HOW DO REGISTERED NURSES UNDERSTAND FOLLOWERSHIP?

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Abstract

Purpose: This study addresses the question – how do RNs, who are members of a healthcare team in an acute care setting, understand followership?

Research Design: This research was conducted following Charmaz's approach to constructivist grounded theory.

Sample/Setting: Eleven participants were recruited from two medical and two surgical units in a tertiary care hospital in Western Canada. Participants were registered nurses and employed in one of the target units.

Methods/Procedure: This study was conducted between August 2021 and April 2022. After ethical and operational approvals were secured, the nurses participated in semi-structured interviews, which were transcribed and analyzed.

Findings: The core category of trusting informal and formal leaders was co-constructed from the data. This reflects the nature and quality of the registered nurses' relationships with informal and formal leaders and their confidence in the leader's ability to guide the team toward their shared goal (safe and competent patient care). A conceptual model, titled Followership as Trust in Acute Care Nursing Teams, illustrates that the nurses' decision to trust (and subsequently to engage in following) hinges on sharing the load (understanding one's role, accepting one's role, and working together); demonstrating knowledge (having experience, modelling, and mentoring); and connecting through communication (knowing the goal and communicating clearly).

Conclusions: This study underscores the importance of trust between followers and leaders for effective team function and safe patient care. It also points to the need for more research on the follower-leader dynamic in nursing to inform education, policy, and practice so that every nurse possesses the knowledge and skill to be both a follower and a leader.

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Chapter One

1.1 Introduction

Teamwork is an essential aspect of nursing that affects patient care and quality outcomes (Crawford & Daniels, 2014; Kaiser & Westers, 2018; Kean et al., 2011; Polis et al., 2015; Whitehair et al., 2018; Whitlock, 2013). Teams consist of a leader and follower/s who must work together in a synergistic relationship to support each other, share responsibilities, and depend on each other's experiences and knowledge (Dickerson & Latina, 2017). In their 2018 study, Kaiser and Westers noted that members of high functioning teams clearly understand their roles and responsibilities, work respectfully with each other, and do not rely as heavily on a leader for specific purpose-related instruction.

The leadership role has been extensively researched in nursing; however, there is a dearth of research about followership in nursing. Miller (2007) writes that without followers, there will not be much success in any activity and calls for greater recognition of the importance of the role of followership, noting that nurses must be equipped with the knowledge and understanding of followership to fulfill that role. The focus of this study is on registered nurses' (RNs') understanding of followership including their beliefs, perceptions, behaviours, and the different leadership styles and organizational climates that affect followership.

1.2 Followership

A brief overview of the evolution of followership theory will help to clarify its importance to nursing. The discussion will begin with a description of two broad approaches to conceptualizing followership – the role-based approach (Chaleff, 1995, 2003, 2009; Kellerman, 2008; Kelley, 1988, 1992) and the constructivist approach (Carsten et al., 2010).

1.2.1 Role-Based Models of Followership

Robert Kelley's (1988) article, "In Praise of Followers", is often credited with highlighting followership as an important phenomenon, distinct from leadership. Kelley observed that despite the emphasis on leadership throughout history, most individuals spend more time following than leading. He also claimed that leaders contribute to only 20% of an organization's outcomes, while followers are responsible for the other 80%. Kelley described effective followers

as individuals who "manage themselves well; are committed to the organization and a purpose, principle or person outside of themselves; are competent and focused; and courageous, honest and credible" (p. 144). According to Kelley, effective followers have different perceptions of, motivations for, and behaviours related to followership. Some are consistent 'team players' and function primarily in a follower role, while others follow some of the time and lead at other times, depending on the needs of the situation. Kelley also noted that followers and leaders are two parts of the same whole, that effective leaders and effective followers share many of the same qualities, which can be learned and cultivated.

Kelley (1988, 1992) developed a two-dimensional model of followership that identified five types of followers (exemplary, conformist, passive, alienated, and pragmatic) based on a matrix created by two intersecting continua, critical thinking, and level of activity. From this model, he developed the *Kelley Followership Questionnaire* as a way for individuals to identify their followership type (Kelley, 1992). Kelley intended his model to be the first step towards increasing independence, critical thinking, and active participation within a workplace. While Kelley's work is widely cited as having made an important contribution to followership theory (e.g., Chaleff, 2009; Kellerman, 2008; and others), the model has not been widely tested and lacks empirical support (Ligon et al., 2019).

A few years later, Chaleff (1995) published the first edition of his book, *The Courageous Follower: Standing up to and for our Leaders.* In it, he argued that followers do not follow leaders, but rather that followers and leaders both serve a common organizational purpose. Chaleff's book highlighted the dynamic nature of followership and proposed a model of Courageous Followership, which outlines five behaviours necessary for effective followership including the courage to assume responsibility for oneself and the organization; service to leaders; challenging behaviours or policies one does not agree with; taking a moral stand and acting as necessary; and participating in transformation. Later Chaleff (2003, 2009) added two more dimensions to his model: the courage to listen to followers and the courage to speak to the hierarchy.

Chaleff's (1995, 2003, 2009) model of Courageous Followership identifies four followership styles along two intersecting dimensions - support, and challenge. These followership styles are partner, individualist, resource, and implementer. Courageous following involves team members being willing to risk speaking out and constructively challenging

leadership and each other to achieve organizational goals. Chaleff (2009) believes that "leaders rarely use their power wisely or effectively over long periods unless they are supported by followers who have the stature to help them do so" (p. 1). To be effective, leaders must be supported by followers who are regarded as equals, take responsibility for their role as follower, and join with their leader to "form an action circle around a common purpose" (Chaleff, 2009, p. 2). Followers and leaders are accountable to one another, and followers are responsible for their professional behaviour, regardless of the actions of the leader.

In the front pages of her book, *Followership: How Followers Are Creating Change and Changing Leaders,* Barbara Kellerman (2008) points out that all of us have been followers at some time in our lives and that the distinction between leaders and followers is not always clear. Kellerman (2008) notes that leadership has been in the spotlight because leaders have traditionally been looked upon as having all the power. From that perspective, everyone should aspire to leadership. This, however, begs the question, "if everyone is educated to lead, who exactly is supposed to follow?" (Kellerman, 2008, p. 10). Kellerman (2008) describes followership as the "response of those in subordinate positions (followers) to those in superior ones (leader)" (p. xx). Her purpose in authoring the book was to discuss five types of followers that fall along a single axis she titled level of engagement.

In Kellerman's (2008) typology, a person's level of engagement exists on a continuum that is anchored at one end by 'feeling and doing nothing' and 'being passionately committed and deeply involved' at the other. Her five types of followers are: isolate, bystander, participant, activist, and diehard (Kellerman, 2008). Identifying distinct types of followership roles is useful in creating positive workplace cultures and especially helpful in creating dynamic teams. Kellerman (2008) contends that followers have more power and influence than which they are traditionally accredited. Her interest is in focusing on how engaged followers can act as agents of change.

1.2.2 Constructivist Model of Followership

Carsten and partners' (2010) work grew out of the recognition of the lack of scholarship on followership and started with a qualitative study whose purpose was to "deconstruct the meaning of followership" (p. 543). This work is pivotal because it begins to conceptualize how followership is experienced and enacted by people. The researchers interviewed 31 participants in the U.S and Canada from diverse backgrounds, occupations, and organizational levels to obtain a

broad sampling of perspectives. Participants were employed in a variety of public and private sector organizations and industries including education, technology, finance, media business, consulting, and health care and were from a range of organizational levels. These individuals had been employed with the same organization for an average of 9 years (s.d. = 6.1) and had worked with their current supervisor for 3.5 years (s.d. = 2.69). Carsten et al. (2010) posited that followership is socially constructed and that the construction of followership depended on an individual's schema (beliefs, perceptions, behaviours) and the context (organizational climate and leadership style), which affect how individuals enact the follower role.

The concept of schema (plural schemas or schemata) derives from cognitive and social psychology and refers to an organized unit of knowledge about a subject, experience, or an event. Schema are constructed through social interaction and serve to guide our understanding of the world and our behaviour (Pankin, 2013). Schemas are dynamic in that they develop and change in response to new information and experiences, and they influence what we pay attention to, how we perceive and process information, and how we construct and enact roles within a particular context (Carsten et al., 2010; Pankin, 2013).

1.2.2.1 Followership Schemas: Passive, Active, and Proactive. Carsten and colleagues (2010) concluded that participants constructed an understanding of followership, which they characterized as passive, active, or proactive. Thirty-nine percent of individuals constructed an understanding of followership that is passive in nature. Participants in this group believed that following involves doing as they are told and demonstrating obedient behaviours (doing as the leader says, meeting deadlines without questions, and accepting that leaders have more knowledge). These individuals stressed the relative lack of responsibility associated with the follower role and emphasized the importance of deferring to the leader's knowledge and expertise.

Participants with more active social constructions of followership (32%) highlighted the importance of expressing their opinions and ideas. While these participants also believed that leaders have greater expertise and knowledge in the decision-making process, they saw themselves as making important contributions to the leadership process, while at the same time demonstrating loyalty to and supporting the leader. These individuals also understood that they could learn from people in leadership positions (Carsten et al., 2010). A third group of respondents (29%) had a proactive social construction of followership that involved taking

initiative, offering feedback and advice to leaders, constructively challenging their leaders' assumptions, and helping their leaders analyze alternative perspectives.

1.2.2.2 Behaviours. Carsten at al. (2010) also found that participants with a passive social construction of followership stressed the importance of personal qualities and behaviours such as being flexible and open to change, demonstrating a positive attitude, and being obedient. These participants viewed followership as not questioning authority or challenging the status quo. They tended not to speak out or to take risks and were interested in demonstrating loyalty and support to the leaders (Carsten et al., 2010).

Participants whose construction of followership was active had a sense of ownership within their organization, endorsed offering their opinion(s), and emphasized the importance of being a team player (Carsten et al., 2010). They were also critical of co-workers who were deferent and obedient (Carsten et al., 2010). Respondents who demonstrated a proactive construction of followership demonstrated behaviours that are traditionally associated with leadership including taking initiative, offering opinions without fear of consequences, and acting early to circumvent crises (Carsten et al., 2010). These individuals considered blind obedience a negative behaviour and detrimental to the functioning of the team.

1.2.2.3 Contextual Influences on Constructions of Followership and Followership Behaviours. Individual schema shape followership behaviours, however, "context will influence constructions around specific followership behaviours that are appropriate or acceptable in a specific environment" (Carsten et al., 2010, p. 545). Two variables that may affect the context, which influences the formation of followership constructs, are leadership style and organizational climate.

1.2.2.3.1 Leadership Style. Leadership styles affect social constructions of followership and follower behaviours. For example, an authoritarian leader who gives specific direction and does not allow individuals to voice their opinion was not appreciated by individuals who identified with active and proactive social constructions of followership (Carsten et al., 2010). However, individuals who viewed followership as passive felt comfortable with the authoritarian leadership style and appreciated not having to make decisions or voice opinions (Carsten et al., 2010). Individuals may need to reconstruct their followership schema when leadership styles give rise to a dissonance between followers and leaders.

1.2.2.3.2 Organizational Climate. An organization that depends on a 'top-down' approach to management reinforces the idea that leaders are more knowledgeable and competent and limit the input of followers (Carsten et al., 2010). Individuals with a passive followership schema will feel comfortable in this environment whereas a follower with a proactive schema might find the organization stifling and choose to either leave the organization or re-construct their followership schema to 'fit in.' Conversely, in an empowering organization that encourages proactive followership, individuals with a passive follower schema may not want to participate in proactive behaviours but maintain their passive behaviours regardless of the wishes of their leader (Carsten et al., 2010).

1.3 Followership in Nursing

A search of Google Scholar in 2019 revealed that between 1900 and 1999, there were 305 citations for articles on followership in nursing. Between 2000 and 2009 there were 810 citations and, in the decade following (2010 – 2019), there were 3,430 articles related to followership in nursing. This cursory search suggests that there is a growing interest in followership among nurses and in the discipline of nursing. While the topic has garnered increasing interest in the recent past, a closer review of the literature reveals that the same themes are repeated. Namely, that followership is relevant to nursing because of the centrality of teamwork and that more research on followership is needed to create a more fulsome understanding of the nursing context.

Newton's (1951) commentary on followership discusses the importance of recognizing and honouring the strengths and unique contributions that each nurse makes to their team. She goes on to describe how democratic team processes enable rotating leadership, wherein all members of a team learn and participate as both leaders and followers. She further notes that Florence Nightingale advocated for a similar team dynamic, emphasizing that everyone has different strengths and so should work to those strengths. The skills of followership and leadership need to be practiced and every team member must be respected for their contribution to the effort (Newton, 1951).

Three decades later, the idea that followership is integral to teamwork was further advanced in an editorial by Guidera and Gilmore (1988) who claimed that followers are erroneously characterized as "apathetic, indecisive, or passive" (p. 1017). To the contrary, Guidera and Gilmore (1988) argued that followership warrants "equal time, respect, and study" (p. 1017) and that leaders and followers must work in alliance for each to be effective. They also

observed that the characteristics of effective followers and leaders are quite similar and include "humility, assertiveness, courage, aspiration, trust, practicality, and determination" (p. 1017). The authors also advocated that nursing education should focus on followership skills because following effectively is imperative in teamwork.

Another supporter of followership education in nursing, DiRienzo (1994), wrote that "without effective followers in nursing, our leaders face severe limitations" (p. 26). She went on to comment that followership should be included in baccalaureate curricula to support novice nurses with opportunities to mature in their knowledge and practice before taking on formal leadership positions. Followership involves knowledge, beliefs, attitudes, behaviours, and skills that can be learned and practiced and are integral to the idea that followers and leaders "are separate yet equal" (DiRienzo, 1994, p. 30). DiRienzo challenged nurse leaders and nurse educators to correct the widespread misunderstanding of followership and to educate undergraduate and graduate students to be exemplary followers.

1.4 Statement of the Problem

Teamwork is associated with safe, high-quality nursing care (Fadden & Mercer, 2019; Whitlock, 2013). The quality of patient care increases when teams work efficiently and include followers who are fully engaged in their roles (Kaiser & Westers, 2018; Whitlock, 2013). Because followership is not a static phenomenon, participation may include following directions, challenging a leader's direction, or stepping into the leader position when needed (Fadden & Mercer, 2019). Every nurse has been in a follower role at some point in time; however, the focus of nursing research, education, and practice has been primarily on leadership. In the last four decades, calls for increased attention to and scholarship on followership have increased, but there are few studies on the topic in nursing. For these reasons, the focus of this study is on understanding followership in nursing.

1.5 Definition of Terms

1.5.1 Followership

The willingness to cooperate in a coordinated way to accomplish shared goals while demonstrating a high degree of interactive teamwork (Bastardoz & Van Vugt, 2019).

1.5.2 Leadership

An interactive process involving "three dynamic elements: a leader, a follower, and a situation" (Hoffart, 2017, p. 396). Leadership can be formal and informal in nature.

1.5.3 Team

More than one person working together in collaboration with others to share information, accountability, and engagement while performing tasks (Whitehair et al., 2018). Teams can be made of dyads, or larger groups within the same profession, or interprofessional groups.

1.6 Purpose of the Study

The purpose of this study is to develop a theory of followership in nursing using constructivist grounded theory (Charmaz, 2014). The objectives are to understand followership within an acute care clinical environment by a) exploring RNs' perceptions of followership; b) discovering how followership is constructed or co-constructed; c) discovering the process of the development of followership concerning individual schema; and d) exploring the organizational features that influence RNs' construction of followership.

1.7 Research Question

How do registered nurses, who are members of a healthcare team in an acute care setting, understand followership?

1.8 Philosophical Underpinnings

Charmaz's (2008) constructionist approach to grounded theory makes the following ontological and epistemological assumptions:

> (1) Reality is multiple, processual, and constructed – but constructed under particular conditions: (2) the research process emerges from interaction; (3) it considers the researcher's positionality, as well as that of the research participants; (4) the researcher and researched co-construct the data – data are a product of the research process, not simply observed objects of it. (p. 402).

This approach is consistent with Bender (2018) who introduced the idea that a nursing ontology depends on "interdependent, dynamic relations that constitute people, including nurses, in the health/environment circumstance" (p. 6), which may be understood as a reality that is shaped by the experience of the nurse and patient related to their situation. With respect to followership, each situation has more than one perspective, follower/leader, nurse/patient, nurse/physician, and each perspective is specific and important to the individuals creating those perspectives (Risjord, 2010). Each nurse constructs their schema of followership, which then influences their followership behaviours and contextual factors that affect followership. This is consistent with James' (1907/2003) notion of pragmatism, which included the belief that multiple realities can

exist together and separately. He posited that realities are flexible and can be shaped by context and experience. Sakamoto (2018) commented that nursing requires multiple forms of knowing because identifying one form of knowledge as more important than another diminishes all forms of knowledge.

1.9 Research Framework

The constructivist model of followership described by Carsten et al. (2010) will be used to guide the study. According to those authors, social constructions of followership (passive, active, proactive) are the product of individual schemas (qualities and behaviours), and context (organizational climate and leadership style) (Carsten et al., 2010). Everyone will have their specific social construction of followership which will be influenced by their schema and the context they work in. There are as many social constructions of followership as there are individuals in follower roles (Meindl, 1995) and each one helps to inform a holistic understanding of the phenomenon. Constructivist grounded theory methodology is consistent with the constructivist model of followership as both view the construction of knowledge as a social process.

1.10 Methodology

Charmaz's (2014) constructivist grounded theory (CGT) was the methodology employed to address the research question. CGT is a qualitative approach that aims to provide an understanding of a social process through inductive and abductive interpretation within the context of a naturalistic setting (Charmaz, 2014; Denzin & Lincoln, 2018). Charmaz's (2014) approach to CGT aligns with the tenets of post-positivism, symbolic interactionism, and pragmatism and she emphasizes the researcher's role as a co-creator of knowledge with the participant (Charmaz, 2014; Charmaz et al., 2018).

Constructivist ontology and epistemology assume that multiple realities exist and are intersubjectively constructed by individuals through social experiences (Lincoln et al., 2018). In the research process, understanding of the material world is co-constructed by the researcher and participants (Charmaz, 2014). The researcher and participants co-create an understanding of a topic of mutual interest based on their unique understanding of the social context and their experience and participation within that context (Charmaz, 2014; Lincoln et al., 2018).

1.11 Study Significance

Nurses practice in complex and dynamic environments and a constructivist grounded theory of followership will contribute new disciplinary knowledge. Ineffective followership has been correlated with increased burnout symptoms in nurses (Crawford & Daniels, 2014) and a study by Boothe et al. (2019) confirmed that education about the concept of followership would aid new nurses in engaging with their work. Followers and leaders cannot exist without each other and need to function in a synergistic interdependent relationship to accomplish shared goals.

Understanding followership in nursing will contribute to disciplinary knowledge about followership, specifically nurses' perceptions of the followership role, how followership is co-constructed, the processes of developing followership, and the organization features supporting and inhibiting followership. This knowledge may facilitate team members in carrying out their specific roles, increase work satisfaction, develop a greater sense of team cohesion, and increase trust between members on the team (Kaiser & Westers, 2018). Functioning and successful follower team members are needed to enhance team functioning to bolster client outcomes and support leaders in forwarding health care practice (Carsten et al., 2010; Hertig, 2010).

1.12 Implications for Nursing Practice, Research, and Education

A deeper understanding of followership among nurses who work in teams in acute care settings may increase the quality of patient care, effectiveness of teamwork, and decrease workplace burnout (Crawford & Daniels, 2014; Kean et al., 2011; Scott et al., 2014; Whitlock, 2013). The nursing literature abounds with references to the paucity of research on followership (Lopez & Freeman, 2018) and calls for its integration into baccalaureate nursing education as well as in practice settings. Nurses will work in both followership and leadership roles during their careers and understanding these roles will enhance teamwork.

