed by the nurses."*

Frustration with being sidelined in decision-making was a common theme, as Participant 4 shared: *"No, [we are not involved]. We sometimes have suggestions and complaints, and the head nurse occasionally listens to us, but not on a regular basis."* Participant 5's experience highlighted the dissonance between the potential benefits of nurse input and the leaders' receptiveness: *"I was frustrated, as I wonder why rejecting an opinion in the interest of everyone, the patient's interest, and the department's interest."*

These reflections collectively illustrate a desire for a more integrated and respected role in healthcare decision-making, aligned with the principles of effective followership.

6 | BARRIERS TO FOLLOWERSHIP

This theme focuses on barriers to effective followership, incorporating only those barriers identified by participants that directly impact nurses' ability to function as effective followers. While participants mentioned various factors, we have selectively included those most pertinent to followership based on our analysis. Notably, some barriers - such as work-life balance, long working hours, and understaffing - were discussed under the initial theme 'Understanding of followership.' These were not emphasized in this section due to their less direct relevance to followership, a distinction stemming from participants' limited understanding of the concept. Their mention in the 'Understanding

of followership' theme served to illustrate this limited understanding by showing how participants associated these broader workplace factors with followership.

6.1 Poor leadership

The feedback from the participants sheds light on the critical aspects of leadership that directly influence nursing performance and patient care quality. Their experiences and observations underscore the necessity for effective leadership practices that recognize and utilize the unique skills and knowledge of each nurse.

Participant 1 highlighted the leader's crucial role in acknowledging the skills and potential limitations of their team members: *"I think this is the main role of leaders to include them and to know the skills of all the nurses, each staff nurse, each follower. So, I think this is the leader's role to know each one; maybe someone cannot speak up or someone does not have enough knowledge."* The consequences of leaders' failure to appropriately assign tasks based on the nurses' competencies were illustrated by Participant 6, who pointed to a specific incident of mismanagement: *"The doctor is also involved in the occurrence of this error. It is assumed that the doctor should not give an order to a student. The doctor did not expect that the student would give a completely different drug from what the doctor described."* This narrative spotlights the direct risks to patient safety that can emerge from inadequate leadership. Participants 6 also emphasized the detrimental impact of leaders disregarding the opinions and suggestions of nurses. They shared a case where the failure of leaders to listen led to adverse patient outcomes: *"Instead of curing something simple, a major deterioration in the patient's condition was the result of the doctor or manager not listening to his subordinates."* Meanwhile, Participant 5 described the personal and professional repercussions of such leadership behavior: *"...you will have a negative impression of this leader, since you came to him with an opinion or an idea, and he refused or did not take the issue into due consideration. In this case, you do not come to him again, my dignity prevents me from presenting him with an idea or suggestion again."*

Together, these accounts underscore the complex challenges that arise from ineffective leadership, demonstrating how it can significantly hinder the provision of safe and effective patient care. The narratives emphasize the critical need for leadership approaches that are both inclusive and

respectful of nurses' contributions, ensuring that their skills and ideas are valued and utilized to enhance patient outcomes.

6.2 Being a follower is an unvalued role

During the study, the inclination towards leadership roles was pronounced among participants, who provided various reasons for their preference. The importance of the leader role, often emphasized over the follower's role, was highlighted by Participant 2: *"No one is talking about followership; actually, we hear only about leadership."* This observation underscores a general lack of discussion around the concept of followership in professional settings.

Participant 5 added a dimension to this preference by pointing out the exclusion of followers from professional development and support activities: *"Most of what we talk about is the role of the boss, the role of the boss, the subordinates feel that they are absent from the training courses, absent from many things despite their importance in the health system."* This reflects a broader sentiment of being overlooked despite the critical role followers play in the healthcare system.

The decision to prefer leadership over followership was also influenced by personal traits, as explained by Participant 3, who expressed having exemplary followership qualities such as assertiveness and effective communication skills, but would rather invest these qualities in a leadership role, as it appears having these qualities in a followership role would not make much difference: *"I am a person who is much more assertive. I would describe myself as assertive, and being assertive in making decisions is one of the qualities of a leader as well as having good communication skills. So, for me, I prefer the leader role. I would say that I am capable of being a good leader"*. This indicates a perception that leadership roles offer a more significant platform for utilizing one's skills and making a difference.

Participant 4 articulated a desire to effect change within the workplace, a goal they perceive as more attainable in a leadership position: *"To be a leader, definitely...As a staff, I will definitely not be able to make that change in the department. The leader is everything. This is my opinion. The leader is everything"*.

Participant 6 reflected on their career progression, indicating that experience has made them more comfortable with the idea of leadership: *"Well, at this point in my career, I'd say I'd rather play the leader, but if you asked me that question 10 years ago, I'd say no, I wouldn't do it, because the role*

of the leader, when you're the boss, if you don't have enough experience, it's going to be hard to organize the work and deal with subordinates".

For some participants, being a follower implied having less responsibility and work pressure, as they perceived the bulk of responsibility to be associated with leadership roles rather than followership. Participant 5 elaborated, *"The role of the subordinate is concerned with a specific job that he performs, but the role of the boss has more responsibility in the department."* Similarly, Participant 1 observed, *"As a leader, you need to focus more than the follower."* While Participant 7 expressed a preference for the leadership role despite its greater demands: *"Despite the more responsibilities in the role of the leader… but I prefer this role."*

The collective insights from participants illuminate a pervasive undervaluation of the followership role, contrasting sharply with the elevated status and responsibilities associated with leadership. This dynamic suggests an organizational culture that heavily favors leadership positions, often overlooking the essential contributions and value of followers within the system.

6.3 Lack of training and development opportunities

Barriers to effective followership among nurses often stem from the limited access to professional development programs and constrained opportunities for career progression. Participant 2 highlighted a significant gap in training offerings, noting the absence of programs aimed at cultivating followership skills: *"Actually, there is no such training that focuses on followership."* This lack of targeted development opportunities underscores a broader issue within the healthcare system where followership is undervalued.

The challenge of professional growth was also emphasized by Participant 4, who lamented the lack of clear advancement paths: *"Then, in the future, I mean in my career, if there are similar incentives for advancement, particularly in education."* This statement reflects a desire for more structured and accessible career development options for nurses.

Participants 5 and 6 pointed out the discrepancy in training access between leadership and the rest of the staff. They observed that while leaders are often prioritized for professional development opportunities, other staff members are left to navigate these pathways on their own, sometimes facing additional barriers such as costs: *"Depending on the management, training courses are mostly for*

leaders, but courses for subordinates are very few," and *"Priority is given to people in management positions such as heads of nursing who receive such courses. Even if you have the opportunity to attend a course, these courses have fees and are not free."*

These insights collectively reveal the systemic challenges nurses face in accessing resources that would enable them to embody effective followership, highlighting an organizational culture that prioritizes leadership development at the expense of holistic team growth.

6.4 Lack of collaboration

Three respondents identified key barriers to effective followership that directly impact the management of patient care, emphasizing the collective responsibility within healthcare teams. A lack of cooperation among colleagues, avoidance of responsibilities, and punctuality issues were highlighted as significant factors that can compromise the quality of patient care and increase the workload for others.

"Insufficient cooperation between colleagues may sometimes cause problems in patient care… Collaboration is essential to a team's success," noted Participant 7, underscoring the critical role of teamwork in healthcare settings. This reflection points to the necessity of fostering an environment where collaboration is prioritized to ensure efficient and effective patient care, illustrating the interconnectedness of followership behaviors with overall team performance and patient outcomes.

6.5 Language barriers

Language proficiency in English, emerged as a barrier to effective followership among healthcare professionals, as underscored by three participants. This challenge disproportionately affects Saudi nurses with diploma qualifications, impeding their ability to engage fully in their roles as followers. Participant 2 specifically noted the struggle within this group: *"I mean, there are some Saudi nurses, especially the ones with diplomas, who might struggle a bit with their English."* This observation points to the critical intersection of language skills and the capacity for effective followership in healthcare settings. Participant 4 offered a personal account of navigating this barrier, reflecting on improvement over time: *"I'm definitely struggling with English, though it's much better than it was at the beginning of my first year in the emergency department."* The practical implications of language barriers on followership are vividly illustrated by Participant 7: *"When I was head nurse,*

one of the Saudi nurses came to me to help him translate what the doctor had written in the patient's file." This instance highlights how language proficiency is not only a matter of individual capability but also a collective concern that impacts the dynamics of followership and leadership within the healthcare team.

These insights collectively emphasize the significance of English proficiency as a barrier to effective followership among nurses, particularly those with diploma qualifications. Addressing this challenge is essential for fostering a supportive environment where followers can contribute effectively, enhancing the overall quality of healthcare delivery.

7 | FACILITATORS OF FOLLOWERSHIP

Within this overarching theme, participants addressed some of the factors, skills, and characteristics or behaviors that they believed were important to facilitate effective followership in their workplaces. In the previous theme, participants spoke of barriers to followership that they felt were currently in place. When considering facilitators, the factors they considered were aspirational recognizing the need for change in their workplace.

7.1 Effective leadership

All participants highlighted the pivotal role of leadership in facilitating effective followership within the workplace. Participant 4 emphasized the importance of leadership qualities, noting, *"I consider many factors, including the leader and whether he or she is a good or bad leader. It's about who's the leader in this area."* This perspective underscores the critical influence of leadership on the dynamics of followership.

Echoing this sentiment, Participant 5 pointed out the detrimental effect of inadequate leadership on team effectiveness: *"Also, if the leader is not a good motivator for the team, and if the leader himself is not effective, then this will reflect negatively on the team and reduce the team's effectiveness level."* These insights collectively underscore the consensus among participants that the style and effectiveness of leadership are fundamental to nurturing an environment where effective followership can thrive.

7.2 Followership training

Four of the respondents highlighted the importance of followership training, given that followers represent the majority within any organization. They argued that such education is essential for fostering effective followership, enhancing team performance, and ultimately improving organizational outcomes.

Participant 6 emphasized the potential impact of specialized training on followership: *"If there are special courses on followership, as we work as a team, the more knowledge the team has, the better the outcomes will be, because the leader is one or very few, while the followers are the majority. If they have [good] training and knowledge, they are the ones who can raise the performance of leaders and the organization as a whole."*

Echoing this sentiment, Participant 2 supported the provision of training aimed at enhancing followership skills within the hospital setting: *"So, I think if the hospital could provide us with training for this, that will make it better for both the staff and the leaders."*

This perspective underscores the shared belief among participants that dedicated followership training could significantly contribute to the overall effectiveness of the healthcare team, suggesting an area for potential development within organizational training programs.

7.3 Experience

In the study, five participants emphasized the pivotal role of clinical experience in fostering effective followership within nursing teams. They argued that experience not only bolsters confidence but also significantly improves a nurse's ability to communicate clearly, thereby enhancing teamwork and collaborative efforts. Participant 1 highlights the foundational role of experience in effectiveness: *"The first factor that makes you effective is the factor of experience…When you are involved in a system or in an emergency and lack experience, it will be difficult even to express an opinion…Experience makes you able to participate effectively with the team and the leader."* Echoing this sentiment, Participant 3 points to the direct impact of experience on the quality of nursing practice: *"The experience, of course. It will have a huge affect on the quality of the practice."* This statement further solidifies the argument that practical experience is indispensable in honing the skills necessary for high-quality patient care and effective followership. Participant 2 shifts the focus slightly to clarify that it is

the practical, clinical experience that holds more weight than academic qualifications in this context: *"I think it's more about the experience, the clinical experience, not the qualifications."* This distinction draws attention to the tangible benefits of real-world experience over theoretical knowledge, suggesting that the former is more instrumental in developing the competencies required for effective followership in nursing.

Collectively, these perspectives illuminate a consensus among participants regarding the value of clinical experience in shaping effective followers.

7.4 Communication skills

Participants unanimously emphasized communication as a crucial skill for effective followership within healthcare, highlighting its role in fostering understanding and collaboration among nurses and with patients.

Participant 6 pinpointed communication's importance, stating, *"I think that the most important non-clinical skills for nurses is communication, which is an important skill to help nurses to understand each other and patients."* This highlights the vital role of communication in enhancing teamwork and patient care. Building on this, Participant 7 detailed the multifaceted nature of effective communication: *"Also, communication skills such as communicating in the department or communicating with team members effectively and listening to the instructions of the superiors with the possibility of exchanging views."* This elaboration stresses not only the transmission of information but also the significance of active listening and dialogue, even with superiors.

