

## Leadership and Followership in Health Professions: A Systematic Review

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### Abstract

**Objective:** Leadership discussion, including leadership development programs, is common. However, discussion of followership as a component of leadership seems less frequently discussed. With a focus on leadership and followership, this investigation reviewed the health-professions education literature and characterized leadership-followership within health-professions education. **Methods:** Using PubMed, ERIC, and Google Scholar, two investigators independently and systematically searched health-professions education literature for articles related to leadership and followership. Reports were categorized based on the articles by type, application, profession, leadership, and followership qualities. **Results:** Eighty-one articles were included. More than half [59% (48/81)] were theoretical, 27% (22/81) empirical, 7% (6/81) commentaries, and 6% (5/81) letters-to-the-editor. Empirical studies did not share outcomes that could be meaningfully combined quantitatively by meta-analysis; however, the vast majority (96%) of theoretical articles discussed a healthcare-related application of leadership and followership (e.g., improving patient care, improving communication, improving organizational efficiency). Thus, a qualitative review was completed. Of the 81 articles, 57% (n=46) involved multiple professions, while 43% (n=35) focused on a specific profession [Nursing (n=16), Medicine (n=7), Others (n=5) Surgery (n=3), Pharmacy (n=2), Veterinary Medicine (n=2)]. While most articles (75%) discussed leadership qualities (with top qualities of effective communication, visionary, and delegating tasks), fewer (57%) discussed followership qualities (with top qualities of being responsible, committed, and supportive). Of note, some qualities overlapped in both leadership and followership (with top qualities of effective communication, being supportive, and providing/receiving feedback). **Conclusions:** Leadership-Followership was described in many health-professions' education literature. However, Pharmacy and Veterinary Medicine had substantially fewer articles published on this topic. Notably, followership did not receive nearly as much attention as leadership. Leadership has a dynamic and complex interaction with followership highlighting that an effective leader must know how to be an effective follower and vice versa. To improve leadership within healthcare teamwork, education should focus on both leadership-followership.

**Keywords:** Leadership; Followership; Health Professions

### Introduction

Leadership is commonly described among health professions, and its development is actively promoted. While there are several leadership models, leadership is often an amalgam of different attitudes, behaviors, and responsibilities, overseeing/directing team members to perform their tasks, and ultimately contributing to an organization's functioning.<sup>1</sup> Leading can commonly be conflated with managing. One leadership model involves focusing on followership.<sup>2</sup> While followership needs someone (a leader) to lead, others must follow. This Followership model switches the focus from leader to follower; high-quality followership seems foundational to high-quality leadership. In fact, several theories for followership exist, including Kelley's<sup>3</sup> five-fold classification of followers, Kellerman's<sup>2</sup> model, Uhl-Bien's<sup>4</sup> Complexity Leadership Theory, as well as Social Identity<sup>5</sup> theory. All these theories focus on followers actively supporting and advocating for their leader's direction.

Of note, it can sometimes be challenging to define someone as the de facto "Leader" because a leader within a situation may be a follower within another situation; a so-called 'leader' can oscillate between leadership and followership—sometimes they are the situational leader, while at other times they are supporting another leader. For example, in an academic setting, an experiential director may lead a team to provide an experiential PharmD program, though they may participate on a college-level administrative/leadership team (where the college dean is the leader). In another example focused on a college dean, that dean may lead a college leadership team, but that same dean will support (follow) that institution's provost, along with other deans from other academic units. In a final example focused on the medical team, the clinical pharmacist may lead the team in selecting appropriate drug therapy, while the clinical pharmacist supports the team by conducting a medication history. Thus, helpful followership is imperative to sound leadership in any setting.<sup>6,7</sup> Further, every so-called leader will inevitably also be a follower in some situations; although, these leaders can vary in their effectiveness at following and supporting other team leaders.

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The literature concerning the dynamics of leadership and followership in healthcare shows a noticeable gap. While followership is clearly important, we found only one review focused on followership in the workplace. However, we were unable to find any review focused on health professions. In fact, there seems to be very little discussion of it in our collective professional experiences. Thus, focusing on health-sciences literature, we aimed to characterize followership, and distinguish where it has been best described in the health literature. Further, our review aimed to identify leadership versus followership qualities recognized within the health professions literature. All healthcare professions must allocate equitable attention to leadership and followership to foster effective teams that enhance patient and learner outcomes.<sup>4,8,9</sup>

### Methods

Following PRISMA guidelines,<sup>10</sup> we conducted a systematic review of the health-sciences literature. We first searched for prior reviews of 'followership' and found one review focused on workplace outcomes. After finding no other synthesized analysis of the literature, we systematically searched and then reviewed the health-sciences literature to create this comprehensive summary of followership in health-professions education.

