

**Experiencing followership during global crisis:
followership in healthcare amidst COVID-19**

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Ethical clearance for this study, Experiencing Followership During Global Crisis: Followership in Healthcare Amidst COVID-19, was granted by the Doctoral Research Ethics Committee of the Gordon Institute of Business Science of the University of Pretoria on the 10th of December 2020.

Further ethical clearance for this study, Experiencing Followership During Global Crisis: Followership in Healthcare Amidst COVID-19, was granted by the University of Pretoria's Faculty of Health Science Research Ethics Committee on the 26th of February 2021 under research protocol reference number **56/2021**. This clearance was renewed annually for the duration of the study as required by the University of Pretoria's Faculty of Health Science Research Ethics Committee.

This study was conducted in accordance with the guidelines set out by the Doctoral Research Ethics Committee of the Gordon Institute of Business Science of the University of Pretoria and the University of Pretoria's Faculty of Health Science Research Ethics Committee.

Richard Mulder

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Abstract

Investigating the lived experience of followership during the COVID-19 crisis, this study provided greater insight into the importance of followership in the leader-follower paradigm and the influence which crises have on it. Set during the global pandemic, this study harnessed the existing challenges in South African healthcare organisations, a setting of uncertainty and complexity further compounded by the crisis. The setting provided an opportunity to contribute meaningfully to followership theories and a practical understanding of the phenomenon of followership in response to crises.

Notwithstanding extensive research on leadership, failures in business continue despite the presence of 'great leadership' in the organisation. The key to unlocking this conundrum may lie with followers. However, while followership has been a growing area of interest in the broader leadership domain, it remains a nascent field of academic study dominated by decades of leader-centric doctrine.

This study used an interpretive, inductive, explanatory qualitative study design to answer how crises influence followership. This longitudinal study used interviews of senior managers, as followers, within healthcare organisations and their experiences of followership during a global crisis. The results indicate that followers' perspectives of followership are based on a combination of motives, self-perception and relational elements in engagements with leaders. Hermeneutic phenomenological analysis illustrated that the crisis influenced these perspectives and shifted previous beliefs regarding approaches to the interaction between followers, leaders and followership construction. It was found that the crisis enhanced the independence of followers, altered their approaches to constructing followership and reframed organisational engagements.

This study contributes to follower-centric perspectives in followership theory and extends the understanding of followership in the context of crises and complexity. The potential of followership to improve collaboration and execution of organisational goals is also highlighted.

This study identifies the dynamic nature of followership, the antecedents to followership construction and followers' self-perceptions in response to different phases of crises with a follower-centric lens. While important in their own regard, these findings also set the stage for further investigation and validation in non-crisis or 'post-crisis' contexts. Finally,

this study noted the potential benefit of using hermeneutic phenomenology as a method for in-depth business and organisational research.

Keywords

Followership, Leadership, Follower-centricity, Implicit Followership Theories, Followership Theory, Crises, Constructionist Followership, Global Crises, Complexity, Disaster, Pandemic, COVID-19, Phenomenology, Hermeneutic Phenomenology, Healthcare, Healthcare Management

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Chapter 1: Introduction to the Study

1. Introduction

Few, if any, could say that they have not been directly, personally and professionally affected by the global COVID-19 pandemic. The disease has torn through the modern world on an unprecedented scale, leaving a trail of destruction that has not spared any economy, social structure or political agenda (Collins et al., 2022; Nguyen et al., 2022; Venz & Boettcher, 2022). While ultimately a healthcare-related situation, its impact has reverberated throughout our world and undoubtedly changed our behaviours, perceptions and values regarding what matters most (Broos et al., 2023; Potenza et al., 2021). Though certainly beyond any recent comparison in terms of magnitude, the impact of COVID-19 is not unique, as shifts in behaviours, perceptions and values have previously been noted between different phases of global crises (April & Chimenya, 2019; Knights & McCabe, 2015; Uhl-Bien, 2021) or extreme contexts (Hällgren et al., 2018; Martínez-Córcoles et al., 2020).

Understanding how these shifts occur from the follower-centric perspective of the leader-follower dynamic is an area of interest for academic enquiry. The constructionist view of followership (Carsten et al., 2010; Lisak & Erez, 2015; Uhl-Bien & Pillai, 2007), where followership is a choice rather than being based on an appointed position or organisational hierarchy, is placed under significant strain due to the conditions of crises. This yields the necessity of a shift in dynamics and, thus, an opportunity for meaningful research that this study sought to harness. The periods of extreme uncertainty and upheaval of the COVID-19 pandemic created an opportunity for the phenomenon of how these shifts transpire within the minds of followers to be revealed (Carsten et al., 2021; Ete et al., 2022; Haslam et al., 2021; A. Newman et al., 2022; S. A. Newman & Ford, 2021; Uhl-Bien, 2021). As such, the pandemic provided a fascinating and unique opportunity within which to situate this study.

Despite the front line of the response to the global crisis being healthcare workers, facilities and organisations, the shift in thinking that took place in their organisational structures occurred in many, if not all, other industries. The leader-follower dynamic and how this is influenced is a critical variable in understanding individual and organisational responses to crises (Carsten et al., 2021; Markus, 2013; Smithson, 2022; Uhl-Bien, 2021; Venz & Boettcher, 2022). This dynamic, between the subordinate and their supervisor, or more explicitly, between follower and leader, is the most crucial

interpersonal relationship within the workplace (Dinh et al., 2014; Epitropaki et al., 2020; Kim et al., 2020; Tepper et al., 2009). This relationship, extensively explained by leader-member exchange theory (LMX), has been shown to indicate the extent to which employees experience job satisfaction and functions as an effective predictor of both employee performance and workplace outcomes (Zhao et al., 2019).