1.13 Chapter Summary

Teamwork is an essential aspect of nursing. There are many diverse types of teams in healthcare, for example, the nurse/nurse team, the nurse/patient team, the nurse/family member team, the nurse/physician team, and the interprofessional team. Teams consist of followers and a leader and depending on circumstances and the context of the situation, elements of these roles are interchangeable. A more fulsome understanding followership in nursing will support nurses' contribution to team function and influence nursing practice at every level (Malak, 2016).

Followers and leaders cannot exist without each other; they are two sides of the same coin, interdependent in their relationship, and powerful in their synergy (Chaleff, 2009; McCallum, 2013; Whitlock, 2013). Teamwork is a fundamental activity in nursing and understanding the roles and responsibilities of each team member increases the functionality of the team (Fadden & Mercer, 2019). There is a paucity of nursing research concentrating on followership and its role in teamwork (Kaiser & Westers, 2018), and understanding the nature of the role is imperative to nursing education, research, and practice. The proposed study will use Charmaz's (2014) CGT to explore how RNs, who are members of a healthcare team in an acute care setting, understand followership.

Chapter Two

2.1 A Scoping Review of Followership in Nursing[1]

The study of leadership has long been of interest in nursing (Kean et al., 2011). However, there is limited research and theory on followership and its implications for nursing education and practice (Smith-Trudeau, 2017). This gap has been attributed to the glamorization of leadership (Bjugstad et al., 2006); the associated negative view of followers as being less important, more passive, and more conforming than leaders (Kellerman, 2008); and the misconception that individuals instinctively know how to follow (Agho, 2009).

Followership has been described as the willingness to cooperate in a coordinated way to accomplish shared goals while engaging in collaborative teamwork (Bastardoz & VanVugt, 2019). Bastardoz and VanVugt (2019) suggested that followership is part of an evolutionary process that began in early human communities as a defence tool for protection and to aid in the gathering of food. They noted that leadership was granted by the group, dependent upon the needs of the situation and the competence of the leader at that time and could be revoked. Crossman and Crossman (2011) traced modern scholarship on leadership and followership through four overlapping phases: (1) the "great man" or leader-centric theories that view leadership as innate, static, and hierarchical; (2) follower-centred theories of leadership, which attempt to understand leadership from the follower perspective; (3) shared, distributed, or collective leadership theories that mark a shift toward flatter, team-based organizations; and (4) a focus on followership as a unique construct.

Kelley's (1988) seminal article "In Praise of Followers,", is often cited as a watershed moment when the concept of followership was recognized as a phenomenon separate from leadership. He described effective followers as individuals who manage themselves well, are committed to the organization, are competent and focused and are courageous, honest, and credible. Kelley noted that most individuals spend more time following than leading and that the

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qualities needed for effective leadership are the same qualities that contribute to effective followership. He advised organizations to cultivate effective followership by redefining leadership and followership as equal but separate roles that are synergistic with a common purpose. Similarly, Chaleff (2009) believed that followers did not serve leaders. Instead, leaders and followers have shared purpose and values. He defined courageous followership as including the courage to assume responsibility, supporting the leader, challenging unproductive behaviours or policies of the leader, participating in transformation, and being willing to take a moral stand.

The purpose of this scoping review is to identify and review current nursing literature, including grey literature, letters, commentaries, discussion papers, editorials and research studies focused on followership in nursing. Topics presented include an outline of the review procedure, a description of the significant themes, a discussion of the implications for nursing and the review's limitations.

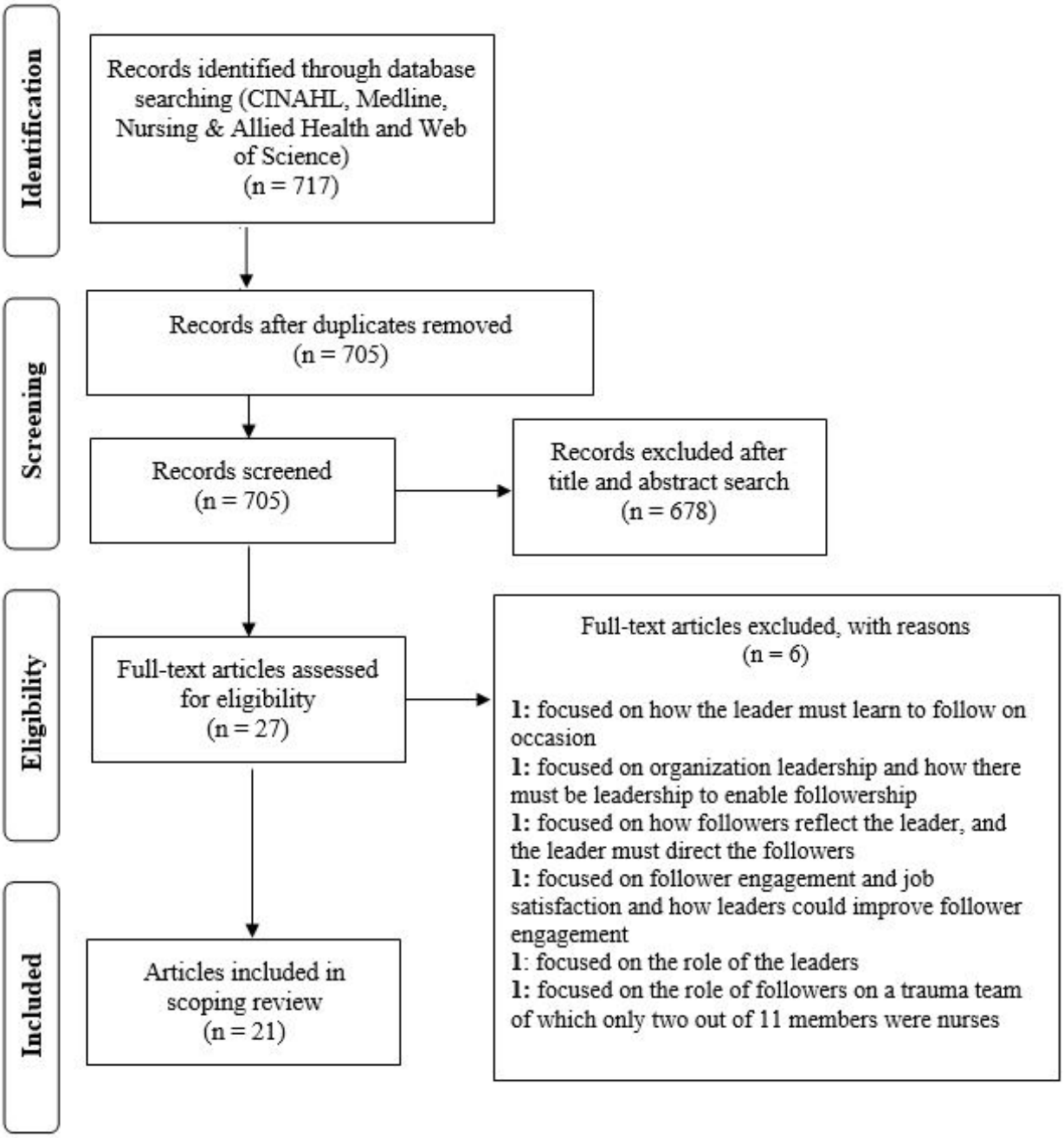
2.2 Method

This scoping review followed an approach developed by Arksey and O'Malley (2005) and involved articulating a research question, identifying, and selecting relevant literature, extracting of data, and summarizing the findings. The sixth stage of the review, consultation, was not completed due to the paucity of findings on the topic of followership in nursing, which highlights a limited understanding of the concept. The questions motivating this scoping review are as follows: What nursing literature exists on the topic of followership? How do nurses understand followership? Electronic searches of CINAHL, Medline, Nursing & Allied Health and Web of Science were performed using the following search terms individually and in combination with the concept of followership: nurses, nursing, team nursing, intersectoral collaboration, and cooperative behaviour (Figure 2.1). The databases were used because of their comprehensive coverage of nursing topics.

Articles were included if they were published in the English language between 1951 and December 2020 and focused primarily on followers and followership in nursing. This date range was chosen because the concept of followership began to receive increased attention in the middle of the last century. Articles were excluded from the review if they focused on leadership or did not relate to nurses or nursing. The initial search identified 717 articles; 27 articles remained after title and abstract screening and removal of duplicates. Following a full-text review of 27 articles, an additional six articles were excluded because they did not meet the inclusion

criteria. An ancestry search of the reference lists of each remaining article did not yield any new articles.

Figure 2.1. PRISMA 2009 flow Diagram



Source: Adapted from Moher et al. (2009).

2.3 Findings

The purpose of a scoping review is to develop a wider understanding of a topic, point to gaps in knowledge and provide a clear indication as to the type of literature and studies available

(Munn et al., 2018). A scoping review does not assess the quality of the articles (The Joanna Briggs Institute, 2015). The findings of this scoping review reveal that research on followership in nursing is scant. Additionally, there is a dearth of information concerning the nature of followership behaviours and their effects on nursing outcomes. Results of the scoping review included nine commentaries (Amundson, 2015; Brown, 1990; Frisina, 2005; Guidera & Gilmore, 1988; Miller, 2007; Murphy, 1990; Newton, 1951; Smith-Trudeau, 2017; Thomas, 1995); five discussion papers (DiRienzo, 1994; Everett, 2016; Kean & Haycock-Stuart, 2011; Lopez & Freeman, 2018; Whitlock, 2013); three editorials (Coombs, 2014; Freeman, 2020; Raso, 2017); one letter (Gunn, 1996); one qualitative study (Kean et al., 2011); and two quantitative studies (Boothe et al., 2019; Crawford & Daniels, 2014).

The data extraction process was guided by the research question. To facilitate extraction, the completion of the sentence "this article describes followership in nursing by…" was applied to each article in the final selection of studies (Appendix A). The main themes reveal that followers and leaders are interdependent, followers affect the work environment and information regarding followership and the effect of followership should be included in nursing education.

2.3.1 Followers and Leaders are Interdependent

The interdependent relationship between followers and leaders, the importance of the quality of that relationship for patient care and the work environment are highlighted in several articles in this review. Gunn (1996) and Amundson (2015) reiterated Chaleff's (2009) contention that followers and leaders share a common purpose, and it is through synergistic efforts that "formal leaders and empowered staff nurses" (Amundson, 2015, p. 14) ensure a high quality of patient care. Others wrote about followership and leadership as being 'two sides of the same coin' in that they require the same skills and that individuals may function in the role of either a leader or a follower (Brown, 1990; Coombs, 2014; Freeman, 2020; Newton, 1951; Thomas, 1995).

Guidera and Gilmore (1998) agreed that followers and leaders are essential to each other and that both require "humility, assertiveness, courage, aspiration, trust, practicality, and determination…" (p. 1017). These authors encourage the inclusion of effective followership in undergraduate nursing curricula and in post-licensure workshops to help nurses build essential communication skills and to understand how to influence policymaking. Similarly, Frisina (2005) characterized the follower-leader relationship as symbiotic and argued that healthcare

organizations should include effective followership education into professional development programs to optimize organizational outcomes, contain costs, and improve patients' quality of life.

Writing about followership in end-of-life care, Coombs (2014) contended that ineffective followers and leaders both contribute to toxic organizations in which chronic stress is high, morale is poor, and decision-making is inconsistent. She called on effective followers to demonstrate courage by assuming responsibility for themselves and their organizations by appropriately challenging their leaders to offer sound advice and honest opinion. Evert (2016) underscored effective followers and leaders' interdependence based on shared goals and knowledge and mutual respect. She also pointed to the need for strong academic-practice partnerships to support nursing practice and to position nurses to transform health care.

Mutual trust and respect must be at the forefront of the symbiotic relationship between followers and leaders as both roles are integral to patient safety and quality care (Everett, 2016; Frisina, 2005; Lopez & Freeman, 2018). Kean and Haycock-Stuart (2011) pointed out that the pervasive view in many healthcare organizations is that successful leadership is the function of a single leader. They argued that this thinking overlooks the significant contributions of followers. From their qualitative study followership and leadership as perceived and experienced by community nurses in the UK, Kean et al. (2011) concluded that following is a complex process that is influenced by followers' socially constructed perceptions of the leader and is enacted by "doing following", "standing by", or "resisting following". Followers may shift among these responses as they make judgements about whether to follow the leader. In a related article, Kean and Haycock-Stuart (2011) claimed that the interdependent relationship between leaders and followers is often ignored or misunderstood and they call for future research to study followership and leadership as interdependent concepts.

2.3.2 Followers Affect the Work Environment

Effective followers exist at all levels of an organization, and they influence the workplace through the enactment of their supportive or non-supportive behaviours (Lopez & Freeman, 2018; Miller, 2007; Murphy, 1990; Raso, 2017). Murphy (1990) pointed to the role supportive followers have for the future of nursing, emphasizing their critical importance to leaders. Raso (2017) dismissed the negative connotation of following and stated that effective followers are "loyal, but they also question, tell the truth and speak up" (p. 6) in a respectful way. Followership

is everyone's responsibility as effective followership enhances work relationships, productivity, and quality of care and requires good communications and a personal commitment to contribute to a collaborative environment (Whitlock, 2013).

Followers are an organizational asset and must be supported in their role through acknowledgement and education (Smith-Trudeau, 2017). Smith-Trudeau (2017) stated that effective followers engage in constructive critical thinking, are accountable for their actions and can step into the leader's role when the situation requires it. Conversely, ineffective followership can be detrimental to the organization as demonstrated by low morale, lack of initiative and lack of trust (Boothe et al., 2019; Coombs, 2014; Crawford & Daniels, 2014).

2.3.3 Education for the Followership Role

Followership requires a set of skills that can be learned and when effectively enacted in nursing practice, these skills benefit health care organizations (Whitlock, 2013). The lack of understanding of followership and how to practice effective followership was observed to contribute to nurses' burnout in the workplace (Crawford & Daniels, 2014). All team members cannot be formal leaders simultaneously (Kellerman, 2008), and teaching baccalaureate nursing students the role of leadership without an understanding of the role of followership is unrealistic and detrimental to nursing care (DiRienzo, 1994; Gunn, 1996; Smith-Trudeau, 2017). According to DiRienzo (1994), the burden of leadership is unnecessary for novice nurses until they have gathered maturity and experience in their careers. She also noted that we should not assume that all nurses have followership skills (i.e., self-management, responsibility, integrity, commitment, competence, focus, ownership, and versatility) as these things are learned and must be practiced before they are mastered. Lopez and Freeman (2018) pointed out that like many other professions, nursing tends to be "leader-centric" and that nursing scholarship on followership and factors that support it is lacking. Furthermore, expectations about followership are not part of most nursing curricula, standards of practice, or best practice guidelines even though leadership is a core competency in nursing.

2.4 Discussion and Implications for Nursing

This scoping review reveals the lack of scholarship and research on the topic of followership in nursing. Although the concept of followership surfaced in the nursing literature in 1951, this review found that most of the subsequent articles are editorials and opinion pieces. Only two reports of quantitative studies (Boothe et al., 2019; Crawford & Daniels, 2014) and one

qualitative study (Kean et al., 2011) were located for this review. Findings from this research highlight the importance of understanding the role of followership because it influences work engagement and the follower-leader dynamic and is enacted on all levels of organizational hierarchy. These findings are congruent with the information in the non-empirical articles in this review. While there seems to be a consensus among the authors that followership and leadership are interdependent, the focus of nursing research has been leader centred, which means that a thorough understanding of followership, a critical aspect of the follower-leader relationship, is missing. Freeman (2020) commented that nursing's mantra should be "Every nurse as a follower *and* leader" (p. 2), and the myths surrounding followership must be dispelled through education, research, and knowledge translation.

2.4.1 Implications for Nursing Research

Several articles in this review suggest that followership is poorly understood, and the authors advocate for research on the topic. Findings of a study of followership by Kean et al. (2011) support the claim that followership and leadership are interdependent and that followers influence organizations based on their judgements about whether to follow the leader. Crawford and Daniels (2014) underscored the importance of the follower-leader dynamic and concluded that effective followership may help to reduce nurse burnout. There is much to learn about the nature and practice of effective followership in the various contexts and roles in which nurses practice. Research must be conducted to increase knowledge on the topic of followership in nursing, adding new insight into the interdependent and synergistic relationship between followers and leaders.

2.4.2 Implications for Nursing Practice

Effective followers and leaders must work together to achieve their shared goals in a symbiotic relationship of equal value, trust, and respect. Lack of information about and understanding of followership in nursing affects the interdependent relationship between followers and leaders and affects the quality of patient care, the work environment and productivity (Crawford & Daniels, 2014). Nurses at every level of their career must understand the role of followership to contribute to high functioning teams and proactively contribute to patient care. Followership is a distinct role with requisite skills that can be learned and must be practiced for accomplishing mastery. A clearly articulated understanding of followership will enhance the transition of new nursing graduates to the workforce and help decrease nursing

burnout in the following years of their careers. For example, supportive and collaborative workplaces with leadership that encourages followers to be engaged, motivated and communicative with team members will aid in smoother transitions and reduction of burnout. Nursing must acknowledge and support followership as a valued and essential role for all nurses.

2.4.3 Implications for Nursing Education

Currently, most undergraduate nursing curricula address the role of leadership and are silent on the importance of the role of followership in nursing (DiRienzo, 1994; Lopez & Freeman, 2018). The incorporation of followership education at the baccalaureate level and in workplace training sessions, would assist newly graduated nurses with a smoother transition into the workforce (Smith-Trudeau, 2017) and contribute to a competent and dynamic workforce. Despite more than six decades of conversation regarding the importance of followership to nursing, existing research, education, and workplace training still focus on the role of leadership. Emphasis on one role over another contradicts the findings of this scoping review and creating a change in the understanding of followership in nursing must happen on many levels: nursing research, nursing practice, and nursing education.

2.5 Limitations of the Review

A noteworthy limitation of this scoping review is the limited number and type of nursing literature on the topic of followership. The lack of empirical evidence on the concept of followership in nursing supports the need for more research on the topic while diminishing the importance of followership in nursing and its integral relationship to leadership. A systematic appraisal of the literature was not performed because of the paucity of empirical studies, which can limit the conclusions about the strength of evidence of the concept under review. However, the review offers a useful overview of the topic of followership in nursing, including the literature gaps. Also, one reviewer completed the review of the titles, abstracts and full texts, which could also be considered a limitation of this scoping review.

2.6 Chapter Summary

As the findings of this review demonstrate, the literature on followership in nursing is scarce, and the scholarship is minimal despite widespread agreement that followership and leadership are interdependent, and both are necessary for effective and high-quality work environments. Understanding followership in nursing and its integral relationship with leadership will contribute to a competent and dynamic workforce. Followers and leader require similar

skills, and members of a team may move in and out of followership and leadership roles depending on the context. Followership skills can be taught, learned and practised, beginning in baccalaureate nursing programs and ongoing workplace training. Most nurses practise in a followership role – for example, following medication orders, following physicians' orders, following up on patients' requests, following the team leader in patient care and following organizational policies and procedures. A greater understanding of followership from a nursing perspective is needed to promote effective followership behaviours and enhance a healthcare team's cohesion and care.

Chapter Three

3.1 Methodology and Methods

The Constructivist Grounded Theory (CGT) method described by Charmaz (2014) was used to address the research question – *How do registered nurses (RNs), who are members of a health care team in an acute care setting, understand followership?* CGT is a methodology that focuses on understanding social processes and patterns with the end goal of the inductive generation of a theory that is grounded in data (Charmaz, 2014; Engward, 2013; Glaser & Strauss, 1967). Enacting a role in any given situation (e.g., followership) relies on the co-construction of the role, a mutual understanding of the language associated with the role, and interactions between and among participants involved in the role (Charmaz et al., 2018). CGT was chosen because of its focus on understanding social phenomena. Followership has not been widely researched in nursing, and the development of a grounded theory of followership in nursing will inform nursing practice, education, and research.

This chapter begins with a brief overview of grounded theory methodology and a description of the research design, including setting, recruitment, sampling, ethical considerations, data collection and analysis procedures. The chapter concludes with a discussion of strategies to enhance trustworthiness and a chapter summary.