Through their insights, participants underline communication as foundational to effective followership in nursing. It is portrayed as essential for operational efficiency, mutual respect, and the establishment of a collaborative work environment, underscoring its pivotal role in healthcare settings.

7.5 Positive relationships, respect, and collaboration

Participants emphasized the critical roles of positive relationships, respect, and collaboration for effective followership in nursing. Participant 2 stressed the importance of good interpersonal dynamics and teamwork: *"Also, I think being friendly and having good relationships with your colleagues is very important to having a positive and friendly work environment. Being cooperative is also very important because sometimes nurses need to take care of other patients if their colleagues are*

on break, for example, or have left the department for any reason." This highlights the need for support and cooperation among nurses for a functional work environment.

Respect within the workplace was identified as key to job satisfaction by Participant 3, who stated, *"And the respect, for me, I'm a valued person. And, for me, the respect I gained from the institution is a very important and critical part of being satisfied with my job."* This underscores how respect significantly impacts nurses' sense of value and satisfaction at work.

Together, these insights reveal that fostering a culture of respect, collaboration, and positive relationships is essential in nursing, directly affecting job satisfaction and the effectiveness of care delivery.

7.6 Understanding own and other's roles

Understanding one's role and the roles of others within a team is crucial for effective followership, as noted by four participants. This insight is vital for patient care management and promoting teamwork. Participant 5 highlighted, *"also, knowing your role and the roles of others, this thing is very important, and helps you to be effective with others greatly."* Participant 6 added, *"As well as understanding the nature of the work of others in your team so that you can provide support and cooperation."*

These comments emphasize the importance of role clarity in enhancing teamwork and support in healthcare settings, suggesting that a comprehensive understanding of each team member's responsibilities is key to effective collaboration and patient care.

7.7 Commitment

Three participants underscored the pivotal role of commitment to both work and patient care as foundational for successful followership. This dedication, particularly to the health and safety of patients, was spotlighted as a defining characteristic of an effective follower or a staff member. Participant 7 highlighted this aspect of commitment, remarking, *"Secondly, interest in work and commitment to the times of attendance and departure from work. Also caring for the patient. I have only been employed in this place for the sake of caring for the patient or for the patient's interest."* This statement not only underscores the importance of punctuality and responsibility but also places a significant emphasis on patient care as a primary motivation for employment. Reinforcing the notion

of responsibility towards one's duties, Participant 2 further illuminated this idea by stating, *"Actually, good staff is when the staff are more committed to their assignments."* This reflects a broader understanding that commitment to tasks at hand is integral to the identity of effective staff members.

These insights collectively underscore the foundational role of work commitment and patient-centered care in defining successful followership within healthcare settings, highlighting the intrinsic link between professional dedication and the overarching goal of patient well-being.

7.8 Flexibility/Adaptability

Two participants underscored the importance of flexibility and adaptability for followers, especially in nursing. These skills are deemed essential for effectively navigating a variety of situations and challenges. The demand for such qualities has been particularly acute during crises such as the COVID-19 pandemic, which exacerbated staff shortages and equipment scarcities. Participant 3 vividly describes the ideal attributes of a nurse in this context: *"a good follower should always be resilient, self-motivated, self-reliant, independent, and, of course, flexible and adaptable to whatever changes or circumstances arise."*

This focus on adaptability and resilience showcases the indispensable role of nursing followers in adapting to crises, reinforcing that qualities often associated with effective followership are critical for crisis management and healthcare delivery.

8 | DISCUSSION

This qualitative study explored the nurses' conceptualization of followership, their involvement in decision-making as followers, and the barriers and facilitators of effective followership from their perspectives.

The participants' limited acquaintance with followership was anticipated and corresponds with the prevalent literature that characterizes followership as an overlooked and insufficiently researched topic (Spriggs, 2016; Everett, 2016; Leung et al., 2018; Carsten et al., 2010; Uhl-Bien et al., 2014; Loyola and Aiswarya, 2023). The participants' perception of followership primarily revolved around competencies related to teamwork and the interplay between followers and leaders for the coordination

of duties. The essential elements of followership, such as courage, assertiveness, the ability to speak up, voice opinions, and offer constructive criticism to leaders as needed, the capacity to reduce hierarchical structures, and the adoption of moral positions, were not initially included in their conceptualization of followership. These elements, among others, have been recognized in prior research as significant aspects of followership (Kelley, 1992; Chaleff, 2009; Carsten et al., 2010; Hay-David et al., 2022; Weber, Bunin, and Hartzell, 2022). For instance, when the participants were asked about what makes a good follower, or facilitator and what are the barriers to effective followership they identified factors that were more associated with teamwork rather than followership such as time management, cooperation and positive relationships, understanding of team roles, work-life balance challenges, language and understaffing barriers. Although such factors are important in increasing or decreasing work productivity and satisfaction, they are not necessarily related to followership. For example, time management, work-life balance and understaffing would not be factors that are relevant or directly affect exemplary followership or the individual's style of being a good follower. In the literature we find, that "a good follower is more like a partner, sharing a common vision with the leader, working actively to achieve it while also raising any concerns. Good followership requires judgment, competence, work ethics, honesty, courage, loyalty, discretion, and ego management" (Pathak and Wong, 2022, p.740). Although the participants identified other factors that related to followership such as leadership as an important barrier to or facilitator of exemplary followership, decision-making, effective communication, flexibility and commitment, but mostly they overlapped the concepts of teamwork or other work-related factors with followership. Hence, it is important to incorporate followership concepts into nursing education and continuous development training programs to increase nurses' knowledge and understanding of followership and its impact on clinical practice and patient safety.

The participants' involvement in decision-making was highly influenced by hierarchy and the power disparities that existed between nurses and their superiors or between nurses and physicians. This was consistent with earlier research that classified Saudi Arabia's organizational culture as one of a high-power distance (Hofstede, Hofstede, and Minkov, 2010), in which hierarchy dominates and followers have limited participation in decision-making (Schuder, 2016). The hierarchical relationships

and power imbalances between leaders and followers were reflected in some participants' language. This was evidenced by using terms such as 'boss' to refer to leaders and 'subordinate' to describe staff members. The participants' accounts revealed that followers' ineffective or limited involvement in decisions over patient care has resulted in some clinical errors and a sense of job dissatisfaction. The narratives provided by the participants pertaining to the impact of leadership on their effectiveness and on patient safety and their frustration about some poor leadership practices showed that leadership was a major barrier to exemplary followership. These narratives indicated that autocratic leadership practices, as opposed to transformational ones, are commonly used at their workplace. According to Robbins and colleagues, "An autocratic style is that of a leader who typically tends to centralize authority, dictate work methods, make unilateral decisions and limit employee participation" (2021, p.329). This further signifies that the enactment of exemplary followership would be greatly influenced by the specific style of leadership present within the organizational context (Robbins et al., 2021). Thus, enhancing and encouraging the knowledge and practice of transformational leadership and exemplary followership could be potential solutions for preventing unsafe practices and enhancing followers' satisfaction levels in the workplace (Pathak and Wong, 2022; Robbins et al., 2021; Hay-David et al., 2022; Adams and Gibson, 2022).

Another major barrier to followership was that the followership role or being a follower was perceived as unvalued compared to being a leader. The participants' responses pertaining to their preferences for assuming the leader and follower roles substantiated the notable power disparities inherent in these roles. This is because people "are socialized to view hierarchical systems such as organizations in terms of the status inequalities and power differentials that exist between individuals in various hierarchical positions" (Carsten et al., 2010, p.546). Five participants expressed a preference for assuming the leadership role to gain more power, influence, and access to training and career development opportunities, as these incentives were very limited in the followership role. For some participants, assuming the role of a follower was associated with reduced responsibility, as the burden of responsibility was commonly attributed to the role of the leader rather than the follower. This notion indirectly implies that the role of followers is perceived as unimportant or of lesser value than the role of leaders, potentially impeding the development of exemplary followership practices. This also accords

with Carsten et al, that "the image that followers are less responsible, accountable, and effectual than leaders is reinforced by a top-down approach to leadership that is grounded in hierarchical notions that status, power, influence, and prestige are reserved for those at the upper echelon" (2010, p.546). Some participants reported having exemplary followership qualities such as assertiveness and communication skills but seemed convinced that such qualities are more associated with the leader role than the follower role. The participants didn't appear to comprehend that the qualities required for effective followership are actually the same as those required for effective leadership (Kelley, 1988 and 1992; Chaleff, 2009; Everett, 2016; Carsten et al., 2010). The nurses involved in this study showed typical perspectives regarding the concepts of leadership and followership. Consistent with prior research, healthcare professionals, including nurses, doctors, and pharmacy clinicians, conceptualized followership in a negative light when compared with leadership (Barrow, McKimm, and Gasquoine, 2011; Gordon et al., 2015; Dikun et al., 2021). Therefore, it is important to increase awareness among healthcare professionals, both followers and leaders, about the importance of the follower role in healthcare. In addition, enhancing the equality between the leader and follower roles in terms of training, development opportunities, and incentives and using the concepts of exemplary followership and transformational leadership that allows and encourages exemplary followership practices could aid in the redefinition of the two roles, thereby achieving a state of balance that is characterized by complementarity and partnership rather than hierarchy. In this regard, the recommendations made to facilitate effective followership in the surgical field can be of benefit as they are also applicable to the nursing profession. They include “1) redefine and reinforce followership and leadership roles as equal but different activities; 2) teach essential skills such as critical thinking, discretion, adaptability, courage, loyalty, and ego management and well-balanced inter-personal communication to promote exemplary followership; 3) evaluate surgeons’ performance on the basis of their followership capacities; and 4) build organizational structure that encourages followership” (Pathak and Wong, 2022, p.741).

8.1 Limitations

The present study acknowledges certain limitations that merit consideration. Firstly, the recruitment of seven nurses from four health regions in Saudi Arabia, while deemed sufficient for achieving data saturation, presents a challenge in terms of representing the diverse experiences and

perceptions across the broader nursing population in Saudi Arabia. Additionally, the gender and national representation within the participant pool were limited, with a predominance of male nurses and only one expatriate nurse participating. This composition might have influenced the thematic insights, particularly regarding perceptions of followership, leadership, and professional dynamics in the context of Saudi Arabian healthcare settings. Future studies could aim for a more balanced gender and cultural representation to explore these dynamics further. Despite these limitations, this study offers valuable insights into the concept of followership within the context of nursing in Saudi Arabia, a topic that has been scarcely explored in the existing literature. This study should not be viewed as an isolated examination of followership in Saudi Arabia but rather as an integral component of a mixed-methods research project.

9 | CONCLUSION AND IMPLICATIONS

Our study delves into the intricate landscape of followership within the nursing profession in Saudi Arabia, uncovering themes that illuminate both the challenges and opportunities within this domain. The nuanced understanding of followership as distinct from, yet integral to, effective teamwork addresses a critical gap in existing research, providing a fresh lens through which to view the dynamics of healthcare teams. The identification of hierarchical and autocratic leadership as barriers to nurse involvement in decision-making highlights a pivotal area for managerial intervention. It also suggests the need for transformative leadership practices that empower nurses, especially within high-power distance cultures like Saudi Arabia. Furthermore, our exploration of the barriers to and facilitators of effective followership opens new pathways for enhancing nursing education and professional development programs, emphasizing the need to integrate followership concepts into nursing curricula and continuous professional development. Early exposure to and training in followership competencies can equip nurses with a balanced understanding of their roles as followers and leaders, enhancing their contribution to patient care and team dynamics.