However, recent discussions (Dasborough et al., 2022; Gardner et al., 2021), and criticism of LMX theory (Buengeler et al., 2021; Gottfredson et al., 2020) have cast its use in accurately understanding the relationship between leaders and followers into doubt. Gottfredson et al. (2020) and Buengeler et al. (2021) suggest that a multitude of underlying issues, ranging from the definitions of the key constructs in LMX to how it has been studied, lead it to no longer be a sustainable theoretical basis for interrogating the leader-follower dynamic. Further to the critique, they identified recommendations for the advancement of study in this domain. Their initial recommendations were revisiting and re-conceptualising the key constructs that make up the leader-follower dynamic, namely leadership and, pertinent to this study, followership (Buengeler et al., 2021; Gottfredson et al., 2020).

The role that followership plays from the followers' perspective in shaping the leadership discussion is crucial to understanding the variables at play in the dynamic between leaders and those who follow them. Even before the advent of this global crisis, a shift in thinking had started to revitalise the acknowledgement of the role of the follower in the leadership discussion (Avolio et al., 2009; Dinh et al., 2014; Uhl-Bien et al., 2014). The rise of the concept of followership as a standalone area of importance and study (Baker, 2007; Crossman & Crossman, 2011; Gobble, 2017; Uhl-Bien et al., 2014) and an interest in follower-centric perspectives in the leadership construction space (Avolio et al., 2009; DeRue, 2011; D'Innocenzo et al., 2016; Uhl-Bien et al., 2014) have opened up new possibilities for the advancement of the understanding of the relationship between leaders and followers. Some in this nascent field have argued that followership is, in fact, a conscious decision and an equally, if not greater, force acting on the leader-follower dynamic than leadership (Bastardo & Van Vugt, 2019; Carsten et al., 2010; Gobble, 2017; Matshoba-Ramuedzisi et al., 2022; Oc et al., 2023; Uhl-Bien et al., 2014; van der Velde & Gerpott, 2023).

Oc and Bashshur (2013) and Epitropaki et al. (2013) focus on behaviours and characteristics identified in the implicit theories (ILTs and IFTs) rather than other areas of followership. They suggest these may shift if a suitably significant force acts upon

them. While these theories identify followers' motivations, behaviours, and goals in isolation, they do not discuss or identify how these processes may be influenced by periods of significant uncertainty, unpredictability, and crisis. Acton et al. (2019) indicate that followership plays an essential role in the leader-follower dynamic but do not delve into the detail by which such a process may occur, specifically in the followers' minds. These preceding views represent an area of particular interest for this study. This study sought to expand the understanding of followership by interrogating how the perceptions of followership behaviours and values from the positions of the follower might shift due to crises by studying the experiences of the COVID-19 crisis.

In their review of implicit leadership theories (ILT) and implicit followership theories (IFT), Foti, Hansbrough, Epitropaki, and Coyle (2017) discuss multiple relational aspects of both ILTs and IFTs to LMX. However, the gaps discussed by Gottfredson et al. (2020) and Buengeler et al. (2021), particularly the lack of clarity around the individual constructs and how they relate to one another, begin to come into focus. The investigations and further development of the implicit theories are a valuable starting point in addressing the recommendations for advancement of the study of the leader-follower dynamic. Further, it also serves as an independent area of interest in developing a greater understanding of leadership and followership.

Despite many calls for investigation into the followership perspective, leadership has historically been identified as the primary driving force behind organisational performance (Chen et al., 2016; Kuada, 2010; Lord & Dinh, 2014; Yahaya & Ebrahim, 2016), strategy implementation (Appelbaum et al., 2017; Hutzschenreuter et al., 2012), people management (Savanevičienė et al., 2014) and motivation (Mumford et al., 2017; Spangler et al., 2014; Stiehler, 2016). Such has the focus been that it has been suggested that a strong and capable leader is the only ingredient required to succeed (Zhu et al., 2019). As a result, literature abounds with leader-centric theories, such as transactional and transformational leadership, which are both viewed predominantly from the leaders' perspective (Ford & Harding, 2018; Thoroughgood et al., 2018), leadership styles (Anderson & Sun, 2015; Gandolfi & Stone, 2017) and behaviours (Behrendt et al., 2017; Day et al., 2014). Notwithstanding these well-founded beliefs and views, failures in business, either attributed to, or despite the presence of, strong leadership, are numerous (Copeland, 2016; Mumford et al., 2017).

Numerous authors suggest that followership is crucial to addressing many of the challenges specific to the healthcare environment (Boardman et al., 2021; Ezziane et

al., 2012; Kumar V, 2019; C. Leung et al., 2018a; Till et al., 2016; Varpio & Teunissen, 2020). South Africa's healthcare environment is one characterised by significant complexity (Coovadia et al., 2009; Fusheini et al., 2017; Pillay, 2010; Pillay-van Wyk et al., 2016) and crisis (Maphumulo & Bhengu, 2019). While this is no different to the global situation (Cuadrado et al., 2019), inequalities in South Africa, particularly in healthcare, dating back to colonial and apartheid policies, have not been adequately addressed in the 30 years since the inception of democracy (Maphumulo & Bhengu, 2019; Mukwakungu et al., 2018). Maphumulo and Bhengu (2019) highlight a leadership crisis in South African healthcare that must be addressed to advance towards sustainable healthcare provision.

This challenge was not unique to South Africa, with leadership concerns in healthcare at both the clinical and organisational or systems levels expressed globally (Ezziane et al., 2012; D. Kumar, 2019; R. Kumar, 2013). This study addressed the highlighted leadership crisis in healthcare and its impact on the leader-follower dynamic, particularly considering the perceptions of followership. The research emphasises the importance of understanding how crises affect followership and lead to shifts in followers' underlying perceptions, behaviours, and values. Investigating these aspects is deemed vital for the ongoing followership construction and the broader debate on leadership in the healthcare sector (Crawford & Daniels, 2014; Ghias & Hassan, 2018; Gordon et al., 2015; Mannion et al., 2015; McKimm & Mannion, 2015).