3.1.1 Evolution of Grounded Theory Methodology and Methods

Sociologists Barney Glaser and Anselm Strauss developed grounded theory in the late 1960s as an inductive approach for generating theory in the social sciences (Glaser & Strauss, 1967). In doing so, they challenged the prevailing view that qualitative research lacked rigour and that positivistic methods were the only valid, unbiased way to reveal truths about the social world (Charmaz, 2014; Glaser & Strauss, 1967). In their book, titled *The Discovery of Grounded Theory: Strategies for Qualitative Research,* Glaser and Strauss (1967) offered specific analytical strategies for using grounded theory for qualitative research.

These strategies included the use of abductive and inductive methods, constant comparative analysis, ongoing researcher reflection on the data, formalized coding procedures, the generation of categories, and the writing of theoretical memos (Charmaz et al., 2018; Glaser

& Strauss, 1967). As data are acquired, analyzed, and coded, the researcher develops insights, which are recorded in theoretical memos. Through this process, the researcher strives to maintain an objective stance that allows the data to speak for themselves. The emergent grounded theory must then be verified by data to ensure that it is free of bias or interpretation on the part of the researcher (Annells 1997a, 1997b; Glaser & Strauss, 1967).

During the 1970s and 1980s, Glaser's and Strauss's ideas about grounded theory diverged (Kenny & Fourie, 2014) and in the early 1990s, Strauss formed a research partnership with Corbin (Charmaz, 2014; Charmaz et al., 2018; Strauss & Corbin, 1990), whose work was shaped by pragmatism and symbolic interactionism. Strauss and Corbin (1998) rejected the positivist assumption that theory exists 'out there' somewhere, waiting to be discovered and instead assumed that what individuals accept as truth (reality) is an interpretation that is socially co-constructed. In this approach to grounded theory, researchers are actively involved in knowledge development and are encouraged to draw on their experiences in the interpretation of data (Strauss & Corbin, 1998). The lack of generalizability and reproducibility of the findings is not problematic because of the relativist view that reality is constructed rather than found. Strauss and Corbin's ontology and epistemology are post-positivistic in nature and emphasize a reliance on a systematically developed coding framework with the concept of 'fit' as a criterion for evaluation of a theory and verification to establish trustworthiness (Charmaz, 2014).

In contrast, Glaserian (classic) grounded theory reflects a critical realist ontology and stresses the interpretive, contextual, and emergent nature of theory development that relies on the post-positivist notion of researcher objectivity (Charmaz, 2014). Glaser believed that reality exists independently of the researcher and through systematic inquiry, categories emerge from the data to reveal a tentative theory. Glaser also warned researchers against searching the literature before collecting data to enable them to "remain sensitive to the data by being able to record events and detect happenings without first having them filtered through and squared with pre-existing hypotheses and biases" (Glaser, 1978, p. 3).

Charmaz (2014) was a student of both Glaser and Strauss and incorporated their original grounded theory tenets of "inductive, comparative, emergent, and open-ended" inquiry (p. 12) into the development of CGT. According to Charmaz (2017), CGT differs from earlier versions of grounded theory in that it (1) assumes a relativist epistemology, (2) acknowledges that the researcher and participants have multiple standpoints, roles, and realities, (3) is reflexive, and (4)

locates research within a particular historical and social context. She recognizes the researcher's role as integral to the analysis and construction of knowledge about the phenomenon under study.

This shift of the researcher role, from an unbiased observer to co-creator, highlights reflexivity as an integral function of the research process (Charmaz, 2014). CGT assumes that the researcher is intimately involved in the co-construction of knowledge and dictates that researchers acknowledge their part in the data collection and analysis process (Charmaz, 2014). Other assumptions are that completing a literature review aids in situating the researcher in what is known on the topic being studied and the use of an interview guide with pre-determined questions (O'Connor et al., 2018). The acknowledgment of the relationship between the researcher and participant, and how researchers interpret their findings, aligns with symbolic interactionism and pragmatism (Charmaz et al., 2018).

3.1.2 Symbolic Interactionism

Symbolic interactionism is a sociological theory that originated with George Herbert Mead (1863-1931) and focuses on the way people make sense of the world through the exchange of meaning via language and symbols (Blumer, 1969; Charmaz et al., 2019). Mead did not publish on the topic, rather, it was his student – Herbert Blumer – who coined the term *symbolic interactionism*. Blumer (1969) articulated the foundational tenets of symbolic interactionism, including that: (1) humans act toward things in a certain way based on the meaning those things already have; (2) these meanings are derived from social interaction; and (3) are modified through interpretation. Human society, when viewed through a symbolic interactionist lens, consists of interactions between/among human beings, singularly or in groups, and the process of these interactions shape society (Blumer, 1969).

Charmaz et al. (2019) viewed symbolic interactionism as the mechanism of interaction used by people to define who they are, where they fit in society, and the meanings given to objects and activities. She holds that the four assumptions of symbolic interactionism are that humans make choices, are interpretive, act, and are creative. This suggests that the meaning of a role (e.g., followership) develops through interactions among people and those meanings can morph into new understandings, depending on the experiences of the people involved (Blumer, 1969; Charmaz et al., 2019). This lends further support for using symbolic interactionalism to understand how RNs, who are members of a healthcare team in an acute care setting, understand followership.

3.1.3 Pragmatism

James (1907/2003) described pragmatism as a method to consider ideas in relation to their practical consequences. He further reasoned that practical usefulness and consequence are the measure of the worth of an idea or concept. Accordingly, James believed that if a concept does not make a difference to the people involved, it has no worth. He (1907/2003) went on to explain that pragmatism can be used as a method to clarify what difference one truth makes versus another. Pragmatism does not rely on one method or one type of evidence but instead uses subjective and objective information to seek out the practical application of truth (James, 1907/2003).

With respect to the current study, the practical consequences of a grounded theory of followership in nursing include an expansion of disciplinary knowledge concerning the dynamics of teamwork in an acute care setting. CGT offers an approach to research that explores, interacts, interprets, and co-constructs an understanding of a phenomenon of interest leading to the development of new insights and theory (Charmaz, 2017). Every RN who participated in this study has their own unique perception, understanding, and experience of followership. Through our interactions as researcher and participants we worked together to co-create new knowledge that evolved from each person's constructed reality (Charmaz, 2014).

CGT is a methodology that is consistent with nursing values and a nursing world view. Given the lack of nursing scholarship on followership, a grounded theory of followership will inform new understandings of the nature of followership, RNs' social construction of followership, and how contextual variables influence these constructions. Since nurses work together in teams, further understandings of followership will also provide fresh insights into how followership is enacted in healthcare teams and how it shapes and is shaped by team dynamics.

The purpose of this study is to understand followership in nursing from the perspective of RNs working in acute care settings. Consistent with CGT, the aims are to understanding the how of the process, how RNs understand followership, how they construct their place on the team, how they act on it, and how they are affected by others on the team (Charmaz, 2014).

3.2 Research Design

The research design used for this study followed Charmaz's (2014) CGT method. The steps of the study included the development of the research question, recruitment of participants, data collection, initial coding, focused coding, theoretical coding, theory building, and drafting

the report (Charmaz, 2014). These steps were iterative rather than linear in their progression. At many times in the research process, I stopped and reflected, asked different or additional questions, and wrote memos (Charmaz, 2014). The flexibility of qualitative research enabled me to examine ideas introduced through interaction with research participants which facilitated the development of new research questions that met the needs of the emerging study (Charmaz, 2014).

3.2.1 Setting

The setting of this study was a tertiary care hospital in Western Canada, which serves a catchment area of 250,000 to 350,000 (Alberta Health Services, 2019). Participants were recruited from the hospital's four acute care units - two medical and two surgical units. At the time of the study, there were 68 beds and 58 RNs employed in the two medical units and 53 beds and 52 RNs employed in the two surgical units. Data was collected between August and October 2021. During this same time, participants had either completed or were involved with in-service sessions to learn a new charting system while caring for patients during the COVID-19 pandemic.

3.2.1.1 Inclusion and Exclusion Criteria. Individuals were eligible to participate in this study if they were registered with the College and Association of Registered Nurses of Alberta (CARNA), were employed as staff nurses in one of the target hospital's four designated units and provided informed consent. RNs employed in a supervisory position at the time of the interviews were excluded from participating.

3.2.2 Recruitment

Initial email contact was made with the unit managers and clinical educators on the target units to explain the purpose of the study and request permission to recruit RNs (Appendix B). Once permission was received, recruitment posters (Appendix C) and a Participant Information Letter (Appendix D) were placed in each unit's staff room inviting potential participants to contact the researcher and to attend an online information session given by the researcher. Two such presentations were offered on different dates and times for interested individuals to attend. In addition, a link to a video of the researcher explaining the study was included on the poster for interested individuals who were unable to attend an online information session. Online rather than in-person information sessions were used for participant recruitment due to COVID-19 physical distancing requirements. The information sessions outlined the rationale for the research

project, the study purpose, inclusion/exclusion criteria, participant expectations, and researcher contact information.

Interested RNs contacted the researcher for additional information and/or to ask questions. Those who volunteered to participate were emailed a Participant Information Letter (Appendix D), a Consent Form (Appendix E), and a Demographic Form (Appendix F). Participants read and signed the Consent Form, completed the Demographic Form, and returned them to the researcher by email. When the signed consent form was received, the researcher contacted the participant to schedule a telephone interview at a mutually convenient time.

3.2.3 Sampling

Purposeful sampling is frequently used in qualitative research to identify and select 'good' informants who are knowledgeable about the phenomenon of interest, who can reflect on the topic, and who can thoughtfully articulate answers to questions (Polit & Beck, 2017). Purposive sampling was initially used to recruit nine participants, who were then interviewed. As a result of my preliminary analysis, I determined that the data was not sufficient to address the research question and that additional participants were needed. In qualitative research, the adequacy of the sample size is a judgment of the researcher and is based on the depth and richness of data (Creswell & Plano Clark, 2018) given the pragmatic limitations of the study. I then asked interviewees if they knew of someone who met the study criteria and would be willing to participate in an interview; two additional participants were recruited bringing the total to 11 participants. Termed 'snowball sampling,' this is an effective recruitment method and the development of a trusting relationship between researcher and participant is facilitated because of the recommendation from the referring participant (Polit & Beck, 2017).

Theoretical sampling was used to identify and select participants who further informed the understanding of followership. According to Charmaz (2014), theoretical sampling facilitates the development of categories and relationships between those categories and is used to enrich the researcher's understanding of the process under study. Once my preliminary theory was developed, and after all 11 participants were interviewed once, I approached three participants and asked if they would consent to being interviewed again. The three participants that I contacted had given rich descriptions of their understanding of followership in their first interviews and ranged in nursing experience from only a few months to several years. The purpose of the second interview was to further explore the idea that trusting was essential to

following and to understand whether trusting informal and/or formal leaders was the connection between sharing the load, demonstrating knowledge, and connecting through communication and their relationship to being willing to engage in following. After the follow-up interviews, I went back to my previous focused codes and recoded some of them to reflect the trusting relationship more accurately. For example, the previous category, communicating clearly, morphed into connecting through communication which more succinctly captured the idea that connecting or not connecting is contingent on trusting.

3.2.4 Ethical Considerations

Ethics approval was obtained from the University of Saskatchewan Research Services and Ethics Office, the University of Alberta Health Research Ethics Board (which provides ethical oversight for Alberta Health Services), and Northwestern Polytechnic (formerly known as Grande Prairie Regional College) Research Ethics Board. Operational approval was obtained from the target hospital.

Anonymity was not possible with interviews; however, all data remained confidential with the removal of any participant identifiers. Participants were assigned a numerical identifier and all identifying information was removed. Nursing units, hospital, and organizational information were also de-identified to provide confidentiality. In the unlikely event that a participant became emotionally distressed during the interview, they would have been referred to the workplace employee and family assistance program. Interview audio tapes, interview transcripts, memos, and signed consent forms, are being kept in a locked cabinet in the researcher's office and electronic data is being stored on a password protected computer and on a University of Saskatchewan secure server (i.e., OneDrive) for a period of, but not limited to five years (or in accordance with the Ethics Research Boards of the participating administrations). After the designated time, all data will be destroyed beyond recovery (deletion of electronic files and confidential shredding of papers). All documents are accessible only to the researcher and the research study supervisors.

3.3 Data Collection

Digitally recorded, individual interviews were completed by the researcher using a semi-structured interview guide (Appendix G), which enabled participants to tell their story and co-direct the interview. Interviewing assisted me to understand participants' perspectives and insights, their unique world views, and their experiences (Charmaz, 2014).

The research question – how do registered nurses, who are members of a healthcare team in an acute care setting, understand followership – lent itself well to the interview method. Participant interviews generated information about nurses' perspectives on followership in nursing and an in-depth exploration of their related experiences (Charmaz, 2014). Follow-up questions probed for specific details, clarification examples and/or elaboration. CGT embraces a collaborative approach to the interview process, sharing the 'control' of the interview between the participant and the researcher (Charmaz, 2014). I did this by following participants' lead if they wanted to introduce a topic or share a story that did not fit exactly within the parameters of the interview guide. The interview guide helped me to stay focused but was flexible enough to enable participants to interject, alter the pace of the interview, and/or focus on topics of importance to them. These interviews were conducted via telephone due to COVID-19 restrictions and lasted between 20 and 40 minutes each. Interviews were completed at a time that was selected by the participant and began with introductions, a review the purpose and potential length of the interview, and confirmation of participant consent. All participants had the opportunity to debrief following the interviews.

A total of 16 interviews with 11 participants were completed. Early in the study, a second interview was completed with the first two participants, before the remaining nine participants were interviewed, to clarify and expand upon information gathered in the first interview. Participants were asked if they were agreeable to a second interview and the consent process was repeated and recorded. I wanted to clarify what the participants meant when they used the term being open; what it exactly meant to them. With the information I gained during the second interviews with the two participants I was able to tweak my interview guide and ask the remaining nine participants what they meant when they used the term being open. The second interview with the two participants enabled me to maintain theoretical sensitivity. Once my preliminary theory was developed, after all 11 participants were interviewed, I approached three participants, who provided a rich description of the topic, and asked if they would consent to being interviewed again. The purpose of the interview was to facilitate theoretical sampling.

3.4 Data Analysis

Data collection and analysis proceeded concurrently to assisting me to stay close to the participants' understanding of their experiences and understand how meanings of followership were constructed (Charmaz, 2014). Focused coding was used to concentrate on initial codes and

distill the codes to the most useful while looking for categories (Charmaz, 2014). Throughout the process of analysis, I recorded my preconceived ideas of followership in a reflexive journal and returned to those reflections to ensure that I did not try to force the data into a shape or code that I perceived as 'true,' and remained open to all theoretical possibilities (Charmaz, 2014). Upon further analysis it became apparent that the focused codes were better suited as categories and the core category developed into the theoretical code. Theoretical coding facilitated the development of the relationship between categories and decreased ambiguity regarding the construction of the process of followership (Charmaz, 2014).

Every step of analysis contributed to distilling meanings from participants' concrete experiences, to identify the basic social process (BSP) of followership, and to the development of a grounded theory. According to Glaser (1978) a BSP has "two or more clear emergent stages" (p. 97). For example, the core category of this study, trusting informal and formal leaders, is on a continuum ranging from no trust to complete trust. Each stage is contingent on a specific and unique social interaction and develops and changes over time (Glaser, 1978). BSPs are written in the gerund form implying motion aiding in durability, stability, and accountability for changes that happen over time (Glaser, 1978). The core category of this study fits the criteria of a BSP.

3.4.1 Coding

Interviews were transcribed verbatim and cleaned by the researcher in preparation for coding. Charmaz (2014) outlines a detailed coding process beginning with initial coding and moving onto focused coding. Next, I sorted through the initial codes to find which codes were repeated more often, which had more significance, and which initial codes focused the analysis of the data (Charmaz, 2014). I engaged in constant comparison between codes and developed focused codes that grouped initial codes together. The process of constant comparison helped to clarify the patterns that were revealed in the data, for instance, learning, being open, and participating became subcategories of willingness to engage. The focused codes developed into the categories with the core category *trusting informal and formal leaders* emerging as the link between each category.

Finally, through the iterative process of constant comparison and checking back on my memos it became apparent that my core category was also the theoretical code for the study. Theoretical codes incorporate all other codes from the data, giving form to the focused codes and a sense of order to the findings and a framework on which to construct a grounded theory

(Charmaz, 2014). Trust was not an idea that I had entertained as something that would describe the process of followership in nursing. However, if I had not been open to all possibilities regarding the development of theoretical coding, I would have missed the participant's perspective and the description of their understanding of followership in nursing.

3.4.1.1 Initial Coding. The first step of data analysis is the initial coding, utilizing gerunds (the verb form of nouns) to explain actions in a line-by-line process (Charmaz, 2014). The application of gerunds helped me stay close to the data, discern the sequence of experiences reported by the participants, and gain the sense of motion and order in the data. The initial line-by-line coding enabled me to 'see' the data from the perspective of the participant. The action of creating codes aided in the interaction between the participant's words and my understanding of their unique perspective which in turn caused me to return to the data and compare codes between and within participant interview data. I reworded some codes to better their fit with the data. One code that was changed to improve fit was *understanding/approachable/collaborative.* The new code became *collaborating* because it more concisely described and captured the meaning and actions of being understanding, approachable, and collaborative. The reworked code encapsulated all three words into one without losing the meaning of the original initial code.

This process of coding inspired me to return to previous codes to see if a new code could be used to explain a previous process (Charmaz, 2014). The constructivist method focuses on how participants understand the concept being studied in their specific contexts, embedded in each participants' unique perspective resulting in as many realities as there are participants (Charmaz, 2014). Using gerunds for code creation helped to heighten theoretical sensitivity because I was forced to 'see' the participant's unique perspective by keeping the codes focused on the process that was being discussed. I was able to compare multiple viewpoints and perceptions regarding followership in nursing and then make comparisons between and within the data (Charmaz, 2014). The comparisons were based on the unique standpoint of each participant, not on my preconceived ideas of the process of followership in nursing.

Each transcript was read several times, once quickly to capture my immediate impressions and then again to solidify, check, or add to previously created codes. Comparison between codes aided in discovering parallels or disparities within the codes. Addressing differences in the initial codes strengthened the fit of the codes and their relevance to the data (Charmaz, 2014). Not every initial code was included because some did not fit. Fit was determined by how closely the code

described how followership was constructed, the process of followership development, the effects of context on followership, and how RNs perceived followership. Constant comparison of initial codes across all eleven transcripts revealed similarities between participants' understanding of the process of followership.

3.4.1.2 Focused Coding. The next step of the analysis was focused coding, which is a process of creating focused codes and developing a bigger picture of the data (Charmaz, 2014). Initial codes that were repeated or considered significant were grouped together. For example, *having experience*, *modelling*, and *mentoring* are examples of initial codes that were grouped together into the focused code I later labeled as *demonstrating knowledge*. Word clouds were created from each transcript using the website TagCrowd (Steinbock, n.d.). A word cloud is generated by pasting a text into a template, which then visually represents the frequency of words in a text. The more often a word occurs in the text, the larger it is in the word cloud. An example of a word cloud from one of the transcripts can be found in Figure 3 (Appendix H). Using word clouds as a process of focused coding provided a visual illustration and either supported or did not support the focused codes that were developed from the initial codes. The focused codes that emerged from the initial codes matched the visual representation of the initial codes which aided in advancing analysis, synthesis, and theoretical direction (Charmaz, 2014).

Four focused codes were created to describe the data and are the categories of the study. Categories explain the larger concepts that have developed in data analysis and often evolve during memo-writing (Charmaz, 2014). Following Charmaz's (2014) outline for the creation of categories I provided a definition for each category, the characteristics of the category were summarized, how the category began, stayed the same, changed, and consequences were noted, and finally, a description of how the category fit with other categories was offered. Charmaz (2014) comments that categories become saturated when "gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories" (p. 213). Using the iterative process of constant comparison, studying the word cloud documents that I prepared, and checking my memos, I made a considered judgement that I was unable to find any more categories from the data that I had collected as there were repeating relationships between all categories that were similar across the data from all participants.