In greater detail, two investigators (PJG, MSR) independently searched PubMed, Google Scholar, and ERIC databases. Keywords to identify relevant articles included 'leadership', 'followership', 'healthcare', and 'education'. Included literature were articles in English that discussed followership with or without leadership in the context of health professions education. Articles that discussed these terms in a *non*-health setting were excluded. Figure 1 illustrates the flow of articles within this systematic review.

For each study, specific information was extracted:

- The *health profession* of focus (e.g., Medicine, Nursing, Pharmacy, Veterinary Medicine)
- The *type of article* (Theoretical, Empirical, Commentary, Letter to the Editor)
- Whether it added to an existing theoretical framework of Followership<sup>2,7,11</sup>
- The *application* of leadership and followership. (e.g., improving patient care and outcome, organizational success, organizational improvement, improving efficiency, and creating a better work environment, mitigating, effective communication, collaboration, delivering/achieving goals, job satisfaction, bringing/leading change, comprehensive decision making, lowering burnout, flattening the hierarchy)
- The *evolution* of leadership and followership
- If specific Leadership and/or Followership *qualities* were described, we collated them (e.g., effective communication, vision, responsibility, commitment).

Data Analysis: Because outcomes could not meaningfully be combined, qualitative analysis was done. Frequencies were collated and percentages were calculated for the information extracted.

### Results

While 316 articles were shortlisted, 81 of those articles were included in this systematic review (all cited in the Appendix). These 81 articles were 59% Theoretical (n=48), 27% Empirical (n=22), 8% Commentary (n=6), and 6% Letters to the Editor (n=5). Of note, the empirical studies had used a variety of objectives and outcomes (such as identifying followership types, exploring perceptions around leadership and followership, and applicability of crew resource management principles involving leadership and followership), and so could not meaningfully be combined with quantitative meta-analysis. Thus, we used qualitative analysis in our systematic review.

While 95% (77/81) of articles used an existing theoretical framework for Followership, 90% (73/81) of articles discussed a health-related application of leadership/followership. Among these application-based articles, 61% were Theoretical (46/73), 29% were Empirical (22/73), 7% were Commentary (5/73), and 3% were Letters to the Editor (2/73). Table 1 denotes the specific applications.

About half of the articles (n=46; 57%) focused on multiple professions, while the other half (n=35; 43%) focused on a single profession. A breakdown of those single profession articles were 16 Nursing (45%), 7 Medicine (20%), 3 Surgery (9%), 2 Pharmacy (6%), 2 Veterinary Medicine (6%), and 5 others (14%; the "Other" category consisted of articles that contained other professions, unique groups, and subtypes within the individual articles such as: Public Health, Care-Assistants, Social Work, Covid-19 Pandemic, Radiologic Technologists, Mental Health Service, Health Profession Education, and Leadership Traits).

It is noteworthy that while almost three-quarters of articles discussed leadership qualities (74%, n=60), just over half concentrated on followership qualities (57%, n=46). Table 2 lists the most common qualities reported for leadership and followership. Some qualities were reported for both leaders and followers, demonstrating an overlap.

### Discussion

Our work adds to the existing literature by systematically reviewing articles on leadership and followership within health-professions education. We uncovered that most of these articles, currently, were perspectives (theoretical, commentary, or letter to the editor article type); few were empirical research. Multiple professions were the focus of about half of leadership/followership articles. Among single professions, nursing was most prominent, and pharmacy contributed only two articles to this theme. Moreover, we found that leadership

was the focal point of attention in most articles, with leadership qualities outpacing followership qualities. Overall, this review highlights that leadership/followership has had limited description in health professions literature.

A review by Leung et al.<sup>12</sup> examined if followership style affected job performance and/or job satisfaction in healthcare. A total of 14 articles were included in that review. Only 4 articles focused on healthcare, while the other 10 articles focused on non-healthcare settings. Results were not quantitatively synthesized. The authors concluded that followership style affected the performance (of both the individual and the organization).