The advent of the global COVID-19 pandemic exposed various policy and process weaknesses in healthcare and beyond the world over (Seijts & Milani, 2020), with South Africa being no exception (Mbunge, 2020). Key to the changing dynamics is the leadership and, by extension, followership impact resulting from the COVID-19 crisis (Carsten et al., 2021; Uhl-Bien, 2021). The COVID-19 crisis and how followers responded to it provides valuable insight into how current and future crises, even of a lesser nature, may impact followers' perceptions, behaviours, and values towards followership and how this may influence the leader-follower dynamic (Seijts & Milani, 2020). By highlighting how followers perceived followership, this study sought to aid leaders and organisations in understanding what followership is and how it is influenced. Further, the study sought to aid followers in understanding their followership and how external forces may influence their decision-making and choices.

The importance of understanding the intrinsic behaviours, perceptions and values exhibited in followership from the followers' perspective (Carsten et al., 2010; Ford &

Harding, 2018; Uhl-Bien et al., 2014; Zhu et al., 2019) and the importance thereof to the leader-follower dynamic and academic advancement of the field (Bastardo & Van Vugt, 2019) are well established. In acknowledging these assertions and seeking to contribute meaningfully to the discourse pertaining thereto, this study proposed that advancing the understanding of how crises influence perceptions, behaviours and values of followership is vital.

1.1. Research problem

The South African healthcare system is in crisis (Aikman, 2019; Maphumulo & Bhengu, 2019), and during COVID-19 a global crisis prevailed over all efforts to control it. As the health of a population has direct implications for the countries' economy and economic prospects, it is equally, if not more, vital than any fiscal policy, political position, societal norms or corporate goals (Rousseau, 2020; Torri & Nollo, 2020) and every effort must be made to enhance its functioning. The preceding discussion on the importance of followership (Carsten et al., 2010; Ford & Harding, 2018; Uhl-Bien et al., 2014; Zhu et al., 2019), followership as a cognitive, social decision (Bastardo & Van Vugt, 2019; Steffens et al., 2018) and its importance to the construction of followership (Uhl-Bien et al., 2014), highlight that followership has a meaningful and significant influence on the leader-follower dynamic. Further, the multiple calls for additional study and expansion of the understanding of followership (Acton et al., 2019; Buengeler et al., 2021; Carsten et al., 2010; Ford & Harding, 2018; Gottfredson et al., 2020; Oc et al., 2023), specifically from the followers perspective (Epitropaki et al., 2017, 2020; Foti et al., 2017; Uhl-Bien et al., 2014; Uhl-Bien & Carsten, 2018; Zhu et al., 2019) and in the context of extreme complexity and global crises (Carsten et al., 2021; Markus, 2013; Uhl-Bien, 2021) must be addressed.

Contextual leadership literature suggests that context may influence behaviours amongst and between stakeholders in the leadership domain. While this was not the focus of this study, contextual leadership (Dinh et al., 2014; Gardner et al., 2010; Oc, 2018) highlight the impact that a context may have. Oc (2018), in particular, found that context matters to, and significantly impacts, the leadership process, outcomes and the relationship between them. The temporal context, pertaining to the stresses and pressures of crises, as introduced by Oc (2018) is particularly relevant to this study. However, in their recommendations, they not only identify the need for further research in the contextual aspects of leadership but directly highlight the paucity of literature on the influence of context on followership and explicitly state the need for further study in

this domain (Oc, 2018). Taking cognisance of these calls, this study aimed to understand the changes in followers' perceptions of followership due to crises' influence on them, specifically within the context of healthcare and the COVID-19 pandemic.

1.2. Research questions

In aiming to understand the lived experience of followership in the context of global crises, this was posed explicitly as the research question. While hermeneutic phenomenological study supports a single, central research question, in acknowledgement of the nascence of the field of followership, three sub-questions in the domains of crises, influence and understanding of followership in the context of healthcare were considered to add greater depth to this study.

The proposed confusion and misunderstanding which exists regarding followership (Carsten, 2017; Carsten et al., 2010; Oc et al., 2023; Oc & Bashshur, 2013) and how it has thus far been defined in literature (Carsten, 2017; Carsten et al., 2010; Ford & Harding, 2018; Sy, 2010; Tee et al., 2013) presents a challenge to its current understanding. At the same time, while various authors agree on the existence of the phenomenon of followership, its meaning and its relation to the context of global crises need further explanation. The research question addressed the calls for further research into followership and followership in the context of crises (Avolio et al., 2009; Carsten et al., 2021; Uhl-Bien, 2021; Zhu et al., 2019) and how they relate to one another.

How do crises influence followership?

1.2.1. *Research sub-question one*

Meindl (1995) indicated that “The behavior of followers is assumed to be much less under the control and influence of the leader, and more under the control and influence of forces that govern the social construction process itself” (1995, p. 330). By granting such independence from the leader, the ‘process’, noted as a proxy for followership, is accepted to not only be self-determinant but capable both of influence and being influenced in its own right (DeRue & Ashford, 2010; Dinh et al., 2014). This is particularly noted in the context of the study being a global crisis, where the influence is inescapable and significant (Uhl-Bien, 2021). This provided synergy with the study's purpose and chosen method of hermeneutic phenomenology and gave rise to research sub-question one.

How has the crisis changed followers' experience of their perceptions, behaviours and values towards followership?