3.4.1.3 Theoretical Coding. Finally, the core category trusting informal and formal leaders was developed to illustrate the relationship between the categories created during focused

coding and became the theoretical code (Charmaz, 2014). The theoretical code *trusting informal and formal leaders* emerged as the gerund that best described the relationship between the focused codes; trusting *informal and formal leaders* are sharing the load, trusting *informal and formal leaders* are demonstrating knowledge, trusting *informal and formal leaders* are connecting through communication, and trusting *informal and formal leaders* facilitates willingness to engage in following. Theoretical coding provides a framework for the data to rest in that is clear and simple (Charmaz, 2014). Table 3.1 lists the initial codes which became the sub-categories, focused codes which developed into the categories, and the core category used to connect the categories together. Participant examples are provided.

Table 3.1 *Coding Example*

Sub-categories	Exemplars	Categories	Core Category
Understanding one's role	"I feel like a follower should also understand their role prior to getting into it. They understand that they are under the umbrella of somebody else" (P6)	Sharing the load	Trusting informal and formal leaders 1. Trusting informal and formal leaders are sharing the load 2. Trusting informal and formal leaders are demonstrating knowledge 3. Trusting informal and formal leaders are connecting through communication 4. Trusting informal and formal leaders facilitates willingness to engage
Accepting one's role	"…being able to accept that role and not necessarily always feeling like you need to be in a leadership role" (P3)		
Working together	"…everyone works together because it's multiple members of the team to one patient" (P10)		
Having experience	"She just has kind of naturally taken over that role. She's been here the longest, she has the most experience in this department" (P2)	Demonstrating knowledge	
Modelling	"…they just lead by example, like they help out too…that makes me want to follow" (P4)		
Mentoring	"I would…just look up to them to hopefully follow in their footsteps one day" (P1)		
Knowing the goal	"…make sure that everyone is aware of what that goal is and that everyone is working towards that goal in the most effective way" (P2)	Connecting through communication	

Communicating clearly	"I think the biggest element of an effective team is communication" (P6)		
Learning	"I hope they would be open to new learning and to…learn from the person that they're following" (P5)	Willingness to engage	
Being open	"…the attitude of a follower has to be… adaptable, flexible" (P10)		
Participating	"I see the followers as the people carrying out the actions, the doers" (P8)		

3.4.2 Memo Writing

Memo writing was integral to data gathering and analysis and stimulated me to dig deeper into the data. Memos were used to explore different avenues of inquiry, to question the data, and to become familiar with the material in a less formal manner (Charmaz, 2014). After each interview and during the analysis process memos were written and recorded for each participant. The information was divided into sections such as dealing with quotations that seemed particularly noteworthy. For example, one participant's beliefs about followers evolved over time. Initially, she saw followers as weak links, but later came to see them as adaptable: "… people who choose to be followers aren't always a weak link. Like people think they're meek and weak and sometimes you know, they just have the attitude of, 'I'm adaptable and it if ain't broke, don't fix it'" (P10).

Other memos included musings around symbolic interactionism and pragmatism. How does a participant go to work each day if they do not feel that they fit in with the team? ["… it's hard to follow something that you don't agree with. Or respect…and that you don't feel that it, is in the best interest or why you went into the profession" (P10)] and how can you make a difference? Charmaz (2014) suggests the use of a journal for organizing memos and as a visual prompt and reminder regarding concerns, questions, and direction(s) of inquiry. Memo writing was used to record the journey of understanding how the categories were related to each other and how they morphed into the final core category, trusting informal and formal leaders. My understanding evolved from viewing followership as a process of change to understanding that willingness to engage in following is dependent on trusting informal and formal leaders, which involves sharing the load, having the knowledge, and communicating clearly.

3.4.3 Reflexivity

Some of the RNs in the study were previous nursing students or co-workers of mine. My relationship with these participants influenced their interactions during interviews. Participants spoke about the units they worked on and assumed that I understood what they were talking about. The expectation was evident that a tacit understanding of the context in which the participants worked was understood by me and the participant. Lincoln et al. (2018) indicate that assumptions and beliefs held and then exposed during research must be disclosed reflexively to reduce preconceptions concerning data gathering and analysis. Mindfully considering comments and asking clarifying questions regarding any suppositions that occurred during the interviews took place. At times, during the interview, I asked for clarification to avoid making assumptions regarding what the participant was speaking about.

Participants were more forthcoming during the interview session and shared confidential information because of previous relationships and shared nursing knowledge. This supposition may also work against the researcher as the participant may assume that more is known than is. Constant comparisons of interview data reduced assumptions and preconceptions (Charmaz, 2014). Memo writing was used to support reflexivity, especially when examining interactions with participants' previous knowledge, and its effect on the researcher's perspectives and personal views (Charmaz, 2014). Every researcher brings their preconceptions to the field. Charmaz (2014) comments that acknowledging preconceptions enriches data analysis, and preconceptions will be challenged frequently during the research process. I did not conceive of the idea of trusting informal and formal leaders as the fulcrum that decided how much or how little the participants would engage in following, as noted in this reflection:

> Trust is the driver of followership in nursing and without followers trusting the knowledge and communication of leaders and team members then the process of following becomes limited/less/non-existent/nil/not there/not happening. Followers get cranky when they cannot trust the people they are following. How did I miss this?

I have been teaching nursing at Northwestern Polytechnic (NWP) since 2007, across all four years of the nursing program. NWP nursing students are encouraged to be leaders, in the classroom, within their teams during clinical rotations, and especially during their fourth-year clinical practicum. Upon graduation, the students who find employment are placed in the role of a follower, following the team leader, following the culture of the unit where they work, and

following institutional policies and procedures. They have not been educated on that role. Nursing education should equip our students to be able to participate in the follower role and the leader role. To facilitate the inclusion of followership education, research must be completed that identifies the need for an understanding of the importance of the role to nursing. Data garnered from participant interviews of registered nurses, regarding their understanding of followership, highlights the need for a greater understanding of, and more education on the topic.

3.5 Rigour

Criteria used to assess the rigour of qualitative research findings are credibility, dependability, confirmability, transferability, and authenticity (Guba & Lincoln, 1994). In addition, Charmaz (2006/2014) described four requirements for rigorous CGT studies - credibility, originality, resonance, and usefulness. I used both sets of criteria to assess the study's rigour.

3.5.1 Credibility

Credibility relates to the truthfulness and believability of the findings and offers support for the findings. The credibility of this study was achieved through prolonged engagement with participants, close attention to the information they provided, and fidelity with the CGT method (Charmaz, 2006/2014; Glaser & Strauss, 1967; Morse, 2018). Systematic comparisons were made throughout the research process, and memo writing, and reflexivity were practiced bringing to light any assumptions that I might have made. The core category represents a logical link between categories and is grounded in the data.

3.5.2 Dependability and Confirmability

Dependability refers to the repeatability of the findings in another study (Guba & Lincoln, 1994). Dependability also refers to how well the procedures have been documented and whether the research process can be replicated by others outside the study (Charmaz, 2014). Memo writing was used to create a paper trail outlining the processes of data collection, analysis, coding, theory production was accounted for, in keeping with the tenets of grounded theory research (Cooney, 2011). Confirmability reflects the level of confidence that the findings are based on the participants' experiences and narratives which was established through verbatim transcription of participant interviews, memos, the use of support quotes, and the researcher's reflexive journal (Polit & Beck, 2017).

3.5.3 Originality

Charmaz (2006/2014) argues that the findings of the study should be fresh, have meaning and describe a social context that has significance. Originality refers to whether the grounded theory gives a distinct perspective to the concept being studied and challenges the 'status quo.' There is a paucity of information regarding followership in nursing. Leadership has been studied but the other side of leadership, followership, has not received the same amount of attention. The posited grounded theory of this study answers the call in the literature for a greater understanding of followership in nursing and provides a new perspective on the integral, interdependent, and synergistic relationship of team members.

3.5.4 Resonance

Resonance is described as participants being able to make sense of the grounded theory presented to them, that the findings evoke a feeling of agreement and richness (Charmaz, 2006/2014). Once the preliminary theory was developed three participants were contacted and they agreed to a second interview to confirm whether my analysis made sense to them and captured their understanding of followership. The interviews were conducted via phone and verbal consent was given by the participants before the discussion began.

3.5.5 Transferability and Authenticity

Transferability refers to the extent to which the findings can be applied to another similar setting or group (Polit & Beck, 2017). This study was conducted using four different settings, which provided more abundant descriptive data and increased the applicability of the findings to other locations. The range in ages and years of experience of the participants also lends strength to the idea of transferability of the study. Authenticity is described as the feeling that the reader will be drawn into the description of the findings, feeling they have been reported authentically, and be encouraged to develop more significant insights and sympathies with the process being described (Polit & Beck, 2017). Data was collected at various times, and portrayed different perspectives, which increased the authenticity of the findings (Roper & Shapira, 2000).

3.5.6 Usefulness

A useful analysis presents ideas from the data that can be used by people in whatever context they are now and points to the need for further research in areas other than nursing (Charmaz, 2006/2014). How RNs understand followership in nursing will strengthen the bond

between team members, support the interdependent relationship between followers and leaders, and highlight the need for further research into the topic.

3.6 Chapter Summary

How do RNs who work in a healthcare team in an acute care setting, understand followership? The CGT (Charmaz, 2014) method was used to answer that research question. Grounded theory tenets, laid out by Glass and Strauss (1967), were the foundation for the methodological approach to the study. CGT is a flexible approach and positions the researcher to be involved in data analysis and the construction of theory. This construction helped to describe social processes expressed by participants and build a theory that was grounded in data (Charmaz, 2014; Glass & Strauss, 1967). Followership is a social process, not widely studied in nursing research. Following CGT methods, to answer the research question, supported me in understanding the social construction of followership in nursing.

Chapter Four

4.1 Findings

Chapter four details the findings from this doctoral research. The purpose of this study was to co-construct a grounded theory of how RNs, who are members of a health care team in an acute care setting, understand followership. The findings offer insight into the social processes fundamental to effective team function in acute care settings and the importance of the follower-leader dynamic to those teams. This chapter begins with a summary of participant demographics followed by an explanation of RNs' understanding and experiences of followership including a description of trusting as the core social process in RNs' understanding and experience of followership. I then offer a theoretical model, titled Followership as Trust in Acute Care Nursing Teams, to illuminate how the nature of the follower-leader relationship engenders followership, which is critical to effective team function.

4.2 Sample Demographics

Detailed information about participant demographics is available in Appendix I. Briefly, all eleven participants identified as female, their ages ranged from 20 to 49 years, and they were employed in a casual, part-time, or full-time position in one of four acute care units in a tertiary care hospital in Western Canada. Participants included a newly graduated RN with two months of experience, four RNs with more than 15 years of nursing experience, and six others with between two and 14 years of experience. Ten participants were baccalaureate prepared and one had a master's degree in nursing. One participant acknowledged having worked in a manager or supervisor position at least five years before the interview. This wide range of nursing experience provided multiple views of followership in nursing, which was influenced by their formal education, personal beliefs, behaviours, expectations of team members, and the organizational context.

Participants described their team as having multiple members, both intra- and interprofessional. "…everyone works together…unless you have a great assessment and pain management care, and physio for discharge and a successful surgery before all that…then the patient ends up the one that suffers…" (P10). Another participant commented on the importance

of lab, respiratory, and diagnostic team members and that while she might not be always working directly with those team members, the goal of the whole team "is to have the best of possible health outcomes for the patient" (P11). Participant 1 touched on the importance of the role of a go between, someone that was not in a formal leadership position but who spoke for the group.

> We do have one more senior nurse than the others that we all kind of look to when we need advice…and if there's one person that needs to be that go between us and our manager or us and the surgeon, she is that person.

All participants acknowledged being familiar with the concept of leadership before hearing about this study, however, only one of them had ever heard the term followership. Some participants looked up the term followership prior to our conversation and everyone noted that they had never really thought about followership as something specific and unique. Despite this, participants intuitively understood followership as a willingness to take directions from a leader (formal or informal), that followers and leaders do not exist independently of each other, and that they must function together for a team to be effective. As participants explained, the goal of teams on their acute care units "… is to make sure that we have continuity in our patient care and … making sure that we're getting all of our designated tasks completed in a timely manner for good patient care" (P5). Within that context, "…a leader has a vision or a specified goal and in order to attain that goal or vision they inspire or influence followers in order to effect work in a team to achieve that goal." (P1). Furthermore,

> … followership …[is] kind of like the pieces of a puzzle … you need to have both a leader and a follower because you can't be a leader without somebody following you … they complement each other and they kinda complete … [each other], like a unit. (P6)

4.3 RNs' Understanding(s) and Experiences of Followership

Analyses was iterative and involved constant comparison of data, development of focused codes, theoretical codes, memo writing, and reflexivity. Consistent with Charmaz's (2006/2014) approach to CGT, throughout the data collection and analyses, I attended to the context; considered the actors (participants), situations, and actions; assumed multiple realities; and my own subjectivity. The categories *sharing the load*, *demonstrating knowledge*, *connecting through communication*, and *willingness to engage* are supported by several sub-categories. *Trusting informal and formal leaders*, the core category, emerged as the BSP, which is illustrated in a theoretical model titled Followership as Trust in Acute Care Nursing Teams (see Figure 4.1).

4.3.1 Sharing the Load

Several focused codes merged to support the creation of the category sharing the load and the subcategories *understanding one's role, accepting one's role*, and *working together*. Sharing the load is defined as being part of the team, agreeing on a shared goal, and implementing a shared plan. Within the team everyone is expected to share the load – to work together to care for the team's patients. "We work together to provide care…and we collaborate with the charge nurse…" (P1). When questioned about who the formal leader is and how they come to the role, Participant 10 stated that:

> …it's all interchangeable even between professions…I think what ends up happening is that for each patient…the first assessment person takes responsibility for that patient, but then you'll have another patient and there will be a different person that has primary responsibility. But there's never one person that does that all the time.

Conversely, participants noted that leaders do not inspire team members to follow simply by telling team members what to do while not being involved in the work.

> …I feel like if that is our role together…on the team, we should have…a similar way of executing an intervention or something…not just like telling me what to do and here you are sitting in the corner on your phone (P9).

4.3.1.1 Understanding one's role. Although ten of the eleven participants had not heard of the term followership prior to participating in the study, all intuitively understood that a team consisted of a leader and the people who collaborated to get the work done, the followers. Participants were also able to describe their understanding of the followership role and how they acted within the role. Despite not having previous experience with or a language related to followership, there was overlap and consistency in participants' perspectives. An important aspect of understanding one's role is being able to figure things out, especially with the lack of followership language. "Every member has to do their part…and it's hard to follow something that you don't agree with" (P10). Teamwork relies on every member of the team being able to decipher what their role is and how they function within the team. Participants also noted that nurses needed to figure out that "everyone's a leader and a follower" and that the roles are "definitely interchangeable" (P3). The need to understand the role of followership arose because of the importance of working together as a team and understanding how to complete the task in a timely manner,

> I feel it's important that every team member does have their own specific role. So that tasks do get completed in a timely manner…I feel like a follower should also understand their role prior to getting into it. They understand that they are under the umbrella of somebody else. So, somebody that has a little more experience and knowledge and that they are adjustable to…whatever that unit requires from them (P6).

Understanding one's role was imperative to get the task done, "they [followers] are actually the agents of change and they are the ones who work to achieve the leader's vision or goal" (P1). When participants were asked what they believed about their role they voiced the belief that the role was one of helping,

> …I felt like it was the person who did the most work…the most hands-on work … versus being charge at the desk. I always felt like it was more like hands on, down in the trenches…like I felt like it was the most necessary work (P2).

A large part of understanding one's role was accepting what needed to be done, accepting you are not in the leader role, accepting and following the directions that were given, and going ahead and completing the task.

4.3.1.2 Accepting one's role. There is a plethora of research on the topic of leadership in nursing. Most nursing students complete courses dedicated to leadership as part of their nursing program and the concept is threaded throughout nursing curricula. Participant 9 expressed the interrelationship between following and leading: "I feel like followership is a combination of being a follower and…a leader. Because, if you are following someone, it's also like you're taking a lead to say yes to that act of following." Accepting the role of following and sharing the load is integral to teamwork, and patient safety and care: "…being a good follower, being able to accept that role and not necessarily always feeling like you need to be in a leadership role…but that you can be a good follower" (P3). Sharing the load begins with accepting that everyone cannot be formal leaders, and for teams to exist, there must be followers.

> …I feel like all nurses, from all experiences need to really understand that everyone was in that same boat [following] one time. We were all followers whether we recognized it, or we didn't…I feel like every level of nursing needs to recognize that it's okay to be in that position, to be a follower (P6).

Accepting and understanding one's role play integral parts in working together. A team cannot function to its highest capacity if the team members are not working together.

4.3.1.3 Working together. A team is more than one person working to accomplish the shared goal of the team: "…if our goal is to get a patient ready for surgery…we're all working together for that same reason but following the direction of the person above us…working together and doing the same consistent job…" (P2). Working together also implies that problems are tackled as a team: "…that they bring up questions or concerns. That they go directly to the leader and have a discussion and come to a conclusion together" (P8). There was a sense of knowing what needed to be done that was voiced by participants, especially when working as a team.

> I just remember being on the surgical floor and the nurse being able to recognize when the surgeon was going to need what tool and just being able to give it, or like people that don't need to be asked for things, they just know what their role is…they know that in a code situation that they're going to need to write or they're going to need to do compressions or whatever and they will …do what needs to be done (P4).

The process of working together is essential to teamwork. When team members do not work together, they risk not feeling part of the team and miss a sense of accomplishment: "being a part of that team, and you're helping…feeling helpful…feeling accomplished…being part of that group dynamic…it definitely makes you feel good…I think working together too helps us be cohesive together…make good choices for our patients…" (P3). The team functions best when every member does their part to work together: "…everyone works together because it's multiple members of the team to one patient…it's truly based on…how well your team is functioning…" (P10). Working together, understanding one's role, and accepting one's role are strategies that support the category sharing the load.

Sharing the load is integral and necessary for both followers and leaders to function effectively within a team. Team members who work well together share the load, increase quality outcomes, and demonstrate synergistic, supportive relationships. Success in attaining the goal set out by the team is facilitated by participants who share the load. Conversely participants argued that without clearly understanding their role, accepting one's role, and working together it was difficult to share the load and be part of the team.

> …like when a leader kind of just tells you this is how it is because I say so. There's no involvement of staff of decision making…there's no explanation as to why…no room for changing or adapting what needs to be done to fit the needs of the patients or

staff…unwilling to …recognize that there may be more than one way to do something and achieve the same goal (P8).

4.3.2 Demonstrating Knowledge

When asked to describe what characteristics team members should demonstrate, Participant 1 commented that "in order to be an effective team member you have to be knowledgeable and use critical thinking to guide your decisions…on a day-to-day practice." Demonstrating knowledge was described by participants as knowing something and being able to support that knowing with evidence, policies, or procedures. Participants also noted that demonstrating knowledge begins with experience, is backed up by evidence, is current, and changes as new evidence is available. Having team members who demonstrate specialized knowledge is integral to completing the task and working together, and participants acknowledged that they were reluctant to follow those who did not use evidence to guide their practice: *"...*if they give answers that they can't back up with policy or medical knowledge then sometimes I'm not quite as willing to follow what they say*"* (P4). Followers who did not trust their leader or team members to demonstrate the best up to date knowledge were reluctant to follow, disengaged from their team members, and had difficulty completing assigned tasks. Three sub-categories *having experience*, *modelling*, and *mentoring* contributed to the creation of the *demonstrating knowledge* category. Having experience, modelling, and mentoring are interdependent, according to study participants, and are fundamental to demonstrating knowledge.