The themes we have uncovered, while rooted in the Saudi Arabian context, speak to universal aspects of the healthcare experience, transcending cultural and geographical boundaries. The undervaluation of the follower role, for instance, reflects a widespread misunderstanding (Barrow, McKimm, and Gasquoine, 2011; Gordon et al., 2015; Dikun et al., 2021) that may hinder the efficacy of healthcare teams worldwide. By addressing this misconception, our study advocates for a global healthcare dialogue that repositions followership as a critical component of team success, paving the way for more cohesive and effective healthcare delivery systems across cultures. Additionally, the constraints on nurse participation in decision-making processes due to rigid leadership structures are challenges faced by healthcare systems around the world. Our findings offer a call to action for healthcare leaders globally to embrace more inclusive leadership models that empower nurses and other healthcare professionals. This approach acknowledges the significant role of followers in healthcare teams, which can lead to better patient outcomes and workplace satisfaction. Ultimately, this study contributes to the sparse literature on followership in nursing, particularly within a high-power distance culture, and lays the groundwork for further research to explore the nuances of followership across different cultural and organizational contexts. This will assist in developing universally applicable strategies for fostering effective followership in healthcare.

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ETHICS STATEMENT

Informed consent for participation was obtained from all the participants. This study was approved by the University of Adelaide Human Research Ethics Committee (approval number: H-2020-026) and the Central Institutional Review Board at the Ministry of Health in Saudi Arabia (log number: 20-161E).

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CHAPTER 6: THE INTEGRATION

Statement of Authorship

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Principal Author

Name of Principal Author (Candidate)	Sulaiman Alanazi
Contribution to the Paper	Performed analysis, interpreted data, wrote manuscript, and acted as corresponding author.
Overall percentage (%)	70%
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
Signature	Date 13 / 11 / 2023

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);
ii. permission is granted for the candidate in include the publication in the thesis; and
iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Richard Wiechula
Contribution to the Paper	Supervised development of work, helped in data interpretation, revised, edited & approved manuscript.
Signature	Date 13 / 11 / 2023

Name of Co-Author	David Foley
Contribution to the Paper	Co-supervised development of work, helped in data interpretation, revised, edited & approved manuscript.
Signature	Date 13 / 11 / 2023

Please cut and paste additional co-author panels here as required.

Followership of Nurses in Saudi Arabia: A Mixed Methods Study

Abstract

This study investigates followership in healthcare, focusing on nurses in Saudi Arabia. Followership is crucial yet understudied, especially in nursing, as it impacts team dynamics and patient care. No prior research in Saudi Arabia has examined nurses' followership. We used a sequential explanatory mixed methods design, incorporating a scoping review. The findings were subjected to joint display analysis and meta-inferences to extract key insights and overarching themes. The article showcases the value of mixed methods research in studying followership and the benefit of including systematic literature sources for improved integration in such research. Six integrated themes were identified and discussed. The findings emphasize the need of increasing awareness about effective followership to improve team dynamics among nurses in Saudi Arabia.

Key words: *Followership; Leadership; Nurses; Mixed methods research; Saudi Arabia*

1 | INTRODUCTION

Despite the inherent interdependent relationship between leadership and followership, the latter has received less research, education, and training attention compared to leadership (Kelley, 1992; Chaleff, 2009; Carsten et al., 2010; Everett, 2016; Uhl-Bien et al., 2014; Kellerman, 2008; Abdel Malak, 2016). Followership, though lacking a unified definition, can be understood as a multifaceted concept that encompasses not only the actions and willingness to follow a leader but also involves a deeper, synergistic relationship between the follower and the leader. It includes the ability and motivation to achieve goals, support initiatives, and contribute actively to a successful and creative partnership within the leadership process (Kelley, 1992; Chaleff, 2009; Carsten et al., 2010; Everett, 2016; Uhl-Bien et al., 2014; Kellerman, 2008; Abdel Malak, 2016).

While effective leadership is pivotal for setting vision, objectives, and directions, it is effective followership that translates these objectives into tangible outcomes through collaborative work and practical application at the organizational level (Kelley, 1992; Chaleff, 2009; Everett, 2016; Uhl-Bien et al., 2014). Contemporary healthcare organizations, marked by their complex structures and team-centric approach, now place higher expectations on their followers. These expectations extend beyond adherence to directives to include effective collaboration, initiative, assertiveness, critical thinking, problem-solving and active participation (Whitlock, 2013; Bunin, Durning, & Weber, 2022; Weber, Bunin, & Hartzell, 2022). This underscores the need for an understanding of followership that mirrors the depth and breadth of knowledge we possess about leadership. Spriggs (2016, p. 637), comments on the absence of followership from the medical curriculum, stating that "*Followership is beginning to become recognised as an important skill in physicians and one that should be taught and discussed with just as much vigour as leadership*." Followership competence will maximize the potential of healthcare teams and foster a high-quality, coordinated approach to care (Whitlock, 2013; Bunin, Durning, & Weber, 2022; Weber, Bunin, & Hartzell, 2022). Therefore, it is crucial to address followership unfamiliarity by effectively integrating it into research, education, training, and clinical practice.

1.1 | Followership and Nurses

Nurses play a crucial role within healthcare, as their roles involve the direct delivery of patient care. Thus, the safety and quality of patient care and the overall organizational dynamics can be profoundly affected by their followership behaviors (Whitlock, 2013; Lopez, & Freeman, 2018; Freeman, 2021). Nurses' interactions with other healthcare professionals, which call for effective communication, the need to navigate and apply complex medical protocols and procedures, and the use of critical thinking and quick decision-making in response to unexpected shifts in patients' conditions, are examples of the many ways in which followership can manifest itself in their daily clinical practice (Lopez, & Freeman, 2018; Freeman, 2021). Empirical studies have found that effective followership in nursing is linked to enhanced organizational outcomes (Lee, & Jung, 2013), better teamwork performance (Sculli et al., 2015), increased self-efficacy (Sculli et al., 2015), reduced burnout (Crawford, & Daniels, 2014), and increased job satisfaction (Gatti, Ghislieri, & Cortese, 2017; Leung et al., 2018), ultimately contributing to high-quality care and positive patient outcomes (Whitlock, 2013).

However, nurses' behaviors, styles and conceptualization of followership might differ across cultures. Carsten et al. (2010, p. 558) noted, "*It is highly likely that social constructions of followership will vary across cultures. Therefore, future research should consider whether and how aspects of cultural values play a role in the creation of schemas of followership*." This study focuses on followership among nurses in Saudi Arabia.

1.2 | Followership in Saudi Arabia

This study stands as the only research on followership across any health discipline within Saudi Arabia. In contrast, an abundance of leadership-related studies underscores the prevailing leader-centric orientation in Saudi Arabian culture. However, Saudi Arabia's Vision 2030, a transformative initiative affecting all government sectors including healthcare, emphasizes a more collaborative synergy between leaders and followers, challenging traditional hierarchical relationships (AL-Dossary, 2018; Alsufyani et al., 2020). The Saudi culture is deeply influenced by a unique mix of Islamic values, tribal traditions, high-power distance, and collectivism (Algarni et al., 2018; Almalki, FitzGerald, & Clark,

2011; AL-Dossary, 2018; Hofstede, Hofstede, Minkov, 2010). This context highlights the need for a deep understanding of followership within this setting. A deeper exploration can shed light on prevalent perceptions and highlight potential barriers to effective followership. Armed with these insights, decisions can be better informed, thereby optimizing the collaboration between nursing professionals and the larger healthcare teams they work alongside. By highlighting the importance of followership alongside leadership, Saudi Arabia can pave the way for more holistic organizational practices that recognize the value of every individual, regardless of their position in the hierarchy.

1.3 | Followership and mixed methods research

No previous studies have been found that utilize a mixed methods approach investigating followership. Previous researchers have highlighted the need for mixed method designs to advance the field of followership (Carsten et al., 2010; Uhl-Bien et al., 2014). Several scholars have emphasized the value of mixed methods research, particularly when studying under-explored phenomena (Creswell, & Plano Clark, 2018; Bryman, 2006; Ivankova, Creswell, & Stick, 2006; Teddlie, & Tashakkori, 2009; Johnson, & Onwuegbuzie, 2004).

Given that followership remains unexplored in Saudi Arabia, a mixed methods research approach, complemented by a systematic literature source, could offer a comprehensive understanding of followership among nurses in Saudi Arabia. Thus, we carried out this mixed methods study, which consists of three research components: a scoping review, quantitative, and qualitative elements. Each of these studies has been published separately (XXX, XXX, & XXX, 2023; 2022; *submitted for publication*), with the focus of this paper being the integration of these components.

1.4 | Purpose

The aim of this paper is to achieve an integration of these three research components, to create a consolidated perspective on followership among nurses in Saudi Arabia. This integrative approach is essential for several reasons. First, by combining multiple methods, we capture a more holistic view of followership, ensuring that we account for its multifaceted nature. Second, the richness and depth of insights obtained through this integrated approach exceed what might be achieved using any single method alone (Creswell, & Plano Clark, 2018; Bryman, 2006; Ivankova, Creswell, & Stick, 2006;

Teddlie, & Tashakkori, 2009; Johnson, & Onwuegbuzie, 2004). By merging quantitative, qualitative, and review elements, we are positioned to understand followership in healthcare settings both broadly and in-depth, especially in the unique socio-cultural context of Saudi Arabia. This comprehensive understanding ensures that followership in these settings is not only identified but also thoroughly understood, facilitating more effective interventions and policy-making in the future.

2 | METHODOLOGICAL INTEGRATION

Integration in mixed methods research (MMR) occurs at the levels of design, methods, and interpretation and reporting (Bryman, 2006; Creswell, & Creswell, 2018; Creswell, & Plano Clark, 2018; Ivankova, Creswell, & Stick, 2006; Tashakkori, & Creswell, 2007; Teddlie, & Tashakkori, 2009; Plano Clark, Garrett, & Leslie-Pelecky, 2010; Fetters, Curry, & Creswell, 2013). Figure 1 illustrates the overall integration of this mixed methods study which is detailed in the subsequent sections.

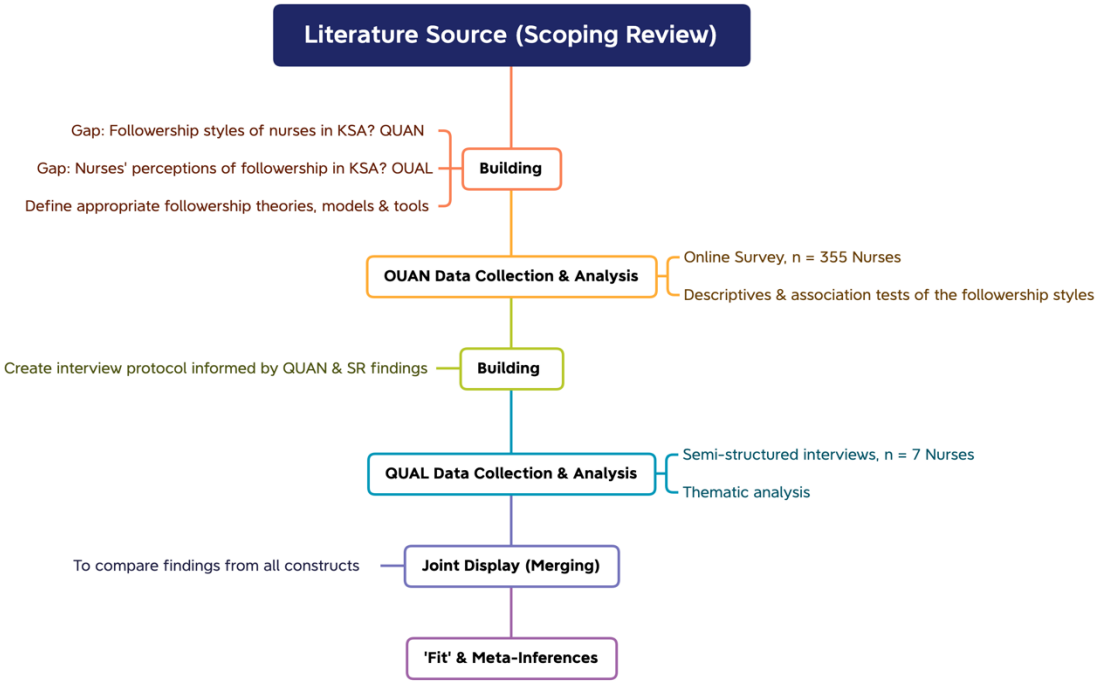

Figure 1. Integration of studies in a sequential explanatory mixed methods design using joint display. KSA = Kingdom of Saudi Arabia, QUAN = Quantitative, QUAL = Qualitative, SR = Scoping Review

2.1 | Design

For this study, we selected a sequential explanatory mixed-methods design, with a unique structure encompassing three research phases: a scoping review, quantitative analysis, and qualitative investigation. Although the conventional sequential explanatory design in MMR usually involves just the quantitative and qualitative components (Creswell, & Creswell, 2018; Teddlie & Tashakkori, 2009; Creswell & Plano Clark, 2017; Bryman, 2006; Ivankova, Creswell, & Stick, 2006; Tashakkori & Creswell, 2007; Fetters et al., 2013), the introduction of a scoping review was essential. This was because of the limited research on followership within health care which was even more limited in the Saudi Arabian context. Cooper, Brennan, Leslie, & Brown (2023, p.205) asserted that "*integration of literature sources in mixed methods research is novel and represents an evolution in mixed methods design*". By incorporating a scoping review, we broadly examined followership across various healthcare disciplines, establishing a foundational grasp of the concept.