1.2.2. Research sub-question two

“Healthcare professionals commonly work in teams to deliver healthcare to patients and communities across various organizational, professional, service and social settings.” (Mannion et al., 2015, p. 270). What is noted is that as healthcare delivery becomes ever more complex, the efficacy of historical hierarchies and authority become less effective in delivering quality care (Boardman et al., 2021; Martin, 2011; Varpio & Teunissen, 2020). This has led to traditional, often doctor-centric, transactional leadership relationships becoming ineffective and rarely applicable (Boardman et al., 2021; Mannion et al., 2015; Smithson, 2022). With this shift, healthcare and healthcare organisation success is increasingly ascribed to followers' involvement, performance, and enactment of followership (C. Leung et al., 2018; Uhl-Bien, 2021).

Despite the importance placed on followership in healthcare in an ever-growing body of literature (Klebe et al., 2022; C. Leung et al., 2018; Mannion et al., 2015; Martin, 2011; McKimm & Mannion, 2015; Pathak & Wong, 2022; Smithson, 2022), there still seems to be considerable resistance to change in practice representing an area for further study leading to the second research sub-question. This query was enhanced by acknowledging the inevitable influence of the COVID-19 pandemic on all levels of persons engaged in the healthcare sector.

How have followers experienced their followership in healthcare, and how has this shifted due to the COVID-19 pandemic?

1.2.3. Research sub-question three

Though perhaps seeming similar at first, research sub-question three was distinctly different from research sub-question one. Where RSQ1 sought to understand the participants' experience of followership and key elements thereof during the extreme context of a global crisis, RSQ3 was specifically focused on the perception of self and their identity as followers. The sub-parts of self-concepts, the self-schemas discussed by Epitropaki et al. (2017), are vital in gaining insight into the specific views about oneself and how they develop and shift. Of great importance to this study is that while self-schemas have been determined to be the active structures that mould and shape perceptions and, crucially, behavioural responses, these perceptions and responses are

noted to be implicit and often occur automatically (Epitropaki et al., 2017). Situations such as disasters, trauma or major crises have a high probability of significant effects on the perceptions of self. Combe and Carrington (2015) identify that changes in self-concept are enhanced where this external factor is substantial. As such, the frame of reference, or context (Epitropaki et al., 2017), for this study of a global crisis posed a valuable opportunity to explore the impact on followers' perceptions of their followership.

How has the COVID-19 pandemic influenced self-perceptions of followers and their followership?

1.3. Methodology

This research was conducted as a longitudinal, inductive, explanatory qualitative study. In aiming to understand a nascent area where complex phenomena are at hand, qualitative research is best suited (Edmondson & McManus, 2007), while the experience of developing phenomena benefits from longitudinal study (Rindfleisch et al., 2008), as seen in Lee et al. (2019). Therefore, this study sought to answer the primary research question by explaining the phenomena of how crises influenced followership and perceptions, behaviours and values of followership from the perspectives of followers in the chosen context of healthcare. Hermeneutic phenomenology is particularly suited to understanding phenomena in context and was thus the appropriate methodology for this study (Starks & Trinidad, 2007; Tan et al., 2009; Wojnar & Swanson, 2007). Data were obtained by conducting semi-structured interviews with individuals in senior roles, as they required both an understanding of leadership and followership as well as a broader understanding of the impact of the pandemic within healthcare organisations during a global crisis (Gustafsson & Lindahl, 2017; Treviño et al., 2003). This was a longitudinal study, with data gained from participants during an ongoing exposure to the phenomena under investigation.

The collected data were analysed by means of hermeneutic phenomenological analysis processes, as discussed by Tan et al. (2009) and Wojnar and Swanson (2007). These analytical processes began with stages resembling qualitative content analysis. Then, they extended beyond these to generate an understanding of the participants' experiences of their followership and the influence that a crisis had on them in a healthcare context.

1.4. Contributions

The primary theoretical contribution was enhancing the follower-centric perspectives in followership theories, particularly implicit followership theories and extending the meaning and understanding of implicit followership theories with a unique contextualisation relating to global crises. Crucially, this highlights how crises influence followership from the perspective of followers. Further, a greater understanding of followership as a construct, both in isolation of and including the relevance to the context of this study, is achieved. Utilising hermeneutic phenomenology added a significant methodological contribution in highlighting how this research method can add value when explanations of lived experience are sought to explain how perceptions, behaviours and values evolve in response to external stimuli, in this case, a global crisis.

By the very definition of the terms, it was inherent that there would be more followers than leaders. However, the positional power of leaders, their advanced education or the instructions, demands or orders they may issue have little impact if followers do not choose to enact their followership and, in effect, follow. Therefore, from a practical contribution perspective, highlighting how followers perceive and construct followership and the need for leaders to be cognisant thereof provided this study with the potential to identify means of aiding leaders and organisations in understanding what followership is and how it is influenced. In doing so, it could also support followers in understanding their followership and how external forces may influence them, their decision making and choices. Further, at an organisational and individual level, the acknowledgement that followership is a complex, social-cognitive choice has significant bearing on the understanding of strategic and healthcare systems approaches to leadership.

Finally, understanding how followers respond to the dynamic context of global crises, guided by their perceptions of followership, the magnitude of the crisis, and the shifts in thinking, is invaluable to future organisational dynamics. The impact of this study extends to various areas, including understanding the co-construction of relationships. Succession planning was also highlighted as essential for identifying individuals suited to respond effectively during periods of uncertainty. Moreover, the study emphasised the significance of acknowledging external influences on team dynamics and gaining a deeper understanding of followers and their followership within the healthcare environment and beyond to enhance overall organisational performance.

Chapter 2: Literature Review

2. Literature Review

Anchored in the existing body of knowledge in the followership and leadership domains and specific literature related to the areas introduced by the research problem, this chapter will contextualise the study in existing literature and theory. Furthermore, I will provide direction regarding the areas pertaining to and guiding towards developing the research question of how crises influence followership. In exploring the current literature in the followership domain, I aimed to synthesise existing theories and expand on the identified gaps this study sought to address.