4.3.2.1 Having experience. Knowledge and experience were melded together to create the sub-category I labelled as having experience. The two are similar and function synergistically and the code having experience felt like a better fit with the data. Having experience was summed up as more important than having credentials: "I would…base it [the role of leader] on experience not necessarily credentials…I think that members of the team that have more experience would be better suited for certain roles and responsibilities" (P6). Also, participants noted that team members with more experience took on the role of leading and were looked to for guidance: *"...*she's been here the longest, she has the most experience in this department and so…she's taken on that role…no one's ever said to her…you're the charge nurse or you're the clinical coordinator…and she definitely doesn't hold that title formally…*"* (P2), and "…they're usually more experienced so that I go with them, they're kind of guiding how my practice is"

(P11). One participant stated that although the position of team lead had been allocated to them, it was understood by the team that the team member with the most experience was the leader: "…there's times where I was…the team lead and I was out for three weeks [off the floor] and I was…obviously I'm not in charge here…cause the other person has four years of experience" (P4). The practicality of having someone with more experience direct the team was tacitly agreed upon by every participant. Congruently, Participant 2 noted that it was easier to follow someone who had experiences that were similar:

> I…followed people who I felt like had started off in the same place I had. So, if I felt like they came from a place of experience in the role that I was in, I felt that they were a better leader and I was more apt to follow them, because they were empathetic to where I was.

Having experience was a definite asset when demonstrating knowledge, with the caveat that the experience be backed up with evidence, policies, or procedures.

4.3.2.2 Modelling. Demonstrating knowledge was exhibited through modelling, one nurse showing another nurse how to respond in a situation and is an important attribute and necessary function for guiding followers in their development as nurses. When asked to describe the behaviours they modelled when they were following and what effect those behaviours had on the team Participant 2 stated,

> I would hope that it would set a good example, because I felt like the work that I was doing was important. And that it was…working towards that same goal but still working hard and doing everything…Everyone's job is important.

Learning from coworkers, whether they are followers or leaders, was achieved through modelling by other team members.

> I've had really good role models…whether good or bad… I've learnt from the coworkers that I have whether they've been also into followership or leadership roles…I've learned how I do want to be and how I don't wanna be...so it's been good…I've been pretty lucky to be able to talk to people about…what kind of worked for them and how they...navigate through the system. (P11)

In addition, participants highlighted the importance of leaders demonstrating what was expected of team members regarding actions: "…they…lead by example…they help out too. And those things…make me want to follow their…example and their lead" (P4). Conversely, participants

were not as engaged when team members modelled behaviours that did not demonstrate a compatible or comparable understanding of what was expected from the team.

> I will find it difficult to follow a leader…who didn't share the same …work ethic as what I did…so if…they are sitting back in their chair not doing anything and expecting me to do all the work, it makes me less likely to follow them (P2).

Demonstrating knowledge would lack substance if modelling did not occur within and between teams and team members. Having experience and modelling are interwoven and integral to demonstrating knowledge.

4.3.2.3 Mentoring. Mentoring is interdependent with demonstrating knowledge and was understood by participants to be a guiding or teaching role. Mentoring happens at all stages of nursing from novice to expert, "…when I was a student…there were many mentors who I…would constantly ask…for advice and…just look up to them to hopefully…follow in their footsteps one day" (P1). Demonstrating knowledge in a mentorship role was a process that participants understood as something that a nurse grows into: "…when you're a follower…you…take those pieces…like what you like about someone that you're following…and be a mentor yourself…and say, oh I like this piece, I like that piece…maybe I can…implement some of those things" (P3). Along with the sense of growing into the role of mentorship there was a voiced expectation that: "…more mature staff should be teaching less mature staff and helping them essentially in becoming a more mature staff member on the unit" (P5). Finding a mentor was encouraged by participants, especially for new nurses: "…find a mentor or a leader or a teacher…then you emulate their practice" (P10). Mentoring facilitates demonstrating knowledge by passing along information, practice, and skills and should be engaged at all levels of a nurse's career, either as mentee or mentor.

4.3.3 Connecting through Communication

Communication is fundamental to teamwork and connecting through communication is essential to the cohesiveness of the team, increased quality of care, and job satisfaction. Two sub-categories *knowing the goal* and *communicating clearly* support the category connecting through communication. Communication arises out of the need to connect with the team and to know what is expected of team members. The team cannot complete the task and meet expectations if they have not connected via communication: "…because you don't want to…assume anything that you're gonna be doing because that other person might be doing it. And in a…life-

threatening situation, any time that you can save is vital to that person's life" (P9). Having a good rapport with others also affected communicating: *"*You need to be approachable and…able to communicate things effectively…it generally helps…if there's no…big egos in the way, or any sarcasm, or any feelings that you're disappointing somebody…that really, we're all there to…work together*"* (P3). A lack of communication within the team led participants to feel unwilling to follow and decreased the efficacy of the team: "I will never follow someone who is more like a dictator" (P10). Connecting through communication was also viewed as either a positive or negative experience for team members:

> …my confidence just…goes into garbage because you're…just trying to help and you're getting yelled at for something instead of getting…specific instruction on how to do it. It's like…you're being judged. Like…the tone and it's just the tone…and it doesn't help that there's…ten staff members listening to this too. (P9)

Nurses work in teams and if a team is not connecting through communication patient care and job satisfaction will suffer.

4.3.3.1 Knowing the goal. When participants were asked what the goal of the team was, they listed various tasks such as caring for the patient, meeting educational needs, communicating information, and working collaboratively. Of uppermost importance was knowing what the goal of the team was and that the goal of the team could not be accomplished without connecting through communication with team members regarding what was expected. Every team member needs to know the goal to ensure the highest quality of care is being provided and communicating that goal is imperative. One of the roles of the team lead was highlighted as them being the person designated to make sure the appropriate communication was given:

> …well, it's [the responsibility of the leader] to make sure that everyone is aware of what that goal is and that everyone is…working…towards that goal in the most effective way…so it's really to…focus the group…to what the end goal is going to be. (P2)

Participants appreciated knowing the goal rather than having to wonder what the goal was so they could function as a team:

> …it makes it easier to follow if I…know what the goal is before…we're on the same page for what we're both wanting…best patient outcomes, we're here for the patients and the families…makes it easier to follow…whoever is leading us that day. (P11)

An essential aspect of knowing the goal is connecting through communication to understand how the team should function and what must be accomplished: "…to know the goal…to know the tasks they need to complete that day, to know…why they're doing what they're doing…to communicate…make sure that everyone on the team kind of know what has been done and what hasn't been done" (P8). Another facet of knowing the goal is providing time and space for team members to connect and affirm they are on the same page, following the same goal, and proceeding together:

> …the goal of the team is to continuously…meet and reflect and make sure that they have the same vision…long term or short term…and that is it focused on one kind of aspect, which is usually patient centered…usually focusing on the same vision, same goal…same person (P6).

The team must know what the goal is and connecting through communication strengthens group cohesion and when the goal has not been outlined clearly the team has difficulty working together: "I struggle with leaders who just give direction…because maybe they're given direction at a higher level without questioning the background" (P7) and "…I feel like…if I wasn't given a…clear…instruction…I will never follow" (P9). The consequences of not knowing the goal are detrimental to team function, job satisfaction, and patient care.

4.3.3.2 Communicating clearly. Communicating clearly was articulated by participants as one of the elements of an effective team and essential for understanding one's role and working together: "…really good communication with those around….and knowing what your role is in the group dynamics so that…your role is done properly" (P11). Participants also noted that being willing to listen to others and receptive to different perspectives was necessary for team function and clear communication: "…for a team to be effective you have to have good communication. You have to have both the leaders and followers…be willing to hear ideas of other people that might be different from your own" (P8). Receiving clear directions was indispensable in communicating clearly and effectively following.

> I feel that's really important, that the communication between …the different...tiers of…leadership are all on the same page. I feel like there should be some sort of standardized…criteria that a follower should…be able to reference…I feel like some sort of written…policies should be in place…I think open communication is another resource

that is super, super important whether it's verbal, or written, or electronic. That needs to be always available for…both the leader and the follower. (P6)

The consequence of reduced or poor communication was that followers were reluctant to follow. Conversely, supportive, and open communication encouraged followers to trust the directions being given and facilitated following. "I think being assertive and open…having open communication and being accountable for my…own learning…that made my following more effective and well received by…the people I was following" (P5). Communicating clearly aided in knowing the goal and created connections between team members especially when the reason for the direction or the goal was given: "…explaining why change or why we're being asked to do the specific task is, I think, critical…and basically that there's some benefit to the change, either to the practice or to patient care that we're providing" (P7). When participants understood their role, which had been communicated clearly to them, they were better prepared and able to follow through and function to their fullest capacity on the team.

4.3.4 Willingness to Engage

Teams that function to their highest capacity have members that are willing to engage in following. Following was described by participants as helping, learning, being open, being supported, asking/questioning, observing, participating/experiencing, following directions, and being together. Several initial codes were amalgamated to create the sub-categories that support the category willingness to engage. Asking, questioning, and being supported were condensed into the sub-category *learning* after comparison between and within participant interview data. Using the same iterative process, the initial codes helping, observing, following directions, and being together were combined to create the sub-category *participating*. Willingness to engage can have a supportive or non-supportive effect on team function: "If I'm following others and they're confident and honest and transparent and trustworthy and just generally a nice person, I want to follow them more" (P8). The consequences of not being willing to engage have a detrimental effect on the team and the completion of assigned tasks.

I like to approach work with a really positive and optimistic mindset, and I understand that change is difficult and with COVID…there has been a lot of change and some staff members are really…not opposing the change, but just have a negative mindset about the change. And I think that can be really deterring to both followership and teamwork…because that can...lead to…you're just not miserable, but…you just don't

> approach work with the same passion that you should…which deters the teamwork…then you're not likely to follow the mission set out by the leader (P1).

Willingness to engage arises from the need to work together as a team and is maintained by continuing involvement in the processes of *learning*, *being open*, and *participating*. The synergistic relationship of the three sub-categories supports and enriches the category willingness to engage and is necessary to optimal team function.

4.3.4.1 Learning. Participants considered learning essential to following because if an RN was in a new position or had just graduated then the nurse must acknowledge that they did not know everything, and would not be seen by team members as the leader and would have routines, policies, and procedures to learn first:

> …when I was first hired…I was definitely a follower. At the time I didn't really realize that I was in that role but…being a new employee in a new area I believe it's really important…that a follower understands that they are there to learn from others. (P6)

Learning how the team works is integral to team function and being willing to learn is essential to willingness to engage: "I hope they would be open to new learning and…like to learn from the person that they're following…I would hope that they wouldn't be…closed off or opinionated" (P5). One participant pointed out the value of newly graduated RNs understanding the importance of learning, that it continued after completion of formal education and there were always new learning opportunities to engage in: "I went through orientation…I reviewed the theoretical knowledge as well as the clinical skills in order to feel competent and confident in my role…just giving it my 100% during studying and learning…constantly learning" (P1). Asking questions is fundamental to learning and participants pointed out that followers needed to ask questions for clarity around care or to understand how the team worked together: "…a lot of it was just…research on my own and just asking questions about, you know, about the unit and how…it words, and what worked well, and what hasn't worked well in the past…observation and asking questions" (P6).

Learning takes time and when support was provided by the organization for instance, funding and allocated time allowances, participants were more willing to take the time to attend courses.

> I guess when I think of the…example, like something within the organization that made it easier for myself and every other nurse to follow as far as…practicing and learning and

> feeling okay…was that there was adequate time provided, adequate pay provided to do the preparation work…so that if you learned one way versus another you…could access the different learning styles. (P8)

Learning is an activity essential to the willingness to engage and directly affects the cohesion of the team. Taking part in learning creates an atmosphere of expectation that each team member will work to their highest potential which in turn increases willingness to engage in following.

4.3.4.2 Being open. Participants did not consider being open the same as being an empty vessel that could be filled with any information regardless of their beliefs, but one of being willing or open to new experiences. When asked to describe how they felt about setting aside their beliefs, or being open to dealing with a new experience, Participant 1 explained that their feelings changed from negative to positive:

> …initially for me…it was a negative feeling because I wasn't used to it. However, after the end, when I started debriefing with…my instructor and my preceptor, I realized that it was a really positive experience, a setting aside my beliefs to provide…the holistic sense of care that [was] required for my patient and being able to…step up outside of my shoes into their shoes made me…feel…I don't know…like it was rewarding…to be able to do that. (P1)

One aspect of new experiences was being open to learning especially as a new graduate nurse or new RN on the hospital unit: "I don't believe that you should bring in your own beliefs and own ways and try to change what's already happening...you're there as an observer and as a learner" (P6). Being open to the situation and needs of the patient, being able to roll with changes, and to be flexible was noted as an important aspect of willingness to engage.

> I think the attitude of a follower has to be…more adaptable, flexible…they can roll with it, they can take changes but still…try to reach the goal or do the care the way that was emulated to them…to the best in the situation. (P10)

Team members affected each other too regarding being open to work together and motivating each other to meet the goal of the team was considered essential. Participants commented that "being open minded and receptive to what's being asked and ideally trying to motivate others to align with what's being asked" (P7) increased team cooperation. "You have to be more open to following directions and doing things that wouldn't be something that would be your choice all the time because you have to be open to following the directions that are given to you" (P2).

Being open to caring for others in a manner that supports their needs, being open to learning in new situations and contexts, and being open to listening to a new idea will strengthen teamwork and increase their willingness to engage.

4.3.4.3 Participating. Participating is demonstrated by helping, observing, following directions, and being together and relies on synergistic and cohesive teamwork. "I see the followers as…the people carrying out the actions, the doers" (P8). "They are the ones who work to achieve the leader's vision or goal" (P1). Participants voiced their support of the necessity of participating together to enhance quality of care for their patients, *"*working together too helps them…helps us be cohesive together…make good choices for our patient…I mean it just shows that we're all adaptable too" (P3) and "I am part of the team implementing the plans, based on the physician's orders, and assessing…doing interventions based on whatever they need at that moment" (P9). Deciding to participate was a choice that followers needed to make and the action of being willing or not being willing to engage reflected whether a change was made easier or more difficult. "The change was coming whether or not I was gonna choose to follow and make it easier so…I guess the imminent change and that it wasn't really optional…that that would happen...then choosing to follow and choosing to prepare accordingly" (P8) made participating in the change less traumatic. Another aspect of participating was described as helping and when participants were asked what they felt was the effect on the team of their choice to follow participants expressed the idea that there was "a sense of accomplishment…because you're being a part of that team, and you're helping...feeling helpful…the outcomes for the client are better…feeling accomplished that way" (P3).

For teamwork to be effective each participant on the team must take part to their fullest potential: "…the elements of…an effective team I think…each team member has to work to their…highest potential and their highest scope of practice…to achieve that common goal" (P1) to ensure high-quality care, and efficient teams. A willingness to engage was integral to following directions, however when participants did not like a change or were not supportive of the leader or team members they were not motivated to participate.

> I feel like what I've seen sometimes in practice is…co-workers that may…team up together to think that we don't like this change, we don't want it to succeed. We're doing…everything we can to…shine negative light on it, or to not help

> others…follow…by kind of nit picking or…just not doing what's meant to be done, what was asked of them and kind of going against the leader. (P8)

Additionally, a strong conviction was shared regarding participating with someone who did not hold the same ethics and morals as the participant.

> I would never follow someone who I feel is morally…on the wrong path. And so, for me it's…a lot about really why I became a nurse, right? It's all about the compassion, advocacy for patients and…that humanity…so if the leader doesn't have those same qualities, then…I will never follow. (P10)

Participating works hand in hand with being open and learning and is inherent to a willingness to engage.

4.3.5 Trusting Informal and Formal Leaders

The core category, trusting informal and formal leaders, was developed from constant comparison of initial and focused codes, word cloud documents, the four categories sharing the load, demonstrating knowledge, connecting through communication, and willingness to engage and emerged as an integral and continuous process in the construction of followership in nursing. Participants noted that their decision to follow was based on their positive assessment of informal and formal leaders' understanding of the role, their use of evidence-based knowledge, and that informal and formal leaders who communicated clearly facilitated a willingness to engage.

The trusting informal and formal leaders core category was created through an emergent process, a process that tied categories together, and constructed a relationship between categories that is grounded in the data (Charmaz, 2014). During my memo writing, constant comparison between and within codes, and reflexivity the idea that trust was integral to following became clearer and I noted that RNs' willingness to follow an informal and formal leader is based on trust, which is developed over time and became the thread that connects the categories. Trusting others develops during sharing the load, as team members who share the load enhance team function. "Being accountable is a big thing for me so that you can establish a trust with… the person you would be following and working with" (P5). The willingness to engage is affected by respect and is integral to trusting informal and formal leaders:

> Effective following has to have, there has to be mutual respect in effective following. So…in following there's always going to be a leader…but if the leader…doesn't respect the followers or vice versa, then it's not effective following, it's like dictatorship. (P10)

Conversely lack of respect, or the feeling of being disrespected, caused participants to not want to be engaged in following:

> …if I feel disrespected or…my profession is being disrespected, then I feel less motivated to want to carry out…the organization's directive…to take care of my patients, to take care, you know. So…I still want to do a good job and I'm not going to let my patients suffer but that does make me more resentful and bitter in doing it…when I do not feel appreciated by the organization that I work for. (P2)

Trust is necessary to effective team function and is reciprocated between and among all team members, followers, and leaders. "So, when you're in a leadership position and…you're not feeling respected by your followers I'm sure that can definitely affect how…your attitude is, or your tone" (P3). Furthermore, trusting other's knowledge, and believing they would connect through communication was predicated on trusting that team members were approachable:

> …if I'm in that followership part, it's hard when you have somebody you can't really approach though. If I can…approach them about concerns and issues going on…that makes it easier to follow…and if…they're good at communicating it back to me…what's missing…what's lacking, what's going good also…that makes it easier [to follow]. (P11)

Participant 2 commented that working together with team members was easier when everyone participated in sharing the load, demonstrating knowledge, connecting through communication, and engaged in following:

> …your fellow followers are kind of like the make it or break it thing that makes it easier to follow…the leader…is a big factor in what it's like to follow someone but also your fellow followers…are a big factor too…it's easier to…work towards that goal if your fellow followers are…of the same like mind, work the same…take care of each other, that kind of stuff. Because, working on the floor…it's your team of your people who make it or break it for you…whether you're in a leadership role or not, the people who are around you, you know that…it's going to be a good shift or not a good shift…you know if you can handle whatever comes through the door if your fellow co-workers…are a good team.

Trust is developed over time and between team members:

> I had a couple nurses that were very, very welcoming…that I did somewhat follow for the first couple of years…until I took on more of a leadership role myself. And then…I kind

of branched off from being their follower and then…moved into the position of being their leader. (P6)

Trusting is co-constructed among team members, leaders, and others, and is a BSP that is established on previous experiences, trust in future experiences, and can be given and taken away depending on circumstances. The core category describes the relationship between sharing the load, demonstrating knowledge, connecting through communication, and willingness to engage and supports the development of the theory of followership as trust in acute care nursing teams, which is grounded in the data.

4.4 Overview of the Conceptual Model

Soulliere et al. (2001) explain that creating a conceptual model aids in the process of constant comparison and assists in the construction of theories. They posit that a conceptual model can be used to organize data by describing it in three ways: (1) outlining the important concepts, (2) describing what the concepts are and are not, and (3) how the concepts are related or not related to each other. The important concepts, which are named categories for the purposes of this study, gleaned from the data are sharing the load, demonstrating knowledge, connecting through communication, willingness to engage, and trusting informal and formal leaders (see Figure 4.1).