2.2 | Methods

In our study, there were three core methods: a scoping review, a quantitative phase, and a qualitative phase. As highlighted by mixed methods scholars, integration at the methods level necessitates a meaningful connection between the various techniques utilized within the study (Teddlie, & Tashakkori, 2009; Fetters et al., 2013; Creswell & Creswell, 2018; Ivankova et al., 2006; Creswell & Plano Clark, 2018; Cooper et al., 2023). Such integration is achievable via one or more of four established linking approaches. *Connecting:* One phase's data influences the sampling of the next phase. *Building*: The results from one phase, guide or inform the data collection methods for the subsequent phase. *Merging*: Both qualitative and quantitative data are collected separately, with their integration predominantly occurring during the interpretation or reporting phases. *Embedding*: In this cohesive approach, both qualitative and quantitative methods are integrated throughout the research process. It is especially suitable for evaluation or intervention studies where consistent engagement between methods improves research quality.

In this mixed methods investigation, our chosen strategies were '*building*' for the method-level integration and '*merging*' for the interpretation and reporting level.

2.2.1 | The scoping review

We initiated our research by conducting a systematic scoping review aimed at understanding and mapping the state of followership research as it relates to healthcare clinicians (XXX, XXX, & XXX, 2023). This review considered studies with quantitative, qualitative, or mixed research designs, systematic reviews, and meta-analyses. The search spanned various health-related databases and extended to unpublished works from ProQuest Dissertations and Google Scholar. During the search process, there were no limitations set on publication date or language. A total of 42 studies were included in the review. The analysis process led to the development of a taxonomy rooted in the main objectives of the included papers. As a result, the following categories were identified: followership styles, followership impact, followership experiences, followership features, assertive followership, and followership interventions. Guided by the results of this review and utilizing the '*building*' approach, we then refined our research questions, objectives, and methods to be used in the subsequent quantitative and qualitative phases.

2.2.2 | The quantitative phase

The subsequent quantitative phase involved a cross-sectional study exploring followership styles and their correlation with socio-demographic profiles among nurses in Saudi Arabia (XXX, XXX, & XXX, 2022). A web-based survey using the Kelley Followership Questionnaire-Revised (Ligon et al., 2019) was administered to determine the followership styles of nurses. The survey also gathered sociodemographic details and work-related information. Conducted using SurveyMonkey® between August and October 2020, 355 nurses from different Saudi Arabian hospitals participated. While all participants were working in Saudi Arabia, they originated from Saudi Arabia, the Philippines, and India. The data was analyzed using logistic regression, with results presented as odds ratios. The majority (74%) of respondents identified with the "exemplary" followership style. Other observed styles included "pragmatist" at 19%, "conformist" at 4%, and "passive" at 3%. Logistic regression analysis revealed distinct correlations related to followership styles among nurses. Nurses who were expatriates, or who possessed higher education degrees (Master's/PhD), or who had increased years of experience, or who self-identified as leaders, were more likely to report an exemplary followership style. Conversely, the passive style was predominantly observed among male nurses. The pragmatist

followership style was more frequently linked with younger male nurses, Saudis, those with undergraduate degrees, those who self-identified as followers, or those who had shorter professional tenure. Using the *building* approach, we then developed an interview protocol for the qualitative phase, drawing insights from the findings of both the scoping review and the quantitative phase.

2.2.3 | The qualitative phase

In the final phase of the study, a qualitative approach was employed to understand how nurses in Saudi Arabia view followership (XXX, XXX, & XXX, *submitted for publication*). The qualitative phase allowed for a more in-depth exploration of nurses' perceptions of followership and their understanding of the concept, generating detailed and context-specific insights. Seven registered nurses from hospitals affiliated with the Saudi Arabian Ministry of Health were interviewed using a semi-structured format. Thematic analysis was utilized to identify key insights. The participants' responses highlighted four primary themes: understanding of followership, involvement in decision-making, barriers to effective followership, and facilitators of effective followership. The majority of participants lacked familiarity with the concept of followership, often confusing it with teamwork or similar notions. This misunderstanding was further compounded by a prevailing negative perception of the follower role, stemming from current power disparities and unequal incentives between leaders and followers. The constrained participation of nurses in decision-making was often attributed to hierarchical systems and autocratic leadership styles.

The sequential explanatory design allowed the researchers to build on each phase, ensuring alignment and continuity between the scoping review, the quantitative analysis, and the qualitative exploration (Ivankova et al., 2006). This methodical progression from general to specific understanding contributed to a greater comprehension of followership.

2.3 | Interpretation and Reporting

To integrate the findings of the scoping review, the quantitative and qualitative constructs, we used the '*Joint Display Analysis'* described by (Fetters & Tajima, 2022) as a *merging* technique for the integration at the interpretation and reporting level. Cooper et al., suggest that "*For the interpreting and reporting level, we recommend joint display as an effective technique to assist researchers in the side-*

by-side comparison of literature, quantitative and qualitative data sources. Side-by-side comparison using joint displays enhances the mixed data analysis process and provides a clear representation of the ensuing inferences" (2023, p. 9). Fetters & Tajima (2022) define this method (*Joint Display Analysis*) as "*the process of discovering linkages between the qualitative and quantitative constructs, organizing, and reorganizing the findings into a matrix or figure to optimize the presentation as a finalized joint display*" (p.4).

2.3.1 | Process for creating the Joint Display

Initially, we determined the key findings from the qualitative and quantitative analyses, as well as from the scoping review. This step set the foundation for structuring the joint display. Subsequently, we organized these findings preliminarily, using a basic tabular format (Fetters & Tajima, 2022; Cooper et al., 2023). During the alignment phase, we aligned the categories from the scoping review and the qualitative themes with the related quantitative statistics, resulting in a more cohesive display (Fetters & Tajima, 2022; Cooper et al., 2023). This visualization was then meticulously scrutinized for any gaps, overlaps, or discrepancies. A subsequent round of critical reviews prompted additional refinements to the joint display. This iterative method ensured the final visualization was both comprehensive and unified, clearly illustrating the relationships between the scoping review, qualitative and quantitative findings. Ultimately, the refined joint display facilitated a more holistic interpretation of the data (Fetters & Tajima, 2022; Cooper et al., 2023).

2.3.2 | 'Fit' of data integration

Evaluating the 'fit' of integration requires probing the findings for three specific attributes: confirmation, expansion or explanation, and discordance (Fetters et al, 2013; Cooper et al, 2023). *Confirmation* occurs when results from diverse data sources mutually reinforce each other. *Expansion or explanation* becomes evident when data from various sources add depth and breadth to the interpretation of the findings. On the other hand, *discordance* emerges when there are inconsistencies, contradictions, or disparities between the findings from different data sources (Fetters et al., 2013; Cooper et al., 2023). As articulated by Fetters et al., "*The 'fit' of data integration refers to coherence of the quantitative and qualitative findings*" (2013, p.2143).

To ensure this coherence, we established a criterion. For a finding to be considered, it must be present in at least two of the three research components: scoping review, qualitative, and quantitative constructs. This rule was essential to allow the examination of confirmation, expansion or explanation, and discordance. Any finding that fell short of this standard was excluded from the joint display analysis. For example, the subtheme 'language barriers' from the qualitative construct was absent in both the quantitative data and the scoping review, leading to its omission from the joint display. This method ensured that only the most substantive and relevant findings were taken into account, enhancing the validity of our integrated results.

3 | INTEGRATED FINDINGS

The Joint display analysis, Table 1, revealed six integrated themes: 1) Limited understanding of followership in the context of Saudi Arabia, 2) The follower role is often viewed negatively, 3) Cultural context affects followership styles, 4) Education and experience levels are key predictors of nurses' followership styles, 5) Limited frameworks for comprehensive followership, 6) Psychological barriers to effective followership are underrecognized or underreported among nurses in Saudi Arabia.

Table 1: Joint Display Analysis

Domains	Scoping Review Findings *Relevant categories*	QUAN Findings *Relevant statistics*	QUAL Findings *Relevant subthemes*	Mixed Methods Meta-Inferences (confirmation, expansion/explanation, discordance)
Followership Definitions / Perceptions	*Followership Features.* Followership is a collaborative role; emphasizing qualities like courage, assertiveness, critical thinking, support & challenge, questioning skills, self-management and effective communication.	**Not investigated**	*Understanding of followership.* Limited understanding, often confused with teamwork-related concepts.	**Discordance:** Nurses' understanding and definitions of followership were limited and did not fully accord with followership descriptions found in the scoping review findings. ***Integrated Theme:*** *Limited understanding of followership in the context of Saudi Arabia*
Attitudes towards the Follower Role	*Followership Features.* The follower role is often viewed negatively as compared to the leader role particularly among junior health care professionals.	54% preferred the *Leader* role. 46% preferred the *Follower* role.	*Being a follower is an unvalued role.* Due to power and incentives disparities that exist between leaders and followers.	**Confirmation:** In most cultures, the prevailing perception of followership, or the role of the follower, continues to be characterized by negativity and stereotypes as compared to the leader role. ***Integrated Theme:*** *The follower role is often viewed negatively*
Followership Styles: ***Exemplary (E)*** ***Pragmatist (P)*** ***Alienated (A)*** ***Conformist (C)*** ***Passive (Pv)***	*Followership Styles.* *Korea:*18% E, 36% P, 8% A, 17% C, 21% Pv *Pakistan:* 44% E, 38% P, 5%A, 5% C, 8% Pv *USA:* 93% E, 0% P, 0% A, 2%C, 0%Pv	*Saudi Arabia:* 74% E, 19% P, 0%A, 4% C, 3% Pv	**Not investigated**	**Discordance:** The distribution of followership styles differs between cultures ***Integrated Theme:*** *Cultural context affects followership styles*
Association between followership characteristics and nurses' levels of Experience (Ex)& Education (Edu)	*Followership Impact.* Significant correlations between followership characteristics and reported experience and educational levels were reported.	*p = .005, OR 1.06, 95% CI 1.02–1.11* ↑Ex = ↑E style *p = .004, OR 0.94, 95% CI 0.89–0.98* ↑Ex = ↓P style p = .001, OR 2.36, 95% CI 1.04–5.33↑Edu = ↑E style p= .022, OR 0.35 95% CI 0.14–0.86↑Edu = ↓P style	*Followership training; Experience.* Participants explained that training, education & experience improve confidence, opinion-sharing & teamworking skills.	**Confirmation:** In all data sets, nurses' levels of education and experience were found to have an impact on their followership characteristics. ***Integrated Theme:*** *Education and experience levels are key predictors of nurses' followership styles*
Knowledge, Skills, Attitudes & Other Characteristics (KSAOs) of Effective Followers	*Followership Features.* No single study provided a complete set of KSAOs relevant to effective followership. Many KSAOs of effective followers were identified & gathered from all studies.	2 KSAOs were evaluated: Independent critical thinking; Engagement.	*Communication skills, Positive relationships, respect & collaboration, Understanding own and others' roles, Commitment, Flexibility, Time management.*	**Explanation:** Participants, unfamiliar with followership, missed essential KSAOs and only emphasized teamwork skills. ***Integrated Theme:*** *Limited frameworks for comprehensive followership*
Barriers to Effective Followership	*Assertive Followership; Followership Experience* - Organizational Barriers (Assumed hierarchy, power discrepancies) - Psychological Barriers (fear of embarrassment, fear of being wrong, fear of retribution, natural avoidance of conflict and personality traits)	**Not investigated**	*Restricted involvement in decision-making; Followers have a right to be involved; Poor leadership.* These subthemes represent organizational barriers.	**Expansion:** While organizational barriers to effective followership are recognized, psychological barriers are overlooked. ***Integrated Theme:*** *Psychological barriers to effective followership are underrecognized/underreported among nurses in Saudi Arabia*

3.1 | Limited understanding of followership in the context of Saudi Arabia

This integrated theme stems from a noticeable *'discordance'* between the scoping review findings and the qualitative findings from the participants. While the scoping review portrayed followership as an active and collaborative role, enriched by qualities like courage, assertiveness, independent thinking, self-management, and the ability to provide constructive feedback, the qualitative insights paint a contrasting picture.