In line with this, this literature review will introduce the concept of followership and its major branches of the role-based and, specifically, constructionist approaches. The review will continue by briefly considering some criticisms of existing work in the follower-leader dynamic. In addition to followership theory, the implicit followership theories and associated self-concepts and self-schemas will be considered. Finally, the vital areas of trust and motives for influence are discussed to provide a firm basis for the later considerations and discussions of this study.

2.1. Introduction to followership

As with many new concepts or perspectives on long-standing perceptions and beliefs, the concept of followership as equally important to leadership has been slow to take root. To date, the body of literature heavily favours leader-centric theories and discourse. However, the followership discussion has been gaining momentum over the last ten years, see Figure 1 (Oc et al., 2023). Authors such as Melissa Carsten (Carsten, 2017; Carsten et al., 2010, 2018, 2021; Carsten & Uhl-Bien, 2013), Mary Uhl-Bien (Uhl-Bien, 2021; Uhl-Bien et al., 2007, 2014; Uhl-Bien & Arena, 2017, 2018; Uhl-Bien & Carsten, 2018; Uhl-Bien & Pillai, 2007) and Olga Epitropaki (Epitropaki et al., 2013, 2017; Foti et al., 2017) championing the debate. While their views are largely aligned, their overall directions have developed subtle yet important differences. Carsten and Uhl-Bien primarily pursue leadership construction and crafting followership as a standalone theory discussion, while Epitropaki has published extensively on the implicit followership and leadership theories. Nevertheless, both meta-directions have relevance to this study and the discussion around followership from the followers' perspective. Starting with the origins of the key concepts in this debate, the major areas of the current body of knowledge on followership are discussed in greater detail during this literature review.

Early discussions around followers playing an active role in the leadership debate were initiated in 1955 by social psychologists Hollander and Webb (Baker, 2007). They were among the first to posit that leaders and followers are not at opposite ends of a continuum and are not mutually exclusive roles based on appointment, position or status. Van Vugt (2006) suggests that the origins of leadership and followership are ancient and developed in human evolutionary history to solve coordination problems and facilitate group action. Van Vugt further argues that followership as a choice provides “the foundation for more proximal, social-psychological models of leadership” (2006, p. 367).

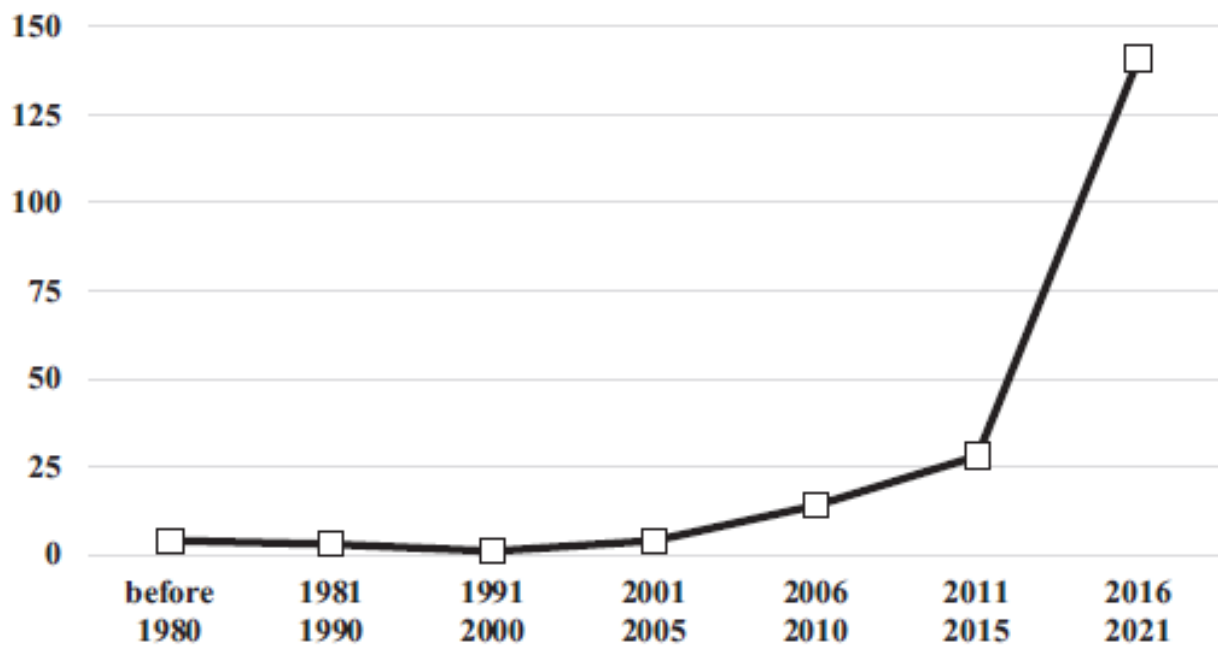


Figure 1: Number of empirical articles examining followership (Oc et al., 2023, p. 2)

However, the shift in thinking to include, and even emphasise, the role of followers in the leadership debate originates with the work of Robert Kelley and the 1988 article “In Praise of Followers” in the *Harvard Business Review* (Kelley, 1988). Kelley (1988) argues that organisations do not merely succeed or fail based on leaders alone, but that both leaders and followers play important and potentially equal roles. Rather than viewing it as a ‘superior to inferior’ relationship, as all before and many to this day have and do, Kelley (1988) suggests that followership and leadership represent equal and different activities altogether.

Kelley (1988) cites an example of a leaderless work team which outperformed all expectations purely through the self-organisation of followers. This view considered followership as a mindset and approach of the individual, as well as impacting and

guiding the collective. Controversially for the time, Kelley stated that “Groups with many leaders can be chaos. Groups with none can be very productive.” (Kelley, 1988, p. 148). While not explicitly stated in this seminal work, the impact of followership on the collective is the genesis of the concept that leadership is a constructional process, as extensively expressed in later academic work (Carsten et al., 2010, 2018; Epitropaki et al., 2013, 2017; Foti et al., 2017; Uhl-Bien & Arena, 2017; Uhl-Bien & Pillai, 2007).