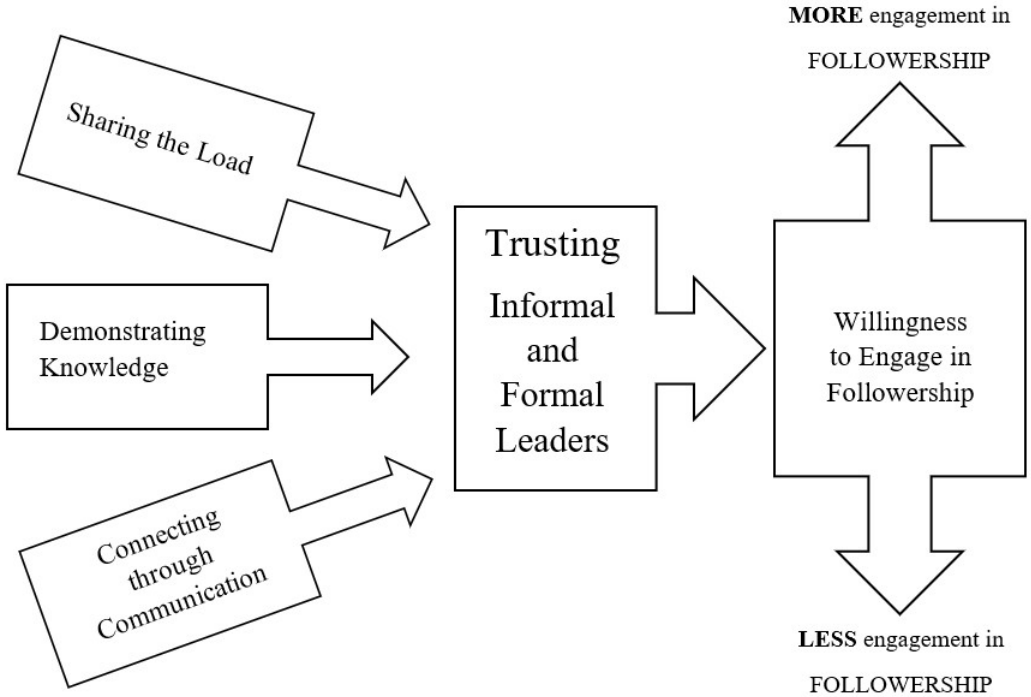


Figure 4.1 Conceptual Model: Followership as Trust in Acute Care Nursing Teams

Sharing the load is essential for team function and for each team member to work to their highest potential. Without a sharing of the load participants were not motivated to be willing to engage. When participants were willing to engage, they were more apt to follow a team member who demonstrated knowledge and could back up that knowledge with evidence. Connecting through communication was integral to the willingness to engage especially regarding making sure team members had the knowledge they needed to complete the task and meet the goals of the team.

In keeping with theoretical sampling and as noted above, three participants were asked to participate in another interview to check whether they agreed with the findings of the study. Rigour is strengthened if my analysis of the findings resonates with participants regarding the core category of trusting informal and formal leaders and their understanding of followership in nursing. Trust is a necessity for learning, working together and assuring excellent patient care.

> I feel like we talk about leadership a lot and there are natural born leaders, but I feel like even those individuals...they need to see what...have that level of trust with others, or communicate with others, and work, be a team member...sharing the load...demonstrating knowledge for sure. Especially the knowledge component...as a new nurse, I am very strong in theoretical knowledge...but there are so many other things to know...I gain that knowledge from more experienced staff who are leaders. (P1)

Trust is integral to teamwork and every member of the team is affected by trusting informal and formal leaders, without which the goal of the team cannot be achieved:

> ...if you're going to follow someone's directions, follow someone's leadership...you need to be able to trust in them and you need to be able to trust your fellow followers that they're going to hold up their end of the bargain. So, it works...directly across to the follower that's at a level with you as well as to the leader that's, quote unquote, above you...so you can't be a good follower if you don't have that trust. Trust that...they know what they're doing, that you have the common goal" (P2).

Another aspect of having developed a relationship of trust is that the relationship should not be context dependent. If a more knowledgeable nurse, who has been working with a newly graduated RN, moves to a different unit then the hope would be that the trusting relationship would continue.

> I just feel like that trust and that knowledge continuously be shared, even if they're not in the same setting...say you have a new grad and then you have...a more experienced nurse on the unit and the new grad continues on that unit for years but the experienced nurse either...retires or moves to a different unit...they'll still run into the...new grad through the hospital. I still feel like that...relationship should still continue. They should still be approachable and willing to help...because the grad nurse is going to continue to grow and learn and they may still have some...uncertainties that they just want to share with somebody they can trust. (P6)

Trust is essential to the willingness to engage in followership and cohesive teamwork. The willingness to engage is grounded in trusting informal and formal leaders. Participants would engage in following more if they trusted others to share the load, demonstrate knowledge, and connect through communication. Conversely, if participants felt that others weren't sharing the load or demonstrating knowledge or connecting through communication, they were less willing to engage in following.

Willingness to engage is built on trusting informal and formal leaders and the need to work together as a team, maintained by demonstrating interactive behaviours, and moves along a continuum of being more engaged or less engaged depending on whether team members share the load, demonstrate knowledge, and connect through communication. Trust is the catalyst that interacts with *sharing the load*, *demonstrating knowledge*, and *connecting through communication* which results in more *willingness to engage* or less *willingness to engage*. If there is more trust in the knowledge and communication of team members, and in sharing the load then followers will increase their trust and engage in following. Conversely, if there is a lack of trust on the follower's part regarding knowledge and communication with team members and sharing of the load then followers will reduce their trust and not engage in following as willingly. Trusting informal and formal leaders is developed over time and effects how followers engage in following. The posited substantive theory, Followership as Trust in Acute Care Nursing Teams, is grounded in the data and answers the research question of how RNs understand followership.

The core category trusting informal and formal leaders is the thread that weaves through the four categories and is the deciding factor as to whether the participants will engage in following as passive, active, or proactive team members. For example, if participants did not feel they could trust team members in the areas of sharing the load, demonstrating knowledge, and

connecting through communication they were less willing to engage in following. Being less willing to engage in following meant participants were acting as passive team members, doing as they were told and no more than that. At the opposite end, if participants trust others fully in all categories, then they would engage in following as proactive members of the team, providing solutions to problems, and taking initiative. The continuum of trust, more trust or less trusting of informal and formal leaders, is what decides whether a team member is willing to engage in a passive (less trusting), active, or proactive (more trusting) manner.

4.5 Chapter Summary

Teamwork is essential to nursing care. Team members must understand their role in the team to facilitate patient care and meet the goals of the team. Charmaz's (2014) CGT method was used to compile and analyze the data and facilitated the co-construction of the core category and the nascent grounded theory, Followership as Trust in Acute Care Nursing Teams. Four categories with supporting sub-categories emerged, sharing the load, demonstrating knowledge, connecting through communication, and willingness to engage. The core category trusting informal and formal leaders became apparent as the thread that connected and strengthened the relationship between and among the four categories and their sub-categories. Sharing the load, demonstrating knowledge, and communicating clearly are indispensable to team function and how a participant engages in following is predicated on trusting informal and formal leaders on that team.

A conceptual model was developed to aid in the visualization of the relationship between the categories and help make sense of their interconnection. Conceptual models are used to assist with constant comparisons of the data and as a strategy for theory development (Soulliere et al., 2010). Carsten et al. (2010) describes individuals as willing to engage in either a passive, active, or proactive manner and findings from this study support that claim with the caveat that trusting others influences RNs' willingness to follow a leader. Findings from this study were used to address the research question of how RNs understand followership and a theory, Followership as Trust in Acute Care Nursing Teams was developed.

Chapter Five

5.1 Discussion

The concept of followership first appeared in the nursing literature in the middle of the last century. In the intervening years, the topic resurfaced periodically in editorials and opinion pieces whose authors endorsed the importance of followership in nursing practice and decried the lack of scholarship on followership in the nursing context. Although every nurse is or will be a follower during their career (Freeman, 2020), the focus of nursing research, education, and practice has been almost exclusively on leadership. Miller (2007) claimed that without followers, the capacity for success in any activity may be reduced and called for greater recognition of the importance of the follower role, noting that nurses must be equipped with the knowledge and understanding of followership to effectively fulfill the role.

The purpose of this study was to address the research question – how do RNs, who are members of a healthcare team in an acute care setting, understand followership? More specifically, the objectives of the project were to: a) explore RNs' perceptions of followership; b) discover how followership is constructed/co-constructed; c) discover the individual schema and behaviours associated with followership; and d) explore the organizational features that influence RNs' construction of followership.

Employing an approach to CGT described by Charmaz (2006, 2014), the core category of trusting informal and formal leaders was co-constructed from data generated via individual interviews. This trust is a choice made by RNs that reflects the nature and quality of their relationships with informal and formal leaders and their confidence in the leader's ability to guide the team toward the achievement of their shared goal (safe and competent patient care). The decision to trust (and subsequently engage in following) hinges on sharing the load (understanding one's role, accepting one's role, and working together); demonstrating knowledge (having experience, modelling, and mentoring); and connecting through communication (knowing the goal and communicating clearly). Trust is developed over time and reflects both team effectiveness and quality of patient care.

In this chapter, the emergent theory titled - Followership as Trust in Acute Care Nursing Teams - is situated within the extant literatures on team nursing, trust, and followership. Implications for nursing research, practice, and education are offered along with a discussion of study limitations, and a chapter summary.

5.2 Followership as Trust in Acute Care Nursing Teams

Although most participants were unfamiliar with the concept of followership before our interview, they intuitively seemed to understand what Kelley (1988) pointed out nearly thirty years ago – namely, that followers and leaders are parts of the same phenomenon and the two cannot exist independently of each other. Participants' innate understanding of the follower-leader dynamic may be an extrapolation from their understanding and experience of team nursing.

5.2.1 Team Nursing

Nursing care models guide the organization of nursing staff and the assignment of patients within nursing units (Beckett et al., 2021). The four most common nursing care models are team nursing, primary nursing, patient allocation (total patient care), and functional nursing (Beckett et al., 2021; Fernandez et al., 2012). For this discussion, a team is,

> (a)…composed of two or more individuals, (b) who exist to perform organizationally relevant tasks, (c) share one or more common goals, (d) interact socially, (e) exhibit task interdependencies (i.e., workflow, goals, outcomes), (f) maintain and manage boundaries, and (g) are embedded in an organizational context that sets boundaries, constraints the team, and influences exchanges with other units in the broader entity (Kozlowski & Bell, 2003, p. 3).

In team nursing, a group of nursing staff cares for many patients during a single shift (Fernandez et al., 2012). Teams, which are typically a mix, include RNs, licensed practice nurses, and unregulated assistive personnel, such as care aides or personal support workers. The aim is to optimize patient care by capitalizing on the diversity of knowledge and skills (Dickerson & Latina, 2017). Team members work collaboratively, share responsibility, support each other, and provide peer mentorship.

Team nursing began in the 1950s in response to changes in nursing skill mix (Fernandez et al., (2012) and remains a popular choice for health care delivery (Fairbrother et al., 2015). A qualitative study of acute care nurse managers in Australia (Ferguson & Cioffi, 2011) reported

that a team-based approach to care enabled nursing staff of varying experience and skill to provide safer care due to the direct supervision by more experienced team members. Other research credited team nursing with improved communication, increased job satisfaction, improved morale (Fernandez et al., 2012; Dickerson & Latina, 2017), and improved patient safety (Dickerson & Latina, 2017).

Findings from Fairbrother and colleagues' (2015) overview of nursing models of care indicates that newly graduated nurses and nurses new to a unit benefit from team support, which enables them to function to the best of their abilities. Team member support is based on mutual trust (Kalisch et al., 2009). Teams that function well together demonstrate an understanding of their roles (Kaiser & Westers, 2018) and engage in "interdependent collaboration, open communication, shared decision-making, and generate value-added patient, organizational and staff outcomes (Xyrichis & Ream, 2008, p. 232).

Participants in the current study noted that in addition to nursing teams, patient care also involves larger interprofessional teams. Over a decade ago, the Canadian Interprofessional Health Collaborative [CIHC] (2010) developed a National Interprofessional Competency Framework necessary for effective interprofessional collaborative practice. The CIHC (2010, p. 8) defines interprofessional collaboration as "the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes". The interprofessional competency domains include role clarification, team functioning, interprofessional conflict resolution, collaborative leadership, interprofessional communication and patient/ client/family/community-centred care (CIHC, 2010). The CIHC explains that the latter two domains – interprofessional communication and patient/client/family/community-centred care - are relevant in all situations and always influence the other four. As an example, team functioning may be relevant for nurses and others who are in a team environment but less so for others who are not. The CIHC (2010) further contend that effective interprofessional collaboration also requires an environment of "respect, trust, shared decision making, and partnerships" (p. 8).

There is considerable overlap between the findings of the current study and the Interprofessional Competency Framework (CIHC, 2010), especially regarding the importance of mutual respect, trust, the importance of communication, patient/client/family /community-centered care, role clarification, and collaborative leadership. Working collaboratively to achieve

patient/client/family /community-centered is the shared goal of both nursing and interprofessional teams. Role clarification requires all team members to understand and respect each other's roles and contributions, to facilitate the shared goal of positive patient/client/family /community-centered outcomes. Like participants in this study, the CIHC (2010) emphasizes the importance of team members communicating with each other in a clear and precise manner. The finding sharing the load along with the subcategories of understanding one's role and accepting one's role, endorses the CIHC framework's role clarification competency domain. Team members' willingness to engage in followership also aligns with the CIHC domain of team functioning. For example, the subcategories of being open, and participating are necessary for highly functioning teams. Connecting through communication supports the domain of interprofessional communication with the subcategories of communicating clearly and knowing the goal. Teams who clearly communicate the goal with interprofessional team members enhance team function and patient care.

5.2.2 Trust is Key for Team Function and for Followership

The public's trust in nurses is arguably one of the profession's most important assets (Johns, 1995; Meize-Grochowski, 1984; Rutherford, 2014). For 19 of the past 20 years, nurses have led Gallup's annual ranking of the most trusted professions (Gaines, 2022; Saad, 2022). This study underscores the importance of trust within nursing and among nurses. RNs work in teams and effectively functioning teams must have a clear understanding of how trusting informal and formal leaders affects willingness to engage and aids in quality patient care, decreased burnout, and positive workplace environments (Crawford & Daniels, 2014; Dickerson & Latina, 2017; Fadden & Mercer, 2019) and is essential for excellent teamwork.

These findings contrast somewhat with Robert's (1983) claim that nurses are an oppressed group within healthcare systems. According to Lee and Saeed (2001), oppression is a phenomenon common to nurses around the globe and "occurs when a dominant group develops a series of norms and regards outsiders as inferior. It is characterized by unfair behavior, ignoring others' rights, and disrespecting their dignity" (p. 240). Roberts (1983, 2000) has argued that nurses have lacked power and control since healthcare moved into hospitals, where they were dominated by medicine. This lack of control and autonomy leads to oppressed group behaviours in nurses (Cleland, 1971; Roberts 1983, 2000). While most of the literature on this topic is descriptive in nature, horizontal violence and silencing have been increasingly studied among

nurses (Roberts, 2000). Fletcher (2006) suggests that the way nurses view themselves reflects their experiences, self-image, and thoughts and beliefs, which in turn affects their actions and relationships with and toward others. Duchscher and Myrick (2011) note that nurses are often in a subservient role and are treated disrespectfully.

Participants in this study remarked that being yelled at by those in leadership positions did not engender trust and decreased their willingness to engage in followership. Findings from this study suggest that effective teamwork underpinned by trust may offer a solution to powerlessness in nursing. Team members (followers, informal and formal leaders) who share the load, demonstrate their knowledge, and connect through communication are more willing to engage in followership which in turn increases trust between and among them, which may decrease feelings of powerlessness and associated behaviours. Clearly, this is a topic that requires further study.

Baik's (2017) concept analysis identified three attributes of team-based care: collaboration, patient-centered care, and integration of care, all of which are accomplished through respect among team members, understanding one's role, and support from the organization. Equally important to participants was the expression of respect from the organization. Findings from this study indicate that trust and respect within the organizational culture were imperative and integral to teamwork and the willingness to engage in followership. If participants did not feel supported by the organization through time for education, funding for education, or having the necessary tools to care for patients they were less willing to engage in following. Teams consist of followers and a leader and, as the findings of this present study reveal, trust by team members of informal and formal leaders directly affects whether they are more willing or less willing to engage in following. Trust is constructed between/among team members and participants noted that without trusting informal and formal leaders, the team did not function at its highest capacity. This finding resonates closely with work by Brunetto and colleagues (2013) who also found that nursing teams are only effective if members trust one another enough to share information and resources. Those authors used Social Exchange Theory (SET; Homans, 1958) to explain how and why trust is established in some teams but not others. Briefly, SET posits that social behaviour is an exchange of resources (e.g., material, or non-material goods, time, money, effort, approval, prestige, power, etc.) between individuals. Every relationship involves both benefits and costs and within that relationship individuals expect to receive as much as they contribute to others. Among team members, when the relational

exchange is perceived to be equitable and balanced, trust grows such that team members share knowledge and support when needed. In contrast, poorly functioning teams are characterised by team members working in isolation and feeling overwhelmed during periods of high demand due to lack of cooperation. Teamwork increases in efficiency when team members trust each other (Grossman & Feitosa, 2018) and working well together to attain the goals that have been set by the team is dependent on trusting informal and formal leaders (Castelfranchi & Falcone, 2011; Salas et al., 2005).

Meize-Grochowski's (1984) concept analysis of trust defines it as an attribute that is fragile, time bound, and dependent on participants confidently relying on each other. Johns (1995) describes trust as a dynamic process that is developed over time and dependent on the trustworthiness of an individual. Findings from the current study align with both interpretations of trust highlighting the importance of trusting informal and formal leaders to facilitate and support willingness to engage in followership. Participants in this study understood the importance of trust and its necessity to team function and team member support. They stated that that the degree to which they trusted informal and formal leaders directly affected patient care, how they felt about coming to work, and whether they were willing to engage in following. Soderberg and Romney (2022) address the issue of trust and its importance to the team arguing that trust is the glue that holds a team together and how a team is influenced is dependent on the amount of trust the informal and formal leader has engendered. They echo findings brought forward by McCabe and Sambrook (2013) who posit that trust is seriously affected by formal leaders.

Based on their literature review, Salas et al. (2005) identify what they call the "Big Five" of teamwork and their importance to team effectiveness: team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation. Each component of the "Big Five" is necessary for a team's success but may be demonstrated differently across teams depending on the context and the task of the team. The authors argue that the "Big Five" are facilitated by specific coordinating mechanisms such as shared mental models, closed-loop communication, and mutual trust. Shared mental models (i.e., schema; Carsten et al, 2010) are shared understandings of the team goal and are expressed in expected behaviours that enhance teamwork (Cho et al., 2022; McComb & Simpson, 2014; Salas et al., 2005). Closed-loop communication is accomplished by acknowledging receipt of the communication that has been

sent and repeating it back accurately to the sender and is beneficial to team function and essential for completion of the task (Baker et al., 2005; Salas et al., 2005). Mutual trust is also necessary for team function, acceptance of team members, and integral to the completion of the task (Salas et al., 2005).

Salas and colleagues (2005) found that leaders contribute to team effectiveness by facilitating team problem solving, coordination, and motivation. The findings from this study support the supposition that team dynamics are affected by the level of trust given to informal and formal leaders and that team effectiveness is supported by the coordinating mechanisms outlined by Salas et al. (2005). Sharing the load and demonstrating knowledge illustrate shared mental modes, connecting through communication is essential to closed-loop communication and trusting informal and formal leaders mirrors mutual trust. All components, or coordinating mechanisms, are essential to the willingness to engage in followership.

In their study of followership, Carsten and her colleagues (2010) conclude that followership is socially constructed and is influenced by an individual's schema (beliefs, perceptions, experiences), behaviours, and the context of leadership and organization climate. Their conceptual framework outlines three types of follower schema (passive, active, and pro-active) each with associated behaviours and found that leadership style is a contextual factor that influences followership. For example, an authoritarian leadership style (vs. an empowering leadership style) tends to lessen followership. Findings from the current study are consistent with those of Carsten et al. (2010) with respect to the influence of individuals' schema and leadership style, but not organizational culture. Many participants talked about gravitating to the follower role as new nursing graduates and that they looked for mentors as they learned their professional role. Through this experience of learning their role, they began to solidify their beliefs (schema) about what comprises safe and competent nursing practice and to identify role models. They adopted the attitudes and behaviours of those nurses they assessed as embodying the qualities of safe and competent practitioners (e.g., sharing the load, demonstrating knowledge, connecting through communication, and willingness to engage). The Carsten et al. (2010) model does not address the team dynamic and the importance of effective team interaction. Nurses work in teams and according to participants in this study trust is essential to teamwork.