While leadership and followership are equally crucial for a healthcare system to process effectively, the lens through which followership has been viewed is now transforming, and more emphasis is being placed on that role.<sup>7</sup> This may be contrary to some readers' historical beliefs. Different theories have been discussed in the past that approach leadership-followership from a different angle. A notable and widely discussed theory is Kellerman's Followership theory.<sup>2</sup> This theory emphasizes leadership as a collective process where followership strongly influences leadership effectiveness. Another theory is the Complexity Leadership Theory discussed by Uhl-Bien and colleagues.<sup>4</sup> This theory rejects the linear and top-down relationships developed around leadership and followership. Instead, it views the leader's role as a facilitator and followers as independent individuals who explore solutions to emerging problems. Both mutually affect each other and produce a powerful synergistic action when they are in alignment. Another theory that provides a different view of the relationship between leadership and followership is the social identity theory of leadership. This theory contemplates that leadership does not revolve around a single individual; instead, it combines efforts, attributes, and inputs from all the group members.<sup>11</sup> Leadership in modern times is considered to have changeable and flexible roles; hence, healthcare professionals can create more comprehensive and effective healthcare systems that prioritize the input of all contributors.<sup>9</sup>

As healthcare professionals, we are all leaders in some situations and followers in others. An effective team player must recognize when and how to serve as a leader or follower.<sup>14</sup> Leadership and followership are like yin and yang; if these two forces are balanced, this can significantly improve organizational success.<sup>14</sup> Without one, the other cannot function effectively.

Our review highlights the importance of leadership-followership in multiple domains, including to enhance healthcare and teamwork. In our review, we identified several qualities that appear important for leaders *and* followers. We also uncovered an overlap between them. Within an applied health-sciences context, we substantiated Kelley's synthesis

that, "qualities that make effective followers are, confusingly enough, pretty much the same qualities found in some effective leaders" (pg.146)<sup>3</sup>. As followership gains more importance, providing people with the ideal environment to become good followers is necessary.<sup>7</sup> Among health professions, Pharmacy emerges to gain benefit from more attention regarding leadership-followership. Pharmacists are often not structural leaders on their team, but they are required to take on both leadership and followership roles in different circumstances. *Education* on effective followership may help foster a better understanding of when to take on either role. With leadership already emphasized as a pharmacy resident competency,<sup>15</sup> it would seem helpful for leadership education and leadership development programs to incorporate followership skills into residents' training.

Notable limitations are our search, English-language restriction, and focus on journal articles. We may have limited our study by our search strategy; we only searched three databases (PubMed, Google Scholar, and ERIC), and not all databases. However, these seemed to be three of the most common databases. We only examined articles published in English and may have unintentionally excluded some non-English articles that otherwise would have been applicable. Lastly, we only looked at published journal articles rather than additional searches for grey literature such as conference proceedings, theses, and dissertations.

Some suggestions for future research and further development include identifying the importance of followership in healthcare, measuring the evolution of leadership and followership, incorporating leadership-followership competencies in health professions education curricula, studying leadership-followership qualities that may improve healthcare, creating standardized simulation-based exercises/tools to assess leadership and followership skills, and further explaining the application of leadership-followership in both health professions education and healthcare.