With the suggested significance of followership and the importance placed on leadership across social science literature, it is still surprising that followership has historically received far less attention than leadership (Baker, 2007; Bastardo & Van Vugt, 2019; Carsten et al., 2010; Ford & Harding, 2018; Oc & Bashshur, 2013; Tee et al., 2013; Uhl-Bien et al., 2014). Furthermore, the literature shares a key indicative trend when discussing and comparing leader and follower-centric positions. It identifies that significant academic effort has been expended to determine which of the two will be the dominant force in followership or leadership focus going forward (Baker, 2007; Uhl-Bien & Pillai, 2007). This is proposed to be, in part, due to the confusion and misunderstanding which exists regarding what followership refers to (Carsten et al., 2010; Oc & Bashshur, 2013) and how it has thus far been defined in literature (Carsten et al., 2010; Ford & Harding, 2018; Sy, 2010; Tee et al., 2013). Noting this important gap in the academia associated with followership, this study sought to contribute meaningfully to efforts in bridging it.

In aiming to combat the confusion, Carsten et al. (2010) define followership as “the behaviours of individuals acting in relation to leaders” (p. 544). While this may seem to be a straightforward approach, the notions of ‘behaviours’ and ‘relations’ are complex as both pertain to multifaceted concepts, which may be perceived to be highly subjective and require further interrogation. This complexity is enhanced when considering the perceptions of followership by both leaders and the followers themselves. In attempting to understand leadership and followership from the perspective of the leader and, more recently, from the perspective of the follower, implicit leadership theories (ILT) and implicit followership theories (IFT) have been proposed (Acton et al., 2019; Dinh et al., 2014; Lord & Dinh, 2014; Meuser et al., 2016). The implicit theories provide theoretical and practical direction for further research. However, most studies consider the ILTs and ILFs from the perspective of the leader while largely overlooking the perceptions of the follower (Epitropaki et al., 2017; Foti et al., 2017; Junker et al., 2016; Matshoba-Ramuedzisi et al., 2022; Sy, 2010; Yang et al., 2020). Addressing the previously

neglected aspect of follower-centricity or the followers' perspective added further credence to this study.

In seeking to advance the followership debate, Uhl-Bien et al. (2014), in their synthesis of available literature, expand on the definition offered by Carsten et al. (2010) and argue that the definition of followership must be considered under two separate perspectives, constructionist approaches and role-based approaches. While it was important to understand both approaches as documented in the following sections, specifically because study participants may have had underlying opinions of these, the constructionist approach was the foundation of this study.

The literature supporting the constructionist approach to followership is more compelling due to its view that an important distinction between subordinates, employees, and followers is that followers seek to reinforce the partnering element of the follower-leader relationship rather than a hierarchical one (Tolstikov-Mast, 2016; Uhl-Bien et al., 2014). Morris (2014) and Cunliffe (2008) further support this and indicate that individuals do not exist in isolation. Instead, their engagement and mutual understanding in relation to multiple contexts lead to the social construction of followership (Cunliffe, 2008; Morris, 2014). Riggio (2014) sums up the situation by indicating that “leaders don’t ‘do leadership’ and followers don’t just follow: they work together to move the collective forward” (Riggio, 2014, p. 16). As such, while an understanding of the role-based approaches remains an important aspect for consideration, this study pursues the constructionist approach as the statement that “followership cannot be a static role dictated by hierarchical boundaries, but it is better understood as a contextually situated dynamic process” (Bufalino, 2018, p. 56) is in keeping with both the ontological and philosophical underpinnings of this study.

2.2. Role-Based approach to followership

The role-based approach, highlighted by Baker (2007), Carsten et al. (2010), Oc and Bashshur (2013) and Tee et al. (2013), discusses followership as the adoption or assignment, either formally or informally, of a role or position taken on by followers. This stance considers how this ‘role’ influences the followers' influence on leaders. While principally accepted in literature and as an acknowledged caution to this study, this approach has received criticism, notably from Bastardo and van Vugt (2019). They posit that as followers only temporarily adopt the objectives of their leaders and that their decisions to do so are voluntary and transient rather than enforced by roles or positions,

this would not be a suitably accurate or precise definition of followership. This is further supported by the view that the decision to be a follower and thus enact behaviour consistent with followership is one of self-determination and not imparted on a cohort by a leader or organisation (Carsten et al., 2010; Epitropaki et al., 2017; Steffens et al., 2018; Sy, 2010).

This self-determination is congruent with the views held in the implicit theories (ILTs and IFTs), which view the self-determination and perception of self as crucial to understanding the reasons for enacting followership, exerting influence and how this influence takes shape (Epitropaki et al., 2017; Helfrich & Dietl, 2019; Whiteley et al., 2012). Under extreme strain or crisis, as in the context of this study, the perception of self is changed (Hannah et al., 2009). Hannah et al. (2009) define extreme context as “an environment where one or more extreme events are occurring or are likely to occur that may exceed the organization's capacity to prevent and result in an extensive and intolerable magnitude of physical, psychological, or material consequences to - or in close physical or psycho-social proximity to - organization members” (Hannah et al., 2009, p. 899). The context of crises play a vital, if poorly understood, role in terms of leader-follower dynamics and in shaping perceptions of self, not only in response to extreme settings but beyond these as well.