Participants exhibited a lack of familiarity with the concept of 'followership'. Most associated the term with generic notions of teamwork and traditional hierarchical dynamics prevalent in organizations. For instance, Participant 4 admitted their unfamiliarity with the concept of followership stating "*To be honest, no. I didn't get the meaning of it. But followers are like the people who are following the leader*." Similarly, Participant 6 linked the term to broader teamwork strategies, stating: "*I have not heard of it before, but as a concept, in my opinion, it is related to the work team and their strategies to coordinate work and follow leaders and guidelines*."

This contrast indicates that while global literature acknowledges followership as a proactive and dynamic role, among nurses in Saudi Arabia, followership is often perceived narrowly, primarily as passive adherence to leadership directives.

3.2 | The follower role is often viewed negatively

This integrated theme emerged through '*confirmation*' from the scoping review findings, quantitative data, and qualitative participant insights.

The scoping review revealed that even with the rise of modern leadership paradigms emphasizing collaboration and shared responsibilities, old hierarchical views continue to prevail, particularly in sectors like medicine and pharmacy (Dikun, et al., 2022; Gordon et al., 2015; Barrow, McKimm, & Gasquoine, 2011). These traditional perceptions endorse a leadership-focused mindset, placing followership in a less favorable light.

Supporting this viewpoint, the quantitative data showed that 54% of respondents favored leadership over followership. The qualitative insights, on the other hand, provided a deeper exploration of these views. For instance, Participant 2 observed the prevalent focus on leadership, remarking, "*No*

one is talking about followership; actually, we hear only about leadership." Expanding on this imbalance, Participant 5 felt a disregard for followers, commenting, "*the subordinates feel that they are absent from the training courses, absent from many things despite their importance in the health system*." Reinforcing a strong preference for leadership, Participant 4 pointed out its perceived power, stating, "*To be a leader, definitely…As a staff, I will definitely not be able to make that change in the department. The leader is everything*."

Collectively, these findings indicate that globally, followership is still viewed as a secondary role, overshadowed by the prominence and dominance of leadership.

3.3 | Cultural context affects followership styles

The emergence of this integrated theme is rooted in the noticeable *'discordance'* observed when comparing the followership styles across different cultural settings. Instead of illustrating a consistent pattern, the data highlights the profound influence of cultural context on the followership styles adopted by nurses.

Based on Kelley's followership model (1992), which categorizes individuals in relation to their followership behaviors into five distinct styles (exemplary, pragmatist, alienated, conformist, and passive), the scoping review and quantitative results reveal varied patterns. The exemplary followership style is most prominent in the United States with a prevalence of 93% (Boothe, Yoder-Wise, & Gilder, 2019). This is followed by Saudi Arabia's 74% (XXX, XXX, & XXX, 2022), Pakistan's 44% (Urooj et al, 2020), and Korea's 18% (Lee, & Jung, 2013). Pragmatists are significantly represented in Korea and Pakistan at 36% and 38%, whereas the United States has none. Saudi Arabia's pragmatists stand at 19%. The alienated style is scarcely represented, with both Saudi Arabia and the United States showing none, and Korea and Pakistan only having 8% and 5% respectively. Conformists are most present in Korea at 17%, with the United States, Pakistan, and Saudi Arabia reporting lower figures of 2%, 5%, and 4%, respectively. In terms of passive followership, Korea leads with 21%, followed by Pakistan's 8%, Saudi Arabia's 3%, and absence of this style in the United States.

The followership styles observed in each country are not just reflections of individual preferences but are deeply rooted in the cultural fabric of those societies. Such variations reinforce the

idea that followership should not be perceived as a universally standardized concept but rather one deeply influenced and shaped by cultural factors and values.

3.4 | Education and experience levels are key predictors of nurses' followership styles

This integrated theme emerges from the *'confirmation'* found between the scoping review and both quantitative and qualitative evidence.

The scoping review pointed to studies (Castillo, 1983; Wonders, 1996; Baker, Mathis, & Stites-Doe, 2011) showing that nursing students with higher Grade Point Averages (GPA), or nurses with advanced academic qualifications, and extensive professional experience score higher in some followership domains such as embracing change and leadership capabilities. At a statistically significant level, Table 1, the quantitative findings suggest that in Saudi Arabia, nurses with more years of experience were more likely to exhibit the exemplary followership style and less likely to exhibit the pragmatist style. Furthermore, when considering educational levels, those with postgraduate degrees were more likely to adopt the exemplary style and less likely to adopt the pragmatist style, compared to nurses with undergraduate degrees. Qualitative insights from Saudi Arabia expanded on this association. Participants emphasized the significance of consistent training, education, and practical experience in elevating nurses' confidence, enhancing their ability to share opinions, and fostering effective teamwork. One of the participants expressed this notion, stating, "*When you are involved in a system or in an emergency and lack experience, it will be difficult even to express an opinion… Experience makes you able to participate effectively with the team and the leader*" [Participant 1].

Drawing from these diverse data sources, it is evident that the influences of education and experience levels play a major role in shaping the followership styles of nurses.

3.5 | Limited frameworks for comprehensive followership

The integrated theme of 'Limited frameworks for comprehensive followership' emerged from the joint display analysis of the three data sets. This theme essentially highlights the existing gaps in the literature concerning a holistic set of knowledge, skills, attitudes and other characteristics (KSAOs) for effective followership. Despite multiple research endeavors, a comprehensive framework of the essential KSAOs for effective followership remains unidentified.

The scoping review findings shed light on this gap, revealing that none of the included studies managed to offer an exhaustive list of KSAOs that can be deemed essential for effective followership. On the quantitative side, the analysis centered mainly on two KSAOs: Independent critical thinking and Commitment/Engagement, framed within Kelley's Followership Model (1992). Examining the qualitative findings, participants described KSAOs like communication skills, positive relationships, mutual respect, collaboration, role comprehension, flexibility, and time management. While these elements are undoubtedly important, they predominantly reflect teamwork competencies rather than the core constructs of followership that include but are not limited to critical thinking, courage, constructive challenge, self-management, partnership skills, leadership skills, conflict management, and assertiveness.

The meta-inference provides an '*explanation'* for the observed findings. One key insight is the participants' limited understanding of the concept of followership. This was evident in the first integrated theme, highlighting why many participants failed to recognize the essential KSAOs related to followership. Instead, they mainly focused on KSAOs that align with teamwork skills. The data gathered from the three research components emphasize the need for more research in this area. This will help bridge the current knowledge gap and aid in creating a followership model specifically designed for nursing practice.

3.6 | Psychological barriers to effective followership are underrecognized or underreported among nurses in Saudi Arabia

Emerging from the comparison of the review findings and participant narratives, this integrated theme offers an *'expansion'* in understanding the challenges faced by healthcare professionals. While the scoping review outlined both organizational and psychological barriers to effective followership, the qualitative feedback from the Saudi participants primarily concentrated and expanded on the former. Organizational challenges, such as hierarchy, power disparities, and restricted involvement in decision-making, were prominent in their accounts. For instance, Participant 6 highlighted a detrimental outcome of hierarchical dynamics: "*Instead of curing something simple, a major deterioration in the patient's condition was the result of the doctor or manager not listening to his subordinates*." Similarly,

Participant 5 expressed frustration over their voice being ignored: "*I was frustrated, as I wonder why rejecting an opinion in the interest of everyone*." The hierarchy of decision-making was further highlighted by Participant 2, who stated, "*The decision-making in relation to patient care is not all up to nurses or nursing in general. So that's more up to the doctors, to be honest with you*." These findings align with Alsufyani et al.'s (2020) observation on the challenges persistently encountered by nurses in Saudi Arabia. They noted, "*most obstacles have been formed due to the hierarchical structures of decision-making, which include employee empowerment and autonomy, that hinder quality of care and develop a lack of trust between employees and managers*" (p. 3).

Yet, despite these clearly identified organizational challenges, the more covert psychological barriers, such as fears of embarrassment, being wrong, or facing retaliation, seemed to be alluded to but not explicitly addressed by the participants. This can be evident in Participant 1's comment, "*Sometimes, one might be too shy to talk, or perhaps it's a matter of poor assessment",* or in Participant 4's account, "*I'd like to be a leader and create a healthy environment for myself and my colleague to provide proper nursing care without feeling threatened.*" This subtle gap, in conjunction with the meta-inference, suggests that while Saudi nurses might be well-aware of organizational barriers they face, there is an unrecognition or perhaps an underreporting of psychological impediments influencing their followership roles. This finding was in alignment with Zeng, Xu, & Zhao (2023) who pointed out that *"enough attention has still not been given to the influence of internal factors of followers on followership from the followers' perspective"* (p. 10), underscoring the need to delve deeper into these psychological or intrinsic factors when analyzing followership to understand their influence on nurses' followership styles and behaviors.

4 | DISCUSSION

This mixed methods study provides a comprehensive understanding of the multifaceted nature of followership within the nursing profession, particularly in the context of Saudi Arabia. In the following sections, we elaborate on the importance and applicability of the six integrated themes by connecting them with relevant theories and a wide body of literature.

4.1 | Followership between theory and reality

Our study revealed a stark contrast between the theoretical constructs of followership and common practical perceptions. In the literature, followership is theorized as an active and participatory role, emphasizing qualities such as courage, assertiveness, critical thinking, constructive challenge, and accountability, with significant importance in realizing leadership visions and impacting organizational outcomes. However, in reality, the majority of participants were unfamiliar with the term 'followership' and its foundational principles, often associating it with lesser responsibility compared to leadership roles. This viewpoint mirrors Carsten et al., who note that "*the image that followers are less responsible, accountable, and effectual than leaders is reinforced by a top-down approach to leadership, rooted in hierarchical notions that status, power, influence, and prestige are reserved for those at the upper echelons*" (2010, p.546). While academic literature portrays followership as a valued and proactive role, prevailing perspectives often deviate from this view, frequently view followership through traditional and passive stereotypes, undervaluing it relative to leadership. The lack of understanding of followership and the undervaluation of the follower role is not a phenomenon confined to Saudi Arabia, but is also prevalent in most cultures (Dikun, et al., 2022; Hofstede et al., 2010; Gordon et al., 2015; Can, & Aktaş, 2012; Barrow, McKimm, & Gasquoine, 2011). Addressing this gap requires a significant shift in perceptions through comprehensive awareness campaigns and educational interventions, emphasizing the value and potential of effective followership, especially within healthcare settings.

4.2 | Followership and culture

The variances in followership styles across different countries highlight the profound influence of culture on how followership manifests in healthcare settings. These observations align with the theorizations of Kelley (2008), Hofstede et al. (2010), Chaleff (2016), Carsten et al. (2010), and others. They posit that followership constructions and styles may vary across cultures. Specifically, cultures with low power distance and a focus on individualism tend to value and promote initiative, autonomy, and active engagement (e.g., exemplary followership style). In contrast, cultures marked by high power distance and collectivism prioritize conformity, loyalty, and adherence to established hierarchies (e.g., passive, conformist, pragmatist followership styles) (Akamine et al., 2021; Schuder, 2016; Can, &

Aktaş, 2012). Cultural values, social norms, and national characteristics shape how individuals perceive their followership-leadership roles, responsibilities, and interactions within teams. Thus, healthcare organizations operating in multicultural settings should be aware of these cultural variances to tailor team-building efforts, training programs, and followership and leadership approaches accordingly.