Kelley (1988, 1992) created a model of followership that could be used to identify distinct types of followers based on critical thinking and activity. Trust was not listed as one of the

factors used in the development of the model. Chaleff (1995, 2003, 2009) created a model using two dimensions, challenge and support and focused on followers being accountable for their behaviours and to one another. It could be argued that trust is foundational to accountability, but the concept of trusting informal and formal leaders was not frequently mentioned. Kellerman (2008) contended that the differences between followers and leaders are sometimes unclear and outlined five types of followers using a continuum from followers doing nothing to followers being actively engaged in their work and again trusting informal and formal leaders was not listed. Findings from this study do not focus on explaining types of followers but on understanding how followers are willing to engage in following. The willingness to engage or not is based on trusting informal and formal leaders in the areas of sharing the load, demonstrating knowledge, and connecting through communication.

Followers and leaders should be comfortable in either role (Gunn, 1996), goals can only be accomplished if followers and leaders are in a symbiotic relationship (Frisina, 2005), and following behaviours affect the workplace (Whitlock, 2013). How RNs understand followership in nursing is affected by trust. Newton (1951) commented that all team members must be respected and Guidera and Gilmore (1988) reiterated the same thought stating that respect must be given to followers. Nurses work in teams and when team members do not fully understand the process of the team and how willingness to engage is affected by trust, then teams cannot work as efficiently. Trust is essential to team function and dependent on relationships developed over time and fluctuates with the amount of trust in informal and formal leaders. There is a paucity of information and research on followership in nursing and the development of the theory Followership as Trust in Acute Care Nursing Teams has the potential to enhance team performance, increase understanding regarding the role of followers, and influence nursing practice, research, and education.

5.3 Nursing Implications

Leadership has been widely studied in nursing, however, there is a want of research regarding followership in nursing and how that role affects the team and its members (Kaiser & Westers, 2018). Findings from this study support the work done by Fadden and Mercer (2019) on followers and leaders working together within a team and the importance that each understands their own and the other's role to maximize the functioning of the team. With the added dimension of the BSP of trusting informal and formal leaders and its effect on team function, the knowledge

generated from this study has the capacity to add depth to previous discussions and findings regarding followership in nursing. Furthermore, nurses participate in following and leading roles throughout their careers and a fulsome understanding of followership in nursing through academic institutions and workplace education benefits teamwork and team members (DiRienzo, 1994; Lopez & Freeman, 2018; Whitlock, 2013). Each new layer of information about followership in nursing adds depth to a topic that is unfamiliar even though a team consists of followers and leaders.

5.3.1 Nursing Research

How can a team function to its highest capacity if everyone on the team is not fully cognizant of their role? Of the 21 articles included in the scoping review for this study, two quantitative studies and one qualitative study focused on followership in nursing. The consistent request in every article is that more research is needed, and more knowledge regarding followership in nursing is necessary to facilitate a greater understanding of the importance of the role. Ten of the 11 participants in the study were not familiar with the term followership and acknowledged that they knew more about leadership than followership. Every participant collaborated with team members and articulated that they followed someone on the team, that they appreciated it when team members shared the load, demonstrated their knowledge, and connected through communication. Several participants acknowledged the importance of the research and were surprised that more research had not been completed.

Crawford and Daniels (2014) investigated followership styles and their influence on nursing burnout. Followership styles influence team function however if team members understand how trusting informal and formal leaders regarding sharing the load, demonstrating knowledge, and connecting through communication affect willingness to engage, they will be better able to assess concerns and produce solutions. Followers affect other followers, their leaders, and the organization and followership has been noted as a complex process (Kean et al., 2011). Continued research on the topic of understanding followership in nursing promises to reduce dissonance between followers and leaders and enhance the workplace environment.

Followers who are less engaged in following have been reported to have more sick days and contribute to a discontented workplace atmosphere (Boothe et al., 2019). The authors also noted that understanding one's role of followership and the importance of being willing to engage could lead to an increase in job satisfaction. Freeman (2020) argues that the only way to

understand followership in nursing is to engage in more research. She also stated that the role of followership must be appreciated by leaders and is integral to team function. Nursing is a team activity and team members who are proficient and knowledgeable regarding each role of the team contribute to an efficiently functioning team, increase the quality of patient outcomes, and contribute to workplace satisfaction. Further research involving practical nurses and health care aides would enhance understanding of followership in nursing and increase interprofessional cooperation based on every member of the team understanding their role.

Research on the topic of understanding followership in nursing has the capacity to advance follower's and leader's insights into their roles and the impact of how trust affects willingness to engage (Uhl-Bien et al., 2014). Nursing research has focused on leadership (Grossman & Valiga, 2013). Teamwork encourages the symbiotic relationship between followers and leaders and mutual trust and respect are integral to those relationships (Everett, 2016; Frisina, 2005). The posited theory of followership highlights the importance of trust between and among team members. What happens when trust has been eroded, and how does the team build the trust back into their group? Research regarding the development of trust and the loss of trust within teams is another topic for future study. A study exploring trust and nursing teams could focus on rebuilding trust as an antidote for powerless, which may in turn, reduce oppressed group behaviours such as silencing, horizontal violence, and feelings of powerless amongst nursing team members (Roberts, 2000). The limited number of research studies that are devoted to followership in nursing highlights the inequity between followers and leaders and underscores the necessity of engaging in research on the topic. Future research has many avenues to examine for example, what is the tipping point regarding how much or how little trust will motivate a follower to engage in following and do practical nurses understand followership in nursing differently from RNs? Further studies could investigate how leaders view followership and whether trust plays a part in their understanding of the willingness to engage. Other areas of future research could include an expansion of the understanding of the organizational climate and its effect on followership in nursing. Also, research using a cultural lens to explore followership in nursing may be more beneficial for generalizing knowledge. Ideally, many studies using different methods need to be conducted to gain a more fulsome appreciation of the significance of followership to nursing and teamwork and to strengthen and test predictions based on the theory presented in this study.

5.3.2 Nursing Practice

According to Malak's (2016) concept analysis of followers there is a lack of understanding of followership, no clear definition of followership, and a belief that followers engage in following on a continuum. Findings from this study can be used to address the concerns raised by Malak (2016) by clarifying how RNs understand followership and speak to the factors involved in how followers engage in following. This knowledge can be used by nurses in teams to identify and address problem areas and develop creative solutions. RN followers exist at every level of healthcare (Miller, 2007; Murphy, 1990; Raso, 2017). Creation of policies and procedures most often happens within a team context and trusting informal and formal leaders to share the load, demonstrate knowledge, and connect through communication would certainly enhance policy development and shared organizational responsibility. The level of trust that RNs exhibit toward each other, their leaders, and interdisciplinary members is a contributing factor in their willingness to engage and directly affects the workplace environment.

The importance of quality relationships between team members has been well documented (Boothe, 1990; Bufalino, 2018; Feldman, 2018; Kaiser & Westers, 2018; Kean & Haycock-Stuart, 2011; Polis et al., 2015). It is conceivable that when findings from this study are applied to understanding team dynamics, the quality of relationships between team members increases. A shift of awareness toward the importance of trusting informal and formal leaders and how sharing the load, demonstrating knowledge, and connecting through communication affect willingness to engage will provide tools for team members to gauge team effectiveness. Nurses work in teams that share the same goal and highly efficient and effective teams trust each other which increases their willingness to engage in following (Kaiser & Wester, 2018; Polis et al., 2015; Whitlock, 2013). Participants stated that working together to solve problems was integral to completing the goal and more easily accomplished when team members trusted each other and noted that education focused specifically on the topic of followership would be helpful.

Followership in nursing could be introduced in orientation modules for new nursing graduates and nurses new to the healthcare setting or hospital unit. Clinical educators could ask staff nurses what they want and need regarding followership in nursing education and practice, how trust between team members could be built upon, and what would be needed to put that information into practice. From an organizational perspective, consistency in messaging regarding the role of nurses, whether followers or leaders, the belief that nurses can influence

quality of care outcomes and the direction of the organization and communication regarding the expectations for exemplary nursing practice would certainly aid in the development of trusting informal and formal leaders (American Nurses Credentialing Center, n.d.).

5.3.3 Nursing Education

How well are nursing teams able to function if nursing education is focused on leadership even though followers have been noted to be organizational assets who must be supported with nursing program and post-licensure education (Frisina, 2005; Guidera & Gilmore, 1998; Smith-Trudeau, 2017)? To borrow a phrase from Aristotle, "he who cannot be a good follower, cannot be a good leader" (The Quotations Page, 201. 8) and if everyone is leading, who is following (Kellerman, 2008)? Incorporating the findings from this study regarding how RNs understand followership potentially plays an influential role in determining the focus of nursing education and what concepts are threaded throughout nursing curriculum because followership and leadership are interdependent and essential to teamwork. Nurses are followers and leaders throughout their careers and not understanding one's role of followership and its integral role in teamwork hinders team functioning. Participants noted that education in followership was needed and though most of them had not heard of or did not remember hearing about the word followership, they understood that teams needed more followers than leaders.

Integrating the concept of followership as a separate course or section of a course in nursing curricula would provide nursing students with a foundation for leadership and imbue newly graduated nurses with the skills to enhance their participation on teams. Exemplary followership skills must be practiced, just as leadership skills must also be practiced. First and second year nursing students could study and practice followership, learning the importance of developing trusting relationships. Examples of the integration of followership in nursing curriculum could be specific lab classes and practice using simulation experiences that identify the importance of trusting informal and formal leaders and how that trust affects whether team members are more willing to follow or less willing to follow. Also, leadership courses could be weighted more evenly regarding content information about followership in nursing, the follower/leader dyad relationship, and the importance of followers and their effect on team dynamics. Third- and fourth-year nursing students could then practice their new following skills in clinical settings and demonstrate the importance of followership in nursing to team members. Instilled with a solid foundation of followership student nurses could translate those followership

skills into beginner leadership skills and transition into leaders that support and promote followership. Advanced leadership skills could be integrated into graduate studies and worksite education (DiRienzo, 1994). DiRienzo (1994) also argues that a leader cannot function without followers who are willing to engage and education regarding the role aids in the engagement of followers.

There is a plethora of leadership theories in nursing education but no followership theories to date (Lopez & Freeman, 2018). The findings from this study support theory development that provides a holistic understanding of how teams function from both a followership and leadership perspective. Followership in nursing is necessary for effective team functioning and the findings from this study can be used to begin creating a change in thinking regarding the concept of following. Every nurse is a follower and a leader (Freeman, 2020) and how RNs incorporate the findings of this study into their understanding of the followership role has imaginable benefits for patient care, a healthy workplace, policy and procedure development, and increased job satisfaction.

5.4 Study Limitations

A noteworthy limitation of this study is the novice researcher. Also, due to the small number of participants in this study, results must be viewed and interpreted with caution. Another limitation of the study may be the ongoing COVID pandemic and how the stressors that RNs were experiencing regarding the pandemic may have influenced how they followed. Participants concurred that followership was an unfamiliar word and concept which may have affected how they were able to describe their understanding of the topic.

All participants identified as female which could be claimed as a bias in the study. It is highly likely that findings from those who identify as not female would have enriched the data and given another unique perspective. The one participant with supervisor/manager experience could also have introduced bias into the study by presenting a leader perspective rather than a follower perspective. However, data from this participant did not differ from the other participants who did not have supervisor/manager experience. Also, data was gathered from one specific area and one hospital which limits cultural input. Using CGT to answer the research question regarding how RNs understand followership in nursing was a practical choice and focused on studying how followership was understood and constructed between team members involving both the participant and the researcher (Charmaz, 2014).

5.5 Reflections on the Research Journey

5.5.1 Data Collection During a Pandemic

When I began my PhD studies, I gave no thought to the possibility or ramifications of collecting data during a pandemic. I started my data collection at the height of the pandemic and the one hospital to which I had access did not allow outside visitors. I had to explain the study and encourage nurses to volunteer via posters and a recorded online video session. I planned two real time online sessions so I could answer questions but neither session was attended by potential participants. Being unable to explain my research face-to-face likely decreased uptake and I am thankful for those who did agree to be interviewed. My interviews were conducted over the phone, which meant I had no visual cues to work with when speaking with my participants. Fortunately, I had a relationship with most of my participants which enabled me to build rapport more easily and quickly (Roiha & Iikkanen, 2022) and made talking over the phone a little easier. I feel that I would not have been able to reach as many participants if I had not had a relationship with them. In addition to the pandemic, the move to a new hospital was in the works and nursing staff were in the process of training, or had completed their training, on a new charting and medication administration system.

5.5.2 What I Learned

I have a greater appreciation for the importance of staying close to the data and being open to patterns in the data. I did not expect the findings that developed. I thought participants would talk about wanting to have the power to make decisions and that they felt leaders were not necessary. However, the data revealed that trusting each member of the team (informal and formal leaders) is what facilitates both teamwork and followership. I also learned that the next time I complete interviews, I will be less anxious and allow myself to be curious and listen more attentively to what is being said. I will not be afraid to ask questions that are not listed in my interview guide, especially if those questions lead to a richer description of the concept being studied.

Having a positive, knowledgeable, and supportive network was essential to remaining focused on the task of completing this study. Textbooks are necessary, but having a group of people to talk with, bounce ideas around with, and ask for clarification was imperative for my learning. Trying to ‘go it alone’ as a novice researcher would have been detrimental to my research process and my mental health. I learned that gaining ethics approval was an arduous

process that took a lot more time than I thought it was going to. I will be better prepared for my next study and use the time waiting for ethics approval to author some articles for publication and contact other researchers who have used the methodology I will be employing and dialogue with them regarding any help or tips they might have for me.

5.5.3 Integration of My Findings into My Practice as an Educator

As a baccalaureate nursing instructor, I can introduce ideas and information to nursing students over four years of their program. I was asked to speak about followership in nursing during a first-year leadership class on the topic of followership in nursing at Northwestern Polytechnic. I also accepted the opportunity to speak with students in a leadership course at the University of Saskatchewan. Students were encouraged to ask questions and I received positive feedback regarding the topic of followership and its integral relationship with leadership. I would like to create a course focused completely on followership in nursing that could be integrated into nursing curriculum or stand alone as an elective course.

I have been asked to speak at a conference on the topic of followership in nursing and to record a podcast on the same concept. I would like to see the concept of followership included in leadership courses, perhaps in the first half of the course, to aid in a greater understanding of team dynamics and how followers and leaders work together around a common purpose. In our nursing department at Northwestern Polytechnic, we have brown bag lunches where faculty are encouraged to learn about new concepts. I would like to conduct a brown bag lunch and introduce the idea of followership and how it could be integrated with leadership in lectures and clinical practice for students.

5.5.4 My 5-year Research Plan

Regarding future research, I would like to do a comparison between how RNs, Practical Nurses, and Health Care Aides understand followership. It will be interesting to see if each nursing group uses the same language to describe how they follow, if they view the same categories, sharing the load, demonstrating knowledge, connecting with communication, and willingness to engage, as important or new categories emerge for each group. I would hope that the core category trusting informal and formal leaders would be consistent for each group, but that is why the study is necessary; to see if nursing has a common understanding of followership.

Another study could look at the differences between novice nurses and experienced nurses regarding their understanding of followership and the theory of followership as trust,

related to Benner's (1982) work on the process of developing from novice to expert in nursing. A comparison study between novice and expert nurses regarding their willingness to engage in followership based on trusting informal and formal leaders might provide some interesting data, especially in relation to team mix and the effects of that mix on patient care.

I also would like to study how nursing students understand followership across all four years of their nursing program and if their understanding changes from first to fourth year. It would be useful to engage students from a different academic institution to lessen the possible perceived power dynamic that I would have with students from my own institution. A study comparing baccalaureate nursing students with Practical Nurse students would also be of interest to me. Findings from that study might help to inform how followership and leadership are taught in the respective programs.

Another study could focus on a conceptual analysis of followership in nursing and developing a definition of the concept. There are many research projects that could be developed, and it is quite possible I will run out of time trying to accomplish them all. The time needed to disseminate the information from the findings of the various studies will take years. Articles need to be written and published, there are numerous conferences to attend and present at whether in person or via a poster presentation, and there is always the possibility of speaking engagements to share the knowledge that I have gleaned from the research.

5.6 Chapter Summary

Teams have followers and leaders, and every nurse has the possibility of being a follower and/or a leader. Given that truth, incorporating the findings from this research study has the potential to give nurses a solid foundation from which to grow. Leaders affect 20 percent of organizational success and followers the other 80 percent (Kelley, 1992). This study highlights the need for a holistic understanding of how a team functions, that followers and leaders are interdependent and synergistic in their relationship, that both roles are equally important, and that you cannot have one without the other. RNs' perception of followership is of a trusting relationship between team members including informal and formal leaders, exemplified by sharing the load, demonstrating knowledge, and connecting through communication which facilitates willingness to engage in following. Trust has been highlighted as essential to team function and alluded to as the glue that holds the team together. Following CGT methods trust

emerged as the thread that weaves the data back together into a cogent story, giving a framework to the findings that is precise and clear (Charmaz, 2014).

Followership in nursing is a social construction and according to the findings from this study is affected by how much or how little team members trust informal and formal leaders. A social interactionism lens aided in understanding how participants constructed and understood their following role within the team focusing on their perspectives and viewpoints (Charmaz et al., 2019). The practical consequences of having team members who do not understand followership include inadequate quality of patient care, decreased job satisfaction, and inefficient team functioning. Understanding followership in nursing has great worth to RNs in teams, to team members, to leaders, to patients, and to healthcare organizations.

The findings from this study and the submitted theory, Followership as Trust in Acute Care Nursing Teams, highlight the need for more research on followership in nursing and its importance to teamwork, patient care, workplace culture, and organizational goals. Followers must be acknowledged as integral to the team and the other half of the follower/leader dyad. Without followers willing to engage in following which is dependent on their trusting informal and formal leaders via sharing the load, demonstrating knowledge, and connecting through communication teams cannot function to their fullest capacity. Education regarding followership in nursing that begins in nursing programs and is encouraged post-licensure should support followers and their role on the team and ensure a solid foundation of understanding the followership role for every member of the team.

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Appendix A

Data Extraction

Author, Year and Country	Purpose	Type of Article and Nursing Context	Main Theme(s)
Newton (1951) US	To reflect on and compare viewpoints of Florence Nightingale with current thought.	Commentary: Nursing history	Each member of the group is important and must be respected for their contribution as both the follower and leader roles can be equally satisfying.
Guidera (1988) US	To discuss the importance of effective followership in nursing.	Commentary: Management	A follower is a colleague, partner, and necessary cohort of the leader. Effective followership is essential to leader survival and the follower/leader relationship is an alliance.
Brown (1990) US	To examine the roles of followers and leaders and their impact on nursing.	Commentary: Management	Followership and leadership are roles that are integral to the group process and share many of the same skills. Followers must understand their limits regarding how far they will follow a leader.
Murphy (1990) US	To provide a description of types of followers and outline the development of effective followers.	Commentary: Nursing Leadership	Effective followers can survive without a leader, are power influencers, and play a critical role in nursing. Followers and leaders are equally important and necessary to accomplish the work of nursing.
DiRienzo (1994) US	To discuss the concept of followership and its separate but equal role, and the importance of including followership instruction in baccalaureate education.	Discussion paper: Nursing Education	Followership and leadership are interdependent concepts of equal value and teaching everyone in baccalaureate nursing programs to be a leader is unrealistic. Followership takes practice and should be incorporated into education at all levels.
Thomas (1995) US	To discuss the importance and traits of exemplary followers.	Commentary: Nursing Education	Exemplary followers are not much different from exemplary leaders, and both should be comfortable in either role.