The role-based approach is a central theme among the theories pertaining to followership. The transience of roles and positions is a crucial concept in followers' influence on leadership and the perception that followers themselves hold of followership and leadership. However, these roles may change, or even interchange, over time (C. Gilstrap & Morris, 2015). As such, the use of a role-based approach, while vital to the research, is, when cogitated in isolation, insufficient to generate the depth of understanding that was desired by this study. Considering the constructionist approach, which understands followership as a process steeped in construction between followers and leaders (Uhl-Bien et al., 2014), may yield a more sustainable comprehension of followership perception, understanding and influence and was thus the primary focus of the study.

In considering the research problem, followership and the context of crises, this study sought to ascertain if the construction of followership would take on different forms due to crises. The literature indicated that the leader-follower dynamic is a relationship with ever-increasing support that influence is exerted in both directions of that association. However, it has also been highlighted that leaders must make decisions in times of crisis,

and followers look to them to know what to do. Thus, it is essential to consider the constructionist approach and understand its relational aspects to begin understanding this study's focus.

2.3. Constructionist approach to followership

The constructionist approach views leadership as a co-created process between leaders and followers (Carsten et al., 2010; Lisak & Erez, 2015; Uhl-Bien & Pillai, 2007). This perspective on the process, by extension, implies that followership is not a process that exists or comes into being in isolation (Andersson, 2018; Riggio, 2020; Uhl-Bien & Carsten, 2018). Meindl (1995) built on the premise of leadership construction set out in the concepts of the notion of the 'romance of leadership' and applied these to a follower-centric approach. He argued that the construction was a social one and relied on the views of the collective effort of both followers and leaders to generate the desired outcome. However, despite the constructionist approach acknowledging both the roles of the leader and the follower, he cautioned against an amalgamation of leader-centric and follower-centric perspectives as these would inherently see the domination by leader-centric ideologies (Meindl, 1995; Uhl-Bien & Pillai, 2007). This study headed the call for a follower-centric stance.

Uhl-Bien et al. (2014) include the constructionist approach as an essential standpoint for the advancement of followership research in their presentation of a standalone followership theory. Here they list followership behaviours, characteristics and outcomes as key constructs in outlining theoretical boundaries of the proposed theory (Uhl-Bien et al., 2014). While 'followership theory' as a fully-fledged theory continues to gain momentum, an area for concern is highlighted as a seemingly leader-centric approach is once again adopted in the constructional discussion. Uhl-Bien et al. (2014, p. 99) note that "A follower's behavior is likely to be influenced by how they are treated by the leader (e.g., follower development, follower repression), whether the leader perceives them as effective, or whether they advance within the organization.". This appears to detract from the follower's function in determining their followership and obscures which behaviours and traits followers value. However, while Uhl-Bien et al. (2014) indicate that external forces can influence follower behaviours, they only view this from the position of leader influence and not the influence that the setting or context may have. While the specific context is not the focus of their study, it does leave a gap which this study addresses and, in so doing, leads to a broader, more holistic understanding of the phenomenon of followership and what influences it.

As stated by Meindl (1995), again by Uhl-Bien and Pillai (2007) and echoed by a myriad of academic work that followed (Carsten et al., 2010; Epitropaki et al., 2017; Foti et al., 2017; Uhl-Bien et al., 2014), the challenge that the concept of followership construction presents is one of creating focus, as the influencer and influenced, or leader and follower, status becomes increasingly blurred during their engagement. This may be the primary reason for the confusion in the definition of followership. The confusion is noted as a significant barrier to the advancement of followership theory development by Crossman and Crossman (2011) and Epitropaki et al. (2017) and serves as a caution to the investigation of followership influence on leadership and followership construction.

In order to mitigate the potential risk of ambiguity, this study accepted the constructional position (Carsten et al., 2010; Lisak & Erez, 2015; Uhl-Bien & Pillai, 2007) and was not seeking to debate that both leaders and followers are crucial to the relationship. However, in advancing followership, a richer understanding is sought. This understanding aims to go beyond the traditional top-down or leader-centric perspective currently applied to followership. It intends to consider the followers' actions, motives, and the traits and behaviours they value and exhibit from a follower-centric perspective. Even where followership traits have been discussed, these have been gained by interrogating 'leadership experts' and business leaders (Baker, 2007; Prilipko, 2019).

Larsson and Nielsen (2021) shift the understanding of followership construction choices by arguing that identifying as a follower entails various interpersonal risks which need to be understood and, at times mitigated. This approach requires substantial insight and an ability to draw on situational resources. They contend that followership requires balancing potential social implications with various alternative choices or actions. With this they indicate that followership demands "the same interactional and interpersonal skills that are traditionally attributed to the leader" (Larsson & Nielsen, 2021, p. 23). This further suggests that instead of either leader or followers being designated as competent and influencing the other, the leadership, followership and influence process is a collaborative one (Larsson & Nielsen, 2021).

However, the existing leader-centricity has led to the behaviours, perceptions and values of followers and the followers themselves, when considered at all, to be considered a homogenous group. This is not the case, as discussed by Carsten et al. (2010), who found that various dimensions of followers and followership exist. They class these as passive, active and proactive followers based on the degree to which they pursue roles in the construction dynamic. They found that 39% of followers hold to the stereotypical

follower-as-subordinate role, which is characterised by taking orders, listening and performing tasks accordingly without asking any questions, lacking creativity and innovation (Carsten et al., 2010; Mehnaz et al., 2018; Uhl-Bien et al., 2014). This leaves the majority of followers in the active and even proactive categories (Carsten et al., 2010). Amongst active followers, sharing their opinions and acknowledging their function in the followership process as a conscious decision is a precursor to becoming proactive followers. Proactive followers are classified as those who seek out challenges, question the status quo, and are aware of their influence on their leaders in constructing followership (Carsten et al., 2010; Uhl-Bien et al., 2014).