### Conclusion

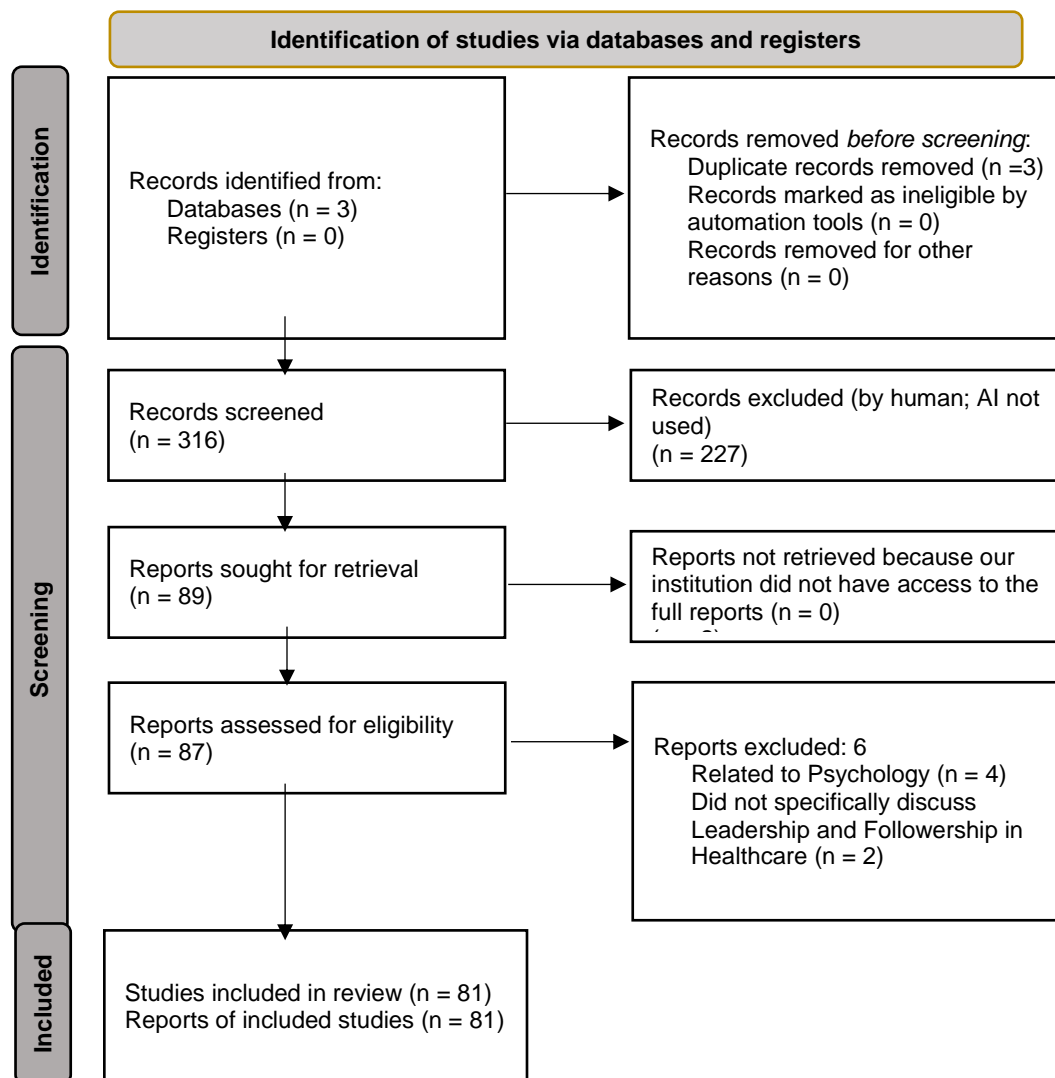
Attention to leadership has permeated teamwork in the health-professions. We showed how followership (one model of leadership) was represented within health-professions literature. We emphasized the value of staunch leadership and devoted followership with current culture. Furthermore, we demonstrated how much of the current leadership and followership articles are perspectives and are not evidential studies with backing of empirical data. Moreover, we reported which professions had more and less followership discussion, as well as identifying common leadership/followership qualities. Future research could examine the relationship between leaders and followers, particularly emphasizing the role of followers.

**Disclaimer:** The statements, opinions, and data contained in all publications are those of the authors.

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Figure 1. PRISMA 2020 flow diagram for this Leadership-Followership review



**Table 1.** Specific applications of leadership/followership in the Health Professions Literature

Specific Application	Number of articles (percent)
Improving patient care and outcome	38 (47%)
Improving efficiency and creating a better work environment	23 (28%)
Organizational success	19 (23%)
Mitigating risks	8 (10%)
Effective communication	7 (9%)
Collaboration	6 (7%)
Delivering/achieving goals	6 (7%)
Job satisfaction	6 (7%)
Bringing/leading change	6 (7%)
Comprehensive decision making	3 (4%)
Lowering burnout	3 (4%)
Flattening the hierarchy	3 (4%)
Multiple applications	60 (74%)

**Table 2.** Articles discussing qualities of leadership and followership

Qualities	Leadership	Followership
Effective communication	16	8
Visionary	14	0
Delegating tasks	9	0
Situational awareness	7	0
Providing/Receiving feedback	7	7
Supportive	7	10
Flexibility	5	2
Trustworthy	5	5
Adaptability	5	0
Empathetic	5	0
Emotional Intelligence	4	0
Critical thinking	3	9
Proactive	3	3
Responsible	0	16
Committed	0	11
Take the initiative	0	5

## Appendix: Studies in this review

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