Gunn (1996) US	To discuss a partnership model of relationship between followers and leaders.	Letter: Nursing Education	Followers and leaders must work in a partnership model that focuses on a common purpose. The concept should be taught in education institutions and work environments.
Frisina (2005) US	To discuss the importance of effective followers.	Commentary: Management	Leaders can only accomplish their goals with supportive followers in a direct, symbiotic relationship.
Miller (2007) US	To discuss the importance of followers to any situation.	Commentary Management	Effective followers are crucial to the success of any endeavor.
Kean (2011) UK	To identify how leadership is perceived and experienced by community nurses.	Qualitative study: - individual interviews (n = 31) - three focus groups (n = 13) - no particular methodology noted - multi-site recruitment of registered nurses from three different Health Boards in Scotland (urban, rural, and community nursing settings) - Study aimed to understand how community nurses understand leadership	Following merged as a major theme of leadership and engaging with followers is pivotal to leadership. Followership is enacted on all levels of hierarchy and the actions of followers determine the power of a leader. Following is a complex process which includes how perceptions of the leader affect following behaviors; followers assess their peers, and followers can create change by becoming leaders within the follower group.
Kean (2011) UK	To point out the peril of ignoring followers' contributions to the organization.	Discussion paper: Management	Followership is not the simple act of following but is influenced by many factors including this: followers and leaders are interdependent, and the decision to follow is affected by follower judgements about prospective leaders.

Whitlock (2013) UK	To discuss the concept of followership and highlight examples of followership and their effect on patient care.	Discussion paper: Management and Nursing Education	Followership is everyone's responsibility, and good or bad following behaviours affects the workplace. Academic and workplace training must include followership skills.
Crawford (2014) US	To investigate followership styles and their influence on nursing burnout.	Quantitative, cross-sectional, observational survey study: (n = 114) - Recruitment of actively practicing RNs in Southeastern Michigan - Study examined how followership styles influence burnout of nurses in healthcare environments.	Followership styles influence follower productivity and effective leader-followership exchanges can strengthen nurse followers. Practicing effective followership may decrease nursing burnout.
Coombs (2014) NZ	To discuss the role of the follower in achieving the shared goal of patient care.	Editorial: Management	Most people in organizations spend their time in a following role and nurses move between the roles of followers and leaders every day. Followers can contribute to a toxic workplace environment; it not just the leader who is responsible. Engaging in "power with" not "power over" relationships between followers and leaders will help ameliorate work-place culture.
Amundson (2015) US	To discuss the skills of a follower and their worth to the organization.	Commentary: Acute Care System	Followers and leaders work together around the purpose in a synergistic relationship.
Everett (2016) US	To discuss the importance and leadership and followership to academic-practice partnerships.	Discussion paper: Academia	Followership is not an individual but a role, and the interdependence of the follower and leader roles is inter-active and influential.

Raso (2017) US	To discuss the importance of followers to leaders in nursing.	Editorial: Management	Followership is critical to leadership; nothing happens without followers and weak followership is just as disabling as weak leadership.
Smith-Trudeau (2017) US	To discuss the importance of the relationship between followers and leaders in nursing.	Commentary: Management	Followers and leaders work together in a sacred relationship which is integral to the success of nursing. Followers are an organizational asset and learning followership skills is important for new nurses.
Lopez (2018) CAN	To discuss followership and different types of following, to outline its importance to nursing and to suggest procedures to integrate followership into nursing.	Discussion paper: Academia	Effective followership is a prerequisite for successful organizations. In order to support followership, leaders must understand followership and positive following behaviors. Followership is a role and followers have influence. Followership theories are absent from nursing literature and nursing students should have the opportunity to practice both roles.
Boothe (2019) US	To identify the types of followers in nursing.	Descriptive questionnaire survey: (n = 60) - 20 questions, 7-point Likert-type scale - Registered nurses with four years or less experience employed at an acute care hospital located in southwestern United States - Study conducted to identify followership styles of new nurses with four years or less experience	Participants scored higher in independent thinking and lower in active engagement. Followers who are disengaged are more often sick and tend to spread their discontent to other workers. Understanding the role of followership and the importance of new nurses feeling engaged could increase job satisfaction.

Freeman (2020) Canada	To dispel the nine myths of followership in nursing.	Editorial: Management	Leaders need to understand the role of followership and its integral position in the follower/leader dyad. More research is needed to dispel the myths of followership and support the idea that nurses are followers and leaders.

Appendix B

Recruitment Email

Study title: How do registered nurses who are members of a healthcare team, in an acute care setting, understand followership?

To: Unit Managers and Clinical Educators

Subject: Recruitment of Registered Nurses for a research study

Dear Unit Managers and Clinical Educators:

My name is Deena Honan, and I am a Doctor of Philosophy in Nursing candidate at the College of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan. I am hoping to recruit registered nurses (RNs), working on your units, to participate in interviews in conjunction with the research study, as part of my degree requirements. The research question for the study is: How do registered nurses, who are members of a healthcare team in an acute care setting, understand followership? Followership has been described as the willingness to cooperate in a coordinated way to accomplish shared goals, while demonstrating a high degree of interactive teamwork (Bastardoz & VanVugt, 2019). The role of followership is essential to teamwork and quality patient care, but it has not been studied in nursing.

I am hoping to speak with each of you to provide information about the study and to answer your questions. Following your approval, I would ask that you post, on my behalf, the recruitment poster and Participant Information Letter in each unit staff room inviting RNs who are interested in the study to contact me for more information or to volunteer. I will also offer two online sessions describing the study and a link to a recorded session for those RNs unable to attend the online sessions.

I plan to conduct one on one phone interviews with RNs regarding their understanding of followership during their days off, at a time that is convenient for them. I am hoping to conduct

the interviews over two to three months, and do not forsee any interference with participants' work schedules.

The research study is the final requirement of course work for the Doctor of Philosophy in Nursing program which I am taking through the College of Nursing, University of Saskatchewan. If you would like to contact my supervisors regarding this study, please call Dr. Noelle Rohatinsky (306-966-4096; noelle.rohatinsky@usask.ca) or call Dr. Gerri Lasiuk (306-337-3814; gerri.lasiuk@usask.ca). This research has been approved by the University of Saskatchewan Research Ethics Board (BEH#2433 on March 11, 2021), the University of Alberta Research Ethics Board (Pro00108730 and March 24, 2021), and operationally approved at Alberta Health Services (June 22, 2021).

Thank you very much,

Deena Honan RN, MSN, PhD(c)
College of Nursing, University of Saskatchewan
deena.honan@usask.ca
780-539-2752

Study Supervisors:
Dr. Noelle Rohatinsky RN, PhD CMSN(C)
Associate Professor
College of Nursing, University of Saskatchewan
306-966-4096
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Dr. Gerri Lasiuk RPN, RN, PhD CPMHN(C)
Assistant Dean & Associate Professor
College Of Nursing, University of Saskatchewan
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References

Bastardoz, N., & Van Vugt, M. (2019). The nature of followership: Evolutionary analysis and review. *The Leadership Quarterly, 30*(1), 81 – 95. https://doi.org/10.1016/j.leaqua.2018.09.004

Appendix C

Recruitment Poster

College of *Nursing*

University of Saskatchewan

PARTICIPANTS NEEDED
FOR A STUDY ON HOW RNs UNDERSTAND
FOLLOWERSHIP

Your participation would involve 1 to 2 telephone interviews (30 – 60 mins. each).

Privacy and confidentiality will be maintained throughout the study. All names and identifying information will be removed from the information provided and participants will be assigned a numerical identifier. Study materials will be stored according to University of Saskatchewan Behavioural Research Ethics Board requirements.

Online information sessions: (Dates and times, link)

Recorded information session: (link)

For more information about this study, or to volunteer, contact:

Deena Honan RN, MSN, PhD(c)
College of Nursing, University of Saskatchewan
Phone: 780-539-2752
Email: *deena.honan@usask.ca*

Study Supervisors: Noelle Rohatinsky, RN, PhD (noelle.rohatinsky@usask.ca) and Gerri Lasiuk RPN, RN, PhD (gerri.lasiuk@usask.ca) college of Nursing, University of Saskatchewan

This study has been approved by the University of Saskatchewan Behavioural Research Ethics Board (BEH#2433 on March 11, 2021); University of Alberta Research Ethics Board (Pro00108730 on March 24, 2021); Alberta Health Services (Approval date: June 22, 2021)

Appendix D

UNIVERSITY OF SASKATCHEWAN
College of Nursing
NURSING.USASK.CA

Participant Information Letter

Study title: How do registered nurses, who are members of a healthcare team in an acute care setting, understand followership?

Hello,

My name is Deena Honan. I am a Doctor of Philosophy in Nursing candidate at the College of Nursing, University of Saskatchewan in Saskatoon, Saskatchewan. I am writing this letter to invite your participation in my research study. The research question is: How do registered nurses, who are members of a healthcare team in an acute care setting, understand followership? Followership has been described as the willingness to cooperate in a coordinated way to accomplish shared goals, while demonstrating a high degree of interactive teamwork (Bastardoz & Van Vugt, 2019). Although nurses work in teams, there has been very little research on the topic in nursing and my aim is to understand how nurses understand the concept.

RNs who participate will complete one interview with the possibility of a follow-up interview for further clarification. The interview will be conducted over the phone, digitally recorded, and will last approximately 30 – 60 minutes. Participants will decide when the interview takes place. Information gathered from the interviews will be analyzed to gain a better understanding of followership in nursing.

Who can participate?

I am asking RNs, who are registered with CARNA and who work in an acute care setting, (in a casual, part-time, or full-time position) to consider participating in the study. Participation is voluntary and will not impact your employment in any way. None of the information gathered during the interview will be shared with your Unit Manager, the hospital administration, or Alberta Health Services. All information you provide will remain confidential, your name and

identifying information will be removed, and you will be assigned a numerical identifier. This research has been approved by the University of Saskatchewan Research Ethics Board (XXXXX and DATE), the University of Alberta Research Ethics Board (details and date), and operationally approved at Alberta Health Services (details and date). All study procedures will follow strict ethical guidelines.

Thank you for your consideration. Please contact me if you are interested in participating in the study or if you have any questions.

Sincerely,

Deena Honan RN, MSN, PhD(c)
Phone: 780-539-2752
Email: deena.honan@usask.ca

Study Supervisors:
Dr. Noelle Rohatinsky RN, PhD CMSN(C)
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References

Bastardoz, N., & Van Vugt, M. (2019). The nature of followership: Evolutionary analysis and review. *The Leadership Quarterly, 30*(1), 81 – 95. https://doi.org/10.1016/j.leaqua.2018.09.004

Appendix E

Participant Consent Form

UNIVERSITY OF SASKATCHEWAN
College of Nursing
NURSING.USASK.CA

You are invited to participate in a research study entitled:

How do registered nurses you are members of a healthcare team, in an acute care setting, understand followership?

Researcher:

Deena Honan RN, MSN, PhD(candidate)
College of Nursing,
University of Saskatchewan
780-539-2752
deena.honan@usask.ca

Supervisors:

Dr. Noelle Rohatinsky RN, PhD, CMSN(C)
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Dr. Gerri Lasiuk RPN, RN, PhD, CPMHN(C)
Assistant Dean & Associate Professor
College of Nursing,
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306-337-3814
gerri.lasiuk@usask.ca

Purpose(s) and Objective(s) of the Research:

- The **purpose** of this research study is to learn how registered nurses who are members of a healthcare team, in an acute care setting, understand followership. You are being asked to participate because you are a registered nurse working in an acute care setting as part of a healthcare team.
- The **objectives** are to understand followership within an acute care clinical environment by a) exploring registered nurses' perceptions of followership; b) discovering how followership is constructed or co-constructed; c) discovering the process of the development of followership concerning individual schema; and d) exploring the organizational features that influence registered nurses' construction of followership.
- Followership has been described as the willingness to cooperate in a coordinated way to accomplish shared goals, while engaging in collaborative teamwork (Bastardoz & VanVugt, 2019).
- This research project is part of my course requirements for the Doctor of Philosophy in Nursing program at the University of Saskatchewan, College of Nursing.

Procedures: If you agree to participate, you will be asked to sign a consent form, complete a demographic information sheet consisting of seven questions (sex, age, number of years employed as a registered nurse, employment in a supervisory position, education, and certifications), and to take part in one or two interviews via phone.

- The interviews will be no more than 60 minutes in length and will take place at a time that is convenient for you. The interview will be audio-recorded, transcribed, and analyzed for themes.
- The researcher will conduct the telephone interview in their private office, which will not be accessible by individuals outside of the research team. To maintain confidentiality, please ensure that the telephone interview will be conducted in a private area of your home or office.
- You have the right to have the recording device turned off at any time without giving a reason. Please feel free to ask any questions regarding the procedures and goals of the study or your role

Potential Risks:

- There are no known or anticipated risks to you by participating in this research.
- In the unlikely event that you become emotionally distressed during the interview, you will be referred to the Mental Health Helpline 1-877-303-2642.
- You are encouraged to respond only to those questions that you are comfortable answering**.**

Potential Benefits:

- Nurses must be prepared to work competently in the team setting, which includes acting in the role of follower. Your participation will contribute to the development of important knowledge and theory regarding followership in nursing.

Compensation:

- There is no compensation for participating in this study.

Confidentiality:

- Anonymity is not achievable because the information is being collected via interview.
- All transcription of the data will be done by the researcher.
- Interested individuals must contact the researcher for information regarding the study.
- The Principal Investigator is an instructor at the research location, and any previous relationships between the researcher and participant may limit the participants' confidentiality.
- Confidentiality will be maintained through removal of any personal or organizational identifiers acknowledged during interviews. None of the information gathered during the interview will be shared with your Unit Manager, the hospital administration, or Alberta Health Services.
- The data from this research project will be published and presented at conferences; however, your identity will be kept confidential. Although direct quotations will be reported from the interview, you will be given a numerical identifier, and all identifying information will be removed from the report.
- Participation is voluntary. You are free to withdraw from the research project and this withdrawal will not impact on your employment in any way.

- If permission is NOT given for the interview to be audio recorded, the researcher will take notes during the interview. There will be no identifying information used in the notes and the notes will be kept in a secured and locked cabinet in the researcher's home office.

I grant permission to be audio recorded: Yes: ____ No: ___

Storage of Data:

- The principal investigator/researcher will be storing the data.
- Interview audio tapes, transcripts, field notes, memos, and signed consent forms will be kept in a locked cabinet in the researcher's home office and electronic data will be stored on a password protected computer and on a University of Saskatchewan secure server (i.e., OneDrive) for the duration of the research process and for long term storage.
- USask cloud storage service (OneDrive) will be used to back up any data stored on the devices in my home.
- Electronic devices temporarily used in the home, due to the COVID-19 pandemic, will be secure password-protected dedicated research devices not accessible by individuals outside of the research team.
- Upon completion of the study, the information you provide will be stored in a locked cabinet in the researcher's home office and on the researcher's, password protected computer at the University of Saskatchewan secure server (i.e., OneDrive) for a period of, but not limited to, five years (or in accordance with the Ethics Research Boards of the participating administrations). It will then be destroyed beyond recovery (deletion of electronic files and confidential shredding of papers).
- All documents will be accessible only to the researcher and the research study supervisors.

Right to Withdraw:

- Your participation is voluntary, and you can answer only those questions that you are comfortable with answering. You may withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.
- Whether you choose to participate or not will have no effect on your employment or how you will be treated.

- Your right to withdraw data from the study will apply until data has been pooled. After this, it is possible that some form of research dissemination will have already occurred, and it may not be possible to withdraw your data.
- Should you wish to withdraw from the project, please contact Deena Honan at deena.honan@usask.ca or 1-780-539-2752. Your data will be deleted from the research project and destroyed.

Follow up:

- To obtain results from the study, please tick the yes box and provide your email address.
- □ Yes, I would like a summary of the final project.
  My email address is _____
- □ No, I would not like a summary of the final project.

Questions or Concerns:

- If you have any questions or desire further information about this study, please contact the researcher, and or advisors using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca or (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Continued or On-going Consent:

- If you are asked for more than one interview, a new consent form will be signed.

Your signature below indicates that you have read and understand the description provided.
I have had an opportunity to ask questions and my/our questions have been answered.
I consent to participate in the research project.
A copy of this Consent Form has been given to me for my records.

_____	_____	_____
Name of Participant	*Signature*	*Date*

_____	_____
Researcher's Signature	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Oral Consent:

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

_____	_____	_____
Name of Participant	*Researcher's Signature*	*Date*

Appendix F

UNIVERSITY OF SASKATCHEWAN
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Demographic Information

Study title: How do registered nurses who are members of a healthcare team in an acute care setting understand followership?

1. Sex
    a. Female
    b. Male
    c. Other (please specify) _____
    d. Prefer not to disclose
2. Age
    a. 20 – 29
    b. 30 – 39
    c. 40 – 49
    d. 50 – 59
    e. 60 – 69
    f. 70 – 79
    g. Prefer not to disclose
3. Number of years employed as a registered nurse. _____

4. Have you ever been employed in a manager/supervisor position?
    a. Yes
        i. If yes, how many years were you employed in that position? _____
    b. No
5. Have you ever been employed in a manager/supervisor position outside of nursing?
    a. Yes
        i. If yes, how many years were you employed in that position? _____
    b. No

6. What is your highest level of education?
    a. Diploma
    b. Baccalaureate
    c. Masters
    d. Doctoral
7. Do you have any other certifications?
    a. Yes
        i. What area? _____
    b. No

~ Thank you ~

Appendix G

Interview Guide

Introduction: Nurses traditionally work in teams, but we focus very little on followership in nursing education and nursing practice. I think it is an important concept because most of us spend more time following than leading.

1. Are you familiar with the term 'followership'?
    a. If yes, where did you hear about it? What does it mean to you?
    b. If no, what do you imagine it means?
2. In your current position, do you work in a team or on teams?

    [Probe: Who are the team members? Are the teams interprofessional? What is the goal of the team?]
3. What are the elements of an effective team?

    [Probe: What are the responsibilities and roles of the team members?]
4. What beliefs, attitudes, characteristics, or behaviours do you associate with effective following?
5. Please describe a time when you engaged in followership.

    [Probe: What was the situation? Who was involved? What did you think or believe about your role? What behaviours did you engage in? What was the effect on yourself and others on the team?]
6. Some authors believe that followers choose to follow or not to follow a formal leader. In the example you just provided, what things contributed to your choice to follow?

    [Probe: What did you think or believe about the situation? What was your motivation? What behaviours did you engage in? What was the effect of your choice on yourself and the team?]
7. What factors make it easier for you or motivate you to follow others?

    [Probe: Personal qualities? Leadership style? Contextual or organizational factors? Co-worker related/healthcare team related factors?]
8. What factors make it difficult or challenging for you to follow others?

    [Probe: Personal qualities? Leadership style? Contextual or organizational factors? Co-worker related/healthcare team related factors?]

9. What support, resources, or guidance do you need to enact effective followership?
10. Is there anything you would like to add about followership?

Appendix H

Word Cloud

Appendix I

Participant Demographic Information

Participant	**Sex**	**Age** 20-29 (2) 30-39 (4) 40-49 (5)	**Number of years employed as a registered nurse** average: 10.6 years	**Employed in a manager or supervisor position in nursing?** No = 10 Yes = 1	**Employed in a manager or supervisor position outside of nursing?** No = 11	**Highest level of education** Baccalaureate = 10 Masters = 1	**Any other certifications?** No = 9 Yes = 2
P1	F	20-29	2 months	No	No	Baccalaureate	No
P2	F	40-49	20 years	Yes (10 years)	No	Baccalaureate	No
P3	F	40-49	17 years	No	No	Masters	Yes (CCNE)
P4	F	20-29	9 months	No	No	Baccalaureate	Yes (Diploma in Culinary)
P5	F	30-39	10 years	No	No	Baccalaureate	No
P6	F	30-39	11 years	No	No	Baccalaureate	No
P7	F	40-49	18 years	No	No	Baccalaureate	No
P8	F	30-39	10 years	No	No	Baccalaureate	No
P9	F	30-39	6.5 years	No	No	Baccalaureate	No
P10	F	40-49	21 years	No	No	Baccalaureate	No
P11	F	40-49	2 years 9 months	No	No	Baccalaureate	No