4.3 | Followership and Benner's theory

The link between increased clinical experience and higher education levels in nurses with an exemplary followership style aligns well with Benner's (1984) theory detailing the growth from novice to expert. As nurses move from being novices to advanced beginners, then to competent, proficient, and ultimately experts, they gather more than just clinical skills. This growth enriches their understanding of how organizations work, leading them to adopt a more proactive and independent approach (Benner, 1984), characteristic of the exemplary followership style. This progression also deepens their understanding of the value and impact of expertise in patient care. Such an understanding becomes evident in the expressed frustrations of one participant who stated, "*I was frustrated, as I wonder why rejecting an opinion in the interest of everyone, the patient's interest, and the department's interest by avoiding mistakes that may occur due to the lack of nurses with strong experience in the afternoon and night shifts*." This feedback underscores the need for nursing management to revise their staff allocation strategies, ensuring that nurses are distributed across shifts in a manner that maintains a consistent level of expertise and competence. Such strategic allocation is key to optimizing patient care and enhancing the overall efficiency of the department.

4.4 | Followership: A call for comprehensive frameworks

The study has highlighted a significant gap in the availability of comprehensive frameworks for followership, in stark contrast to the well-established frameworks for leadership, such as the LEADS framework (Lead self, Engage others, Achieve results, Develop coalitions, and Systems transformation) (Dickson & Tholl, 2020). While some theoretical models have been established to identify different followership styles (Kelley, 1992; Chaleff, 2009; Kellerman, 2008), these models serve primarily as a starting point to recognize various follower types within an organization and are not practical for clinical settings. In professions like nursing, where teamwork and interdependence are paramount,

understanding and fostering effective followership are essential. However, teaching nurses to be competent in the role of followership becomes challenging when there is a lack of clarity regarding the essential skills and behaviors required for effective followership. Therefore, there is a pressing need to develop and empirically validate a holistic followership framework tailored to the healthcare context. Such comprehensive frameworks have the potential to enhance comprehension, education, and the refinement of evaluation, assessment, and professional development plans for nurses, ultimately advancing the profession in this domain.

4.5 | Followership and psychological safety

The influence of psychological factors on nurses' followership reveals a multifaceted challenge. First, we must ascertain if this oversight stems from a lack of recognition of their relationship with followership. Given the limited understanding of followership, this seems probable. Alternatively, it could be due to concerns about *'psychological safety,'* especially in light of the pronounced hierarchical structures in their workplaces. It is also possible that both factors play a role. Psychological safety, as introduced by Edmondson & Lei (2014), refers to a team environment where members feel safe to take risks. In such a setting, individuals feel confident voicing their opinions, asking questions, admitting mistakes, or presenting novel ideas without the fear of punishment or humiliation (Edmondson & Lei, 2014). Creating an environment of psychological safety plays a pivotal role in fostering creativity, promoting learning, encouraging constructive followership behaviors, and fostering enhanced team dynamics and outcomes (Whitlock, 2013; Weber, Bunin, & Hartzell, 2022; Zeng, Xu, & Zhao, 2023). While our study highlighted the overt organizational barriers, the covert psychological challenges deserve focused attention and exploration.

4.6 | Limitations

Our mixed methods study has limitations across each of its components. In the scoping review, the primary limitation lies in the lack of appraisal for the included studies, potentially affecting the validity of our synthesis. The quantitative phase faced challenges with a small sample size and the reliance on convenience sampling, which might affect the representativeness and strength of our findings. Meanwhile, the qualitative segment, characterized by a predominantly male and Saudi-centric

sample with just one expatriate nurse, may not capture the breadth of experiences and viewpoints, especially considering the diverse expatriate nationalities in the Saudi healthcare sector. Future endeavors in this research area should address these limitations to ensure more comprehensive and generalizable insights. Moreover, our mixed methods research faced challenges due to the distinct nature of quantitative and qualitative data, limiting direct comparison of some variables. However, by integrating a scoping review, these challenges were overcome.

4.7 | Contribution to the Field of Mixed Methods Research

To our knowledge, this is the first study that employed a mixed methods approach in investigating followership in nurses. Prior studies have emphasized the potential of mixed methods to deepen our comprehension of this subject (Carsten et al., 2010; Uhl-Bien et al., 2014). Our study aligns with these views, illustrating the distinct value of a mixed-methods framework. A distinguishing feature of our work is the incorporation of a scoping review alongside the quantitative and qualitative components. Cooper et al. (2023) have alluded to the value and innovative nature of integrating literature sources within mixed methods research. Our study offers empirical evidence in support of this proposition.

The scoping review served as a crucial pillar for our mixed methods study. Its significance became particularly pronounced during the phase of integration. In the course of our research, distinct variables, due to their nature, were identified and examined exclusively within the quantitative or the qualitative strands, thus precluding direct comparative analysis, see Table 1. The inherent differences between quantitative and qualitative data often pose challenges for mixed methods researchers (Creswell & Plano Clark, 2018; Teddlie, & Tashakkori, 2009; Fetters et al., 2013). As Plano Clark et al. (2010) point out, these differences can sometimes make it difficult to directly compare or integrate findings. However, in our mixed methods study, the integration of the scoping review effectively bridged these methodological discrepancies, enabling a more comprehensive comparative evaluation. The scoping review offered a framework within which different types of data could be contextualized, compared, and ultimately integrated. This not only enhances the validity and reliability of mixed methods research but also contributes to a richer, more deeper understanding of the research topic. Therefore, inclusion of systematic literature sources can offer valuable support in mixed methods

research, aiding in the design, contextualization, and integration of diverse data sources. They help researchers navigate the complexities of mixed methods designs and derive more meaningful insights from their studies.

In consideration of our research design, we suggest adding the term *'scoping'* to the widely recognized 'sequential explanatory' design in mixed methods. This gives rise to the term *'sequential scoping-explanatory'* mixed methods design. Introducing this descriptor signifies that the mixed methods incorporate a systematic literature source, while also highlighting the specific type of review that was integrated. Future studies looking to incorporate different forms of literature can adjust the terminology to suit their approach.

5 | CONCLUSION

In this comprehensive exploration of followership among nurses in Saudi Arabia, our mixed-methods study highlighted several critical findings. Primarily, there is a noticeable lack of understanding regarding followership's role and significance in the Saudi Arabian context. This lack of awareness is intensified by a global perspective that often portrays the role of a follower negatively. Additionally, factors such as cultural background, educational attainment, and levels of experience play a key role in shaping followership styles. The findings also highlight the lack of comprehensive frameworks dedicated to addressing followership. Finally, psychological factors that could influence followership behaviors among nurses in Saudi Arabia are not well understood, leaving their true impact on these behaviors unclear. With these integrated findings as our foundation, we transition into their broader implications for both practice and future research, as discussed in the subsequent sections.

5.1 | Implications for practice

The exploration of followership in the Saudi Arabian healthcare context has revealed insights with clear implications for practice. Firstly, there is a need to address the imbalance in the nursing curriculum, which currently places more emphasis on leadership education (Bunin, Durning, & Weber, 2022). To foster effective healthcare teams, followership must be recognized as a distinct skill and taught with equal emphasis (Chaleff, 2016; Spriggs, 2016). Simulated team-based scenarios can serve

as valuable tools for nursing students to experience and reflect on real-world followership behaviors (Hay-David et al., 2022). Additionally, healthcare organizations should understand how both passive and active followership styles affect team dynamics, as the dominance of one style over the other can significantly impact patient outcomes. Psychological safety is crucial to encourage open dialogue among healthcare professionals, and leaders should actively foster an environment of trust and inclusivity (Weber, Bunin, & Hartzell, 2022; Zeng, Xu, & Zhao, 2023). Moreover, there should be a shift in performance evaluations to consider followership capabilities equally, thus motivating healthcare professionals to embrace proactive followership roles (Pathak, & Wong, 2022; Weber, Bunin, & Hartzell, 2022; Lopez, & Freeman, 2018). Collectively, these implications emphasize the need for a reimagined approach to followership within the Saudi Arabian healthcare setting, recognizing its value and potential impact on team dynamics and patient care.

5.2 | Implications for research

For future research, the study has highlighted several areas that warrant further exploration both within Saudi Arabia and beyond. It is essential to diversify participant groups, engaging with nurses from various nationalities working within the Saudi healthcare sector to gain a more comprehensive understanding of followership. Delving into the psychological barriers to effective followership can provide insights into how these factors influence followership styles and practices. The absence of comprehensive followership frameworks in nursing presents a tangible direction for future research, with a focus on developing and validating these frameworks to facilitate standardized education and training protocols. A longitudinal approach could shed light on how followership behaviors evolve over time, especially after targeted training and education, and measure their impact on clinical or organizational metrics. Lastly, the use of cross-disciplinary approach to followership investigation. For instance, involving a comparison between healthcare and the aviation industry known for its safety protocols and focus on human factors (Green et al., 2017), may reveal valuable shared best practices and insights. Exploring these implications might lead to a better understanding of followership, improved training, and ultimately enhance teamwork dynamics and patient outcomes in healthcare.

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CHAPTER 7: CONCLUSION

This comprehensive study, encompassing a scoping review, quantitative, and qualitative analyses, provides a deep dive into the realm of healthcare clinician followership, with a particular focus on nurses in Saudi Arabia. It uncovers a multifaceted understanding of followership, elucidating how it is perceived, practiced, and impacted by various factors in the healthcare setting.

A notable finding is the identification of diverse followership styles among healthcare clinicians, significantly influenced by factors such as gender, nationality, educational background, and professional experience. These styles are not static but rather fluid, changing with the clinicians' evolving personal and professional contexts. This variation underscores the importance of recognizing and adapting to different followership dynamics within healthcare teams.

The study also highlights a prevailing gap in the comprehensive understanding and application of followership principles within the healthcare sector. This gap is partly attributed to the cultural nuances and hierarchical nature of the medical field, particularly in the Saudi Arabian context. The cultural dimension plays a critical role, often shaping clinicians' perceptions of followership in a way that may conflict with its constructive and collaborative ethos.

Moreover, the findings suggest that followership is frequently overshadowed by leadership in both practice and perception. There is a tendency to undervalue the role of a follower, with a bias towards leadership positions. This imbalance not only affects team dynamics but also impacts the quality of patient care and clinical outcomes. Nurses, for instance, have shown limited comprehension of true followership, often conflating it with general teamwork or subordinate roles. This misconception can lead to a lack of active engagement in critical decision-making processes and, in some cases, contribute to clinical errors and job dissatisfaction.

Despite these challenges, there are positive indicators of an emerging recognition of the need for exemplary followership. Participants in the study expressed a desire for more active involvement and acknowledgment in their roles, highlighting the potential for improved patient outcomes and workplace satisfaction through effective followership.

In conclusion, this study sheds light on the complex landscape of followership in healthcare, revealing the nuanced interplay of cultural, educational, and professional factors in shaping followership styles and perceptions. It underscores the need for a paradigm shift in healthcare culture - one that values and integrates followership as a critical component of effective team dynamics and quality patient care.

7.1 Recommendations

The findings of this comprehensive study on healthcare clinician followership, particularly focusing on nurses in Saudi Arabia, illuminate several avenues for practical application. These recommendations are aimed at harnessing the potential of effective followership to enhance team dynamics, improve patient care, and foster a more inclusive and balanced healthcare environment.

1. **Curriculum Development in Nursing Education:** Recognizing the gap in followership understanding, there's a pressing need to revamp nursing education curricula. This includes the integration of followership theories and practices alongside leadership training. By doing so, nursing students will be equipped with a balanced skill set that values both leadership and followership roles, preparing them for real-world challenges in healthcare settings.
2. **Strategic Follower Assessment for Team Formation:** The findings indicate a strong correlation between followership styles and various demographic factors. Therefore, it is recommended that healthcare institutions implement strategic assessment tools to evaluate potential followership styles during the hiring process or team formations. This approach will ensure the alignment of individual capabilities with team and departmental needs, particularly in high-stakes areas such as emergency or critical care.

3. **Enhanced Training and Development Programs:** There is a clear need for comprehensive followership training and development programs within healthcare organizations. These programs should focus on enhancing the understanding and practice of effective followership, ensuring that healthcare professionals are well-equipped to contribute positively to team dynamics and patient care outcomes.
4. **Promotion of Transformational Leadership:** The study highlights the impact of leadership styles on followership dynamics. Promoting transformational leadership within healthcare settings can create an environment where followers feel valued and empowered. This shift can lead to improved job satisfaction, reduced clinical errors, and better patient outcomes.
5. **Organizational Emphasis on Followership:** To address the undervaluation of followership roles, it's crucial for healthcare organizations to adjust their evaluation and reward systems to recognize and incentivize effective followership. This cultural shift within organizations will help in balancing the focus between leadership and followership, acknowledging their interdependence for successful team functioning.