While the categorisation of followers, or their followership, was not a focus of this study, the influence that context had on them was. This study focussed on how the context could shift, or cement, their thinking, perceptions, behaviour and values between or within those which define the dimensions of followership. Numerous authors identify contextual aspects influencing followership or leadership (Alipour et al., 2017a; Blair & Bligh, 2018; Oc, 2018; Tee et al., 2013; Uhl-Bien & Arena, 2017). Prior to the COVID-19 crisis, these either focused on the leaders' perspective or on contexts such as culture, gender and race and not on followership from the followers' perspective in the context of global crises in healthcare organisations, leaving gaps in theory and practice that this study sought to address. With the advent of a global crisis, context has received greater focus (Boardman et al., 2021; Uhl-Bien, 2021; Young et al., 2020). These, and further studies, have led to recommendations and calls for further study focusing on followers, followership and their perspectives on a myriad of facets, including the leader-follower dynamic (Avolio et al., 2009; Carsten et al., 2010; Epitropaki et al., 2020; Foti et al., 2017; Gottfredson et al., 2020; Oc, 2018; Uhl-Bien et al., 2014; Zhu et al., 2019).

As emphasised by Carsten et al. (2010), Lisak and Erez (2015) and Uhl-Bien et al. (2007), the constructional nature of leadership, considering both the follower and the leader as active participants, speaks to a multi-directional relationship or exchange between the two. Noting this, this study considered leader-member exchange (LMX) theory as potentially already possessing the answers which were sought. Many authors agree that LMX theory is a well-established and comprehensive resource in explaining the relationship, motives and processes between leaders and followers (Day et al., 2014; Dulebohn et al., 2012; Graen & Uhl-Bien, 1995; Mehnaz et al., 2018; Zhao et al., 2019).

However, these long-standing views have been called into question of late and have led to a conundrum in considering LMX theory as an explanation for, and in the study of,

both the followership discussion and the follower-leader dynamic (Gottfredson et al., 2020). Considering these critiques, central to the research problem, and the preceding introduction to the current literature on followership, this study proposed that it was crucial to delve deeper into the follower-leader dynamic and, specifically, the LMX conundrum. The following section broadens the discussion in terms of LMX to provide academic context before narrowing back to the key focus areas of this study.

2.4. Follower-Leader dynamic – the LMX conundrum

Day et al. (2014) argue that the effects of the leader-member exchange (LMX) between leaders and followers, and the theory pertaining thereto, are well established and add little value in advancing the understanding or advancement of the leadership discussion. Extending the critique even further, Gottfredson et al. (2020) challenge the foundation of the concepts of LMX theory and its broader application despite an almost 50-year history in academia and business science. Engaging directly with the differentiated approach towards differing members of groups, Buengeler et al. (2021) also argue that inconsistencies exist in utilising LMX in considering complex relationships between leaders and followers. At first glance, this may appear odd as the name 'leader-member' exchange seems to clearly indicate the leader-follower dynamic at hand. In order to understand the current contention in academia, the origins of LMX theory need to be understood. This understanding aids in shaping the discussion regarding why follower perceptions of followership are vital, the study thereof from the followers' perspective necessary, and how this may have been the original intention of LMX theory.

Leader-member exchange has its origins as vertical dyad linkage (VDL) theory, first documented in the 1970s. VDL was born out of role theory, as discussed extensively by van der Horst (2016), which premises that rather than defined job descriptions shaping an employee's, or follower's, role, it is the influence and interplay between the leader and follower which shapes it (Dansereau et al., 1973). These origins follow the leader-centric focus typical of the time and suggest that leaders offer attention, support and stimulating assignments in exchange for followers' quality, effort and compliance. It expresses a superior to inferior, or superior to subordinate, relationship or state of being. These origins view the 'exchange' as predominantly transactional, with the leader offering of themselves and the follower receiving and enacting the desired task or function (Graen & Uhl-Bien, 1995). While stepping away from the leader-centric nature of its origins, the role-based approach to followership, supported by Baker (2007),

Carsten et al. (2010), Oc and Bashshur (2013) and Tee et al. (2013), shares many philosophical underpinnings with those of role theory and VDL.

VDL advanced the thinking by introducing the perspective that leadership styles differ by the extent to which they can negotiate with followers and engage the followers' desire to exchange with the leader (Graen & Uhl-Bien, 1995). Opposing the transactional nature of an exchange, the introduction of the perception of the quality of the relationship set in motion the LMX discussion, which has been widely accepted in business studies over the better part of 40 years (Gottfredson et al., 2020). While this may seem a minor shift in thinking, the departure from an exchange to a perception is significant to the development of LMX and was the foundational premise of this study. In particular, concerning the context of global crises and leaning on the discussions of shifts in perception of the workforce, as an allegory for followers, post-terror attacks (Birkeland et al., 2017). Birkeland et al. (2017) found limited impact on the followers' perceptions of leaders in response to a terror attack in Norway. However, they indicate that this was a setting of significant stability before the crisis. Further, the terror attack was a short-lived incident with almost no long-term impact on the organisations studied. This study queried how this would change if the underlying setting were far from stable, such as healthcare, and where the crisis was a protracted one, as in the case of the COVID-19 crisis.

Extending the premise that perception is vital, LMX theory has recently been criticised for predominantly focusing on measuring perception from the followers' perspective, as receivers, rather than from both the followers' and leaders' perspectives (Gottfredson et al., 2020). Gottfredson et al. (2020) note that this approach neither addresses 'exchanges' between leaders and followers nor stays true to its theoretical origins. Similarly, in response to their criticism, Buengeler et al. (2021) propose a different approach and perspective and recommend enhancements to LMX and the differentiation within groups and their relationships.

Acknowledging the critique of LMX theory (Buengeler et al., 2021; Gottfredson et al., 2020) and the previous emphasis placed on it to explain the relationship between leaders and followers (Day et al., 2014; Harms et al., 2017; Uhl-Bien et al., 2014; Zhao et al., 2019), extensive avenues for