7.2 Future Research

The study's findings also open several pathways for future research, each presenting an opportunity to deepen our understanding of followership in healthcare settings. These implications aim to address existing gaps in the literature and suggest directions for upcoming studies to enrich the body of knowledge on this topic.

1. **Development of Comprehensive Followership Frameworks:** Future research should focus on developing holistic frameworks for understanding and evaluating followership in healthcare. These frameworks should integrate the varied skills and qualities essential for effective followership, as identified in the study. Such frameworks could become the cornerstone for educational programs and organizational assessments.
2. **Longitudinal Studies on Followership Training Outcomes:** There is a need for longitudinal research to examine the long-term effects of followership training on clinical practice.

Investigating whether such training leads to a tangible reduction in clinical errors and improvements in patient care can provide valuable insights into the efficacy of followership development programs.

3. **Cross-Cultural and Multidisciplinary Studies:** Exploring followership in diverse cultural contexts and comparing it across different disciplines, like aviation, can offer a broader perspective on effective followership practices. Such cross-disciplinary research can uncover universal principles and unique approaches beneficial across various fields.
4. **Exploration of Psychological Factors Influencing Followership:** Investigating the psychological aspects that shape followership behaviors and styles can shed light on the underlying motivations and barriers to effective followership. This line of research can inform more targeted training and support interventions.
5. **Use of Mixed-Methods Research Approaches:** Employing mixed-methods approaches in future followership studies can provide a more comprehensive understanding of the phenomenon. This methodology allows for a combination of quantitative data's objectivity with the rich, contextual insights offered by qualitative research, leading to a more nuanced understanding of followership in healthcare.

By exploring these recommendations and implications, the field of healthcare might make strides towards recognizing and appreciating the role of followership, ultimately leading to enhanced teamwork dynamics and patient care outcomes.

7.3 Personal Reflections

As I embarked on my PhD journey to explore the concept of *followership*, I was initially filled with hesitation and confusion. The literature on this topic was sparse and fragmented, which led me to consider changing my research focus entirely. However, my supervisors played a crucial role in redirecting my path. They emphasized the significance and potential contribution my research could make to the field, encouraging me to delve deeper into the subject. This guidance was instrumental, and

as I progressed with the scoping review and gained some preliminary results, my confidence in my research direction solidified. I began to understand the critical role of effective followership, especially within the healthcare sector.

My interest in followership was further shaped by personal experiences. In 2008, I worked as an enrolled nurse in the Emergency Room (ER) of a small hospital in Al Qurayyat, a city in the north of Saudi Arabia. At that time, the ER was inadequately equipped, lacking specialized staff and equipment necessary for managing critical cases, particularly those related to cardiac emergencies. One day, a patient in severe distress presented with symptoms indicative of a Myocardial Infarction (MI)—he was over 60, sweating profusely, experiencing shortness of breath, and complaining of severe central chest pain. Based on my assessment, I urgently informed the ER resident of my suspicion that the patient was suffering from an MI and emphasized the need for immediate transfer to the ICU. Unfortunately, my concerns were initially dismissed by the resident, who questioned my role in diagnosing or suggesting treatment plans, highlighting a clear disconnect in our perspectives on the roles and contributions of nurses. Despite this, I persisted, taking the patient's ECG results directly to the ICU, where a doctor confirmed the MI diagnosis and expedited the patient's transfer. The quick actions taken in the ICU saved the patient's life after he experienced a cardiac arrest.

This incident underscored the importance of effective followership for me. It demonstrated that healthcare professionals, regardless of their position, need to be aware of and value the contributions of all team members. If the concept of effective followership had been embraced in that ER, the initial response to the patient's condition might have been more collaborative and timely.

Reflecting on this experience in the context of my PhD research, I see a profound connection between followership and patient safety. Incidents like the one I encountered, along with others shared by participants in my study and the known case of Eline Bromley, highlight the potential consequences of undervaluing followership in healthcare. These experiences reinforce the necessity for a healthcare

culture where the insights and concerns of all clinicians are respected and considered, fostering an environment where patient safety is paramount.

In summary, my journey into the study of followership has been deeply personal and professional, informed by critical reflections on past experiences and driven by the encouragement and support of my academic mentors. The importance of fostering effective followership in healthcare cannot be overstated, as it is integral to improving patient care and safety. This realization not only shapes my research focus but also emphasizes the need for systemic changes in how healthcare teams collaborate and communicate especially in high-power distance cultures such as Saudi Arabia.

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Appendix 1: Ethics approval (University of Adelaide)

RESEARCH SERVICES
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND INTEGRITY
THE UNIVERSITY OF ADELAIDE

LEVEL 4, RUNDLE MALL PLAZA
50 RUNDLE MALL
ADELAIDE SA 5000 AUSTRALIA

TELEPHONE +61 8 8313 5137
FACSIMILE +61 8 8313 3700
EMAIL hrec@adelaide.edu.au

CRICOS Provider Number 00123M

Our reference 34293

28 August 2020

Dr Richard Wiechula
Nursing

Dear Dr Wiechula

ETHICS APPROVAL No: H-2020-026
PROJECT TITLE: Followership in nurses working in Saudi Arabia: A mixed methods study

Thank you for the amended ethics application provided on the 25th of August 2020 requesting an amendment to broaden the pool of hospitals and conduct the data collection online. The amendment has been approved.

The ethics amendment for the above project has been reviewed by the Low Risk Human Research Ethics Review Group (Faculty of Health and Medical Sciences) and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research 2007 (Updated 2018)* involving no more than low risk for research participants.

You are authorised to commence your research on: 24/02/2020
The ethics expiry date for this project is: 28/02/2023

NAMED INVESTIGATORS:

Chief Investigator:	Dr Richard Wiechula
Student - Postgraduate Doctorate by Research (PhD):	Mr Sulaiman Mohammed Alanazi
Associate Investigator:	Dr David Foley

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled Annual Report on Project Status is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/research-services/oreci/human/reporting/. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the information sheet and the signed consent form to retain. It is also a condition of approval that you immediately report anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,
- previously unforeseen events which might affect continued ethical acceptability of the project,
- proposed changes to the protocol or project investigators; and

- the project is discontinued before the expected date of completion.

Yours sincerely,

Ms Yvette Kim Clarissa Wijnandts
Secretary

The University of Adelaide

Appendix 2: Ethics approval (Ministry of Health-KSA)

Kingdom of Saudi Arabia
Ministry of Health
Central IRB
GDRS

المملكة العربية السعودية
وزارة الصحة
اللجنة المركزية لأخلاقيات البحوث
الإدارة العامة للبحوث والدراسات

اللجنة المركزية لأخلاقيات البحوث بوزارة الصحة

Central Institutional Review Board

National Registration Number with NCBE-KACST, KSA: (H-01-R-009)

Approval Letter

Date: 13/08/2020
Central IRB log No: 20 – 161E
Category of Approval: Exempt
Affiliation: Aljouf University

Dear Sulaiman Mohammed Alanazi

The Central IRB-MoH pleased to inform you that your study mentioned below has been reviewed and was approved according to ICH-GCP. Approval was given for **one year** from the date of this letter.

Protocol Title	Followership in Nurses Working in Saudi Arabia: A Mixed Methods Study.
Documents Reviewed	Study proposal, CV, Request for exempt status, PI statement, signed consent form, signed Data Sharing Agreement, study questionnaire, Ethics certificate

Approval Conditions:

- Abide by the rules and regulations of the Government of Saudi Arabia, NCBE, Central IRB and the IHC-GCP guidelines.
- To conduct research as per the approved documents.
- Research participant confidentiality should be protected at all times.
- All researchers are required to have current and valid certificate on Protecting Human Research Participants (NIH or NCBE certificate).
- Amendment to the approved documents, the Principal Investigator is required to advise the Central IRB for its approval before implementation.
- If PI is unable to complete his research within the validation period, he will be required an extension letter from the Central IRB one month before the expiry of the approval.
- Document Retention: all study documents should be kept by the Principal Investigator for a period of **5 years** from study completion.

e-mail: GDRS-IRB@moh.gov.sa

Kingdom of Saudi Arabia
Ministry of Health
Central IRB
GDRS

المملكة العربية السعودية
وزارة الصحة
اللجنة المركزية لأخلاقيات البحوث
الإدارة العامة للبحوث والدراسات

- This letter gives you an ethical clearance to implement your study according to the approved documents and you still need to obtain administrative approval from the site/s where the study will be conducted.
- **At the end of the study**, please submit Final Report including the results or copy of the manuscript intended for publication to MOH data base: e-review.marifah.gov.sa

We thank you for submitting your study for review by the Central IRB-MoH and wish you all the best with this study.

If you have any further questions, feel free to contact me.

Sincerely Yours

Dr. Hisham M. Aziz - M.D
Consultant
Central IRB-MOH Chairman-KSA
Phone: + 966 11 2125555 Ext. 4337
e-Mail: haziz@moh.gov.sa

المملكة العربية السعودية
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Ministry of Health
Approved
اللجنة المركزية لأخلاقيات البحوث
Central Institutional Review Board

Appendix 3: Participant Information Sheet (Survey)

PARTICIPANT INFORMATION SHEET (Survey)

PROJECT TITLE: Followership in nurses working in Saudi Arabian hospitals
PROJECT FUNDING: The University of Adelaide (AU) & Jouf University (KSA)
HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2020-026
PRINCIPAL Supervisor: Dr. Richard Wiechula
STUDENT RESEARCHER: Sulaiman Alanazi
STUDENT'S DEGREE: PhD Student

Dear participant,

You are invited to participate in an online survey part of a research project described below.

What is the project about? This research project will explore the followership styles of nurses in Saudi Arabia. Followership, while being the complementary partner to leadership, is not well-understood especially in Saudi Arabia. For nurses, understanding followership can make a big difference in relation to patient care and teamwork effectiveness. This study will help us understand it better and set the stage for further research in this area.

Who is undertaking the project? This project is being conducted by Sulaiman Alanazi. This research will form the basis for the degree of the Doctor of Philosophy at the University of Adelaide, South Australia under the supervision of Dr. Richard Wiechula and Dr. David Foley.

Why are you being invited to participate? You are being invited as you are a nurse professional working in one of the Ministry of Health (MOH) hospitals in Saudi Arabia.

What am I being invited to do? You are being invited to fill out an online survey which involves three main sections. The first section is about demographic data. The second section is related to your work. The last section is a 25-items assessment regarding your followership style.

How much time will my involvement in the project take? The survey should take about 10 minutes to complete.
Are there any risks associated with participating in this project? Participation in this study should involve no physical or mental risks. However, if you feel that answering any of the questions in this survey may cause you any discomfort, you can quit the survey without any hesitation.

What are the potential benefits of the research project? While there will be no immediate benefit to you, this research may lead to a better understanding and improving of the followership styles of nurses in Saudi Arabia, and inform future research.

Can I withdraw from the project? Participation in this project is completely voluntary. Completion of the questionnaire will be considered as your consent to participate. However, you can choose to omit questions, or not proceed with the questionnaire at any point prior to submitting the questionnaire. Your participation or withdrawal from the research will not affect your position in any way, now or in the future.

What will happen to my information? Complete anonymity cannot be guaranteed due to the collection of some demographic data. However, the utmost care will be taken to ensure that no personal identifying details are revealed.

Any information (data) you provide at any stage in this research study will be treated confidentially, and only the researcher and supervisors will have access to your data. All data will be retained in secure folders at the University of Adelaide for 5 years. The results of this study will be presented at public forums, conferences and will also be published in peer-reviewed Journals. In addition, a report will be presented to the Ministry of Health in Saudi Arabia.

Who do I contact if I have questions about the project?
You are, of course, free to discuss your participation and for more information contact with the researcher on email: sulaiman.alanazi@adelaide.edu.au, phone: (+61433985530) and if there are questions not answered by the researcher you could contact the researcher's principal supervisor, Dr. Richard Wiechula on email: rick.wiechula@adelaide.edu.au.

What if I have a complaint or any concerns?
The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2020-026) and the Central IRB at the Ministry of Health in Saudi Arabia (approval number 20-161E). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint or your rights as a participant, please contact the Central IRB Secretariat at the Ministry of Health in Saudi Arabia on:
Phone: +966 11 212 5555
Email: GDRS-IRB@moh.gov.sa

If I want to participate, what do I do?
We kindly request that you take a few moments to complete the online survey. You can access it directly through the link provided in this email. Your participation is greatly appreciated.

Yours sincerely,

Sulaiman Alanazi
PhD Student at University of Adelaide, South Australia
Adelaide Nursing School | Faculty of Health and Medical Sciences

Appendix 4: Permission to use the KFQ-R instrument

CENTRAL
BAPTIST COLLEGE

January 14, 2020

Dear Colleague,

Thank you for your interest in Kelley Followership Questionnaire –Revised (KFQ-R).

You have my permission to use KFQ-R with a proper citation.

Please note that the basis of my study is Kelley's (1992) two-dimensional model and his original questionnaire.

I would like to ask you to share with me the results of your study and the KFQ-R's data for further analysis. Please find below my full dissertation to help with your research.

I wish you well in your research endeavor.

Sincerely,

Kateryna V. Ligon Pitchford, Ph.D.

Associate Professor of Business
Central Baptist College
501 College Avenue
Conway, AR 72034
USA

MISSION STATEMENT
Central Baptist College is committed to transforming lives through education that integrates Christian faith and academic excellence in a Christ –centered environment.

Appendix 5: Research Survey

Research Survey: Followership in nurses working in Saudi Arabian hospitals

THE UNIVERSITY of ADELAIDE

Dear participant,

You are invited to participate in this survey part of a research project described below.

What is the project about? This research project will explore the followership styles of nurses in Saudi Arabia. Followership, while being the complementary partner to leadership, is not well-understood especially in Saudi Arabia. For nurses, understanding followership can make a big difference in relation to patient care and teamwork effectiveness. This study will help us understand it better and set the stage for further research in this area.
Who is undertaking the project? This project is being conducted by Sulaiman Alanazi. This research will form the basis for the degree of the Doctor of Philosophy at the University of Adelaide, South Australia under the supervision of Dr. Richard Wiechula and Dr. David Foley.
Why are you being invited to participate? You are being invited as you are a nurse professional working in one of the hospitals affiliated with the MOH in Saudi Arabia.

For more information about the study, please read the attached Participant Information Sheet in your email.

Submission of your responses is considered as your consent to participate and that you have read and understood the above information.

Please click Next to start the survey.

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Section One: Demographic Data

Please answer the following questions

1. Would you like to know your Followership Style?

☐Yes

☐No

If yes, please enter your email below, a report will be sent to you after completing the survey. It is confidential, your results will not be shared with anyone.

* 2. What is your age (years)?

* 3. What is your gender?

☐Male

☐Female

* 4. What is your education level in Nursing?

☐Diploma

☐Bachelor

☐Master

☐Doctorate

* 5. Country of Education? (Nursing degree leading to registration)

* 6. What is your nationality?

THE UNIVERSITY of ADELAIDE

Section Two: Work Information

Please answer the following questions

* 7. In which region in Saudi Arabia do you work?

* 8. Hospital or Institution Name?

* 9. In which department/unit do you work?

* 10. Years of experience since registration as a nurse?

* 11. In your current role for the majority of your practice, would you consider yourself a:

☐Follower

☐Leader

* 12. What is your current position?

☐Staff Nurse

☐Head Nurse

☐Nurse Supervisor

☐Other (please specify)

* 13. Years in current position?

* 14. Have you previously held a leadership position?

☐Yes

☐No

If yes, for how many years did you work in that position?

THE UNIVERSITY of ADELAIDE

Section Three: Kelley Followership Questionnaire - Revised (Ligon et al, 2019)

Please read each of the statements below carefully and choose one of the answers that best applies to you.

* 15. I think about how my work adds to society

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 16. I spend time thinking about how my work contributes to my personal fulfillment

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 17. Alignment between my personal and organizational goals helps me stay involved at work

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 18. I am committed to my work role

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 19. I contribute my best at work

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 20. My involvement at work energizes coworkers

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 21. I evaluate activities that are necessary for organizational goal achievement

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 22. I develop competencies in my work to increase my value to the organization

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 23. When starting a new assignment, I strive to succeed at tasks that are important to the leader

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 24. The leader can give me an assignment without supervision, knowing that I will complete it

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 25. I finish assignments that go beyond my job duties

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 26. When I am not the leader of a group project, I contribute at a high level

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

THE UNIVERSITY of ADELAIDE

* 27. I generate and evaluate new ideas that contribute to the organizational goals

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 28. I try to solve problems rather than rely on the leader

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 29. I emphasize coworkers' contribution, even when I don't receive credit

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 30. I help the leader to see potential and risks of ideas and plans

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 31. I help my team to see the potential and risks of ideas and plans

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 32. I strive to understand the leader's perspectives

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 33. I work to achieve the leader's needs and goals

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 34. I evaluate my strengths and weaknesses at work

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 35. I question internally the wisdom of the leader's decisions

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 36. I do what the leader requests regardless of my beliefs

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 37. I act on my own ethical standards rather than those of my work group (team)

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 38. I assert my views on important issues, even though they may conflict with coworkers

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

* 39. I assert my views on important issues, even though they may conflict with those of the leader

☐Rarely ☐Seldom ☐Occasionally ☐Sometimes ☐Frequently ☐ Usually ☐ Almost Always

Prev **Submit**

Appendix 6: Participant Information Sheet (Interviews)

PARTICIPANT INFORMATION SHEET (Interviews)

PROJECT TITLE: Followership in nurses working in Saudi Arabian hospitals
PROJECT FUNDING: The University of Adelaide, AU & Jouf University, KSA
HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2020-026
PRINCIPAL Supervisor: Dr. Richard Wiechula
STUDENT RESEARCHER: Sulaiman Alanazi
STUDENT'S DEGREE: PhD Student

Dear participant,

You are invited to participate in the research project described below.

What is the project about? This study seeks to explore the views of nurses on followership. Followership, while being the complementary partner to leadership, is not well-understood especially in Saudi Arabia. For nurses, understanding followership can make a big difference in relation to patient care and teamwork effectiveness. This study will help us understand it better and set the stage for further research in this area.

Who is undertaking the project? This project is being conducted by Sulaiman Alanazi. This research will form the basis for the degree of the Doctor of Philosophy at the University of Adelaide, South Australia under the supervision of Dr. Richard Wiechula and Dr. David Foley.

Why am I being invited to participate? You are being invited as you are a nurse professional working in in one of the Ministry of Health hospitals in Saudi Arabia.

What am I being invited to do? This part forms the second phase of the PhD project. You will be asked to participate in an interview to answer some questions and express your views in relation to the subject of this study 'followership'. The interview will be conducted via Skype or Zoom whatever convenient for you. Please be advised that the interviews will be audio-recorded via a recording device for the purpose of research only. If you are not happy to be recorded, please notify the researcher. In addition, you will be asked to sign a consent form to participate in the interview.

How much time will my involvement in the project take? The proposed time for the interview will not exceed 60 minutes.

Are there any risks associated with participating in this project? The anticipated burden on you by participating in this study is the time you will spend in the interview. To mitigate this burden, the schedule of the interviews will be flexible based on the time that suites you. The researcher will discuss the appropriate time of interview with you to avoid interfering with any work, family or social commitments. If the interview may cause you any discomfort, you can ask to withdraw without any explanations.

What are the potential benefits of the research project? While there will be no immediate benefit to you, this research may lead to a better understanding and improving of followership practices among nurses in Saudi Arabia and inform future research.

Can I withdraw from the project? Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time up until the submission of the thesis. You are free to choose whether or not to participate in this study or withdraw at any time with no implications for you personally or professionally.

What will happen to my information? Complete anonymity cannot be guaranteed due to the collection of some demographic data. Please be aware that participants could be identifiable based on their quotes or descriptors. However, the utmost care will be taken to ensure that no personal identifying details are revealed. Your real name and your institution will not be identified to maximise your confidentiality.

Any information (data) you provide at any stage in this research study will be treated confidentially, and only the researcher and supervisors will have access to your data. All data will be retained in secure folders at the University of Adelaide for 5 years. The results of this study will be presented at public forums, conferences and will also be published in peer-reviewed Journals. In addition, a report will be presented to the Ministry of Health in Saudi Arabia.

Who do I contact if I have questions about the project?
You are, of course, free to discuss your participation and for more information contact with the researcher on email: sulaiman.alanazi@adelaide.edu.au, phone: +61433985530, and if there are questions not answered by the researcher you could contact the researcher's principal supervisor, Dr. Richard Wiechula on email: rick.wiechula@adelaide.edu.au.

What if I have a complaint or any concerns?
The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2020-026) and the Central IRB at the Ministry of Health in Saudi Arabia (approval number 20-161E). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint or your rights as a participant, please contact the Central IRB Secretariat at the Ministry of Health in Saudi Arabia on:
Phone: +966 11 212 5555
Email: GDRS-IRB@moh.gov.sa
If I want to participate, what do I do?
If you are interested to participate please contact the researcher via email: sulaiman.alanazi@adelaide.edu.au , or phone: to arrange a suitable time for the interview. The researcher then will send a consent form to be signed by you before conducting the interview.

Yours sincerely,

Sulaiman Alanazi
PhD Student at University of Adelaide, South Australia
Adelaide Nursing School | Faculty of Health and Medical Sciences

Appendix 7: Consent Form (Interviews)

Human Research Ethics Committee (HREC)

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Followership in Nurses Working in Saudi Arabia: A Mixed Methods Study
Ethics Approval	H-2020-026

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.

3. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.

4. I agree to participate in the activities as outlined in the Participant Information Sheet. I agree to the interview being audio recorded ☐ Yes ☐ No

5. I understand that as my participation is voluntary, I can withdraw from the study at any time up until the submission of the thesis.

6. I am aware that complete anonymity cannot be guaranteed, and that participants could be identifiable based on their quotes or descriptors in some cases. I am also aware that my real name and the name of my institution will **not** be revealed during the reporting of the research results.

7. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature:_____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____
(print name of participant)

and in my opinion, she/he understood the explanation.

Signature: _____ Position: _____ Date: _____

Appendix 8: Interview Protocol

INTERVIEW PROTOCOL

1. Could you walk me through a regular shift in your department, detailing your interactions with coworkers, supervisors, doctors, and patients?
    - Can you elaborate on your working relationship with the doctors?

2. Could you describe your role in decision-making concerning patient care or other aspects within your department?
    - Would you be able to provide a specific example of such involvement?

3. When you have concerns or opinions differing from your supervisor's, especially regarding patient care or other work-related matters, how would you address them?

4. Have you ever been in a situation where you wanted to voice a concern but felt held back by leaders or the hierarchy?
    - If yes, could you provide an example?

5. Does your organization's leadership or system support your professional and personal growth through training or development opportunities?
    - If so, how? Could you provide examples?

6. In your view, what traits define an effective follower or team member in the nursing field?
    - Which factors can aid a nurse in becoming a more efficient follower or integral team member?
    - In your opinion, what essential non-technical or soft skills should nurses possess?

7. Before participating in this study, were you aware of the term **"followership"**?
    - How do you understand or interpret this concept?

8. Would you prefer to take on the role of a follower or a leader? **Why?**

9. Drawing from your experience, can you recall an instance where either you or a colleague, in a follower or team member role, demonstrated behaviours leading to positive results for patients?
    - Can you describe the sequence of events, behaviours, or actions that took place?
    - What were the resulting outcomes?

10. Drawing from your experience, can you recall an instance when either you or a colleague, while acting as a follower or team member, exhibited behaviours that led to negative results for patients?
    - Can you describe the sequence of events, behaviours, or actions that took place?
    - What were the resulting outcomes?

11. Based on your perspective, do you believe there are any obstacles or challenges that might hinder nurses from becoming effective followers? Can you elaborate on this?
12. Regarding this topic, do you have any additional insights or experiences you'd like to share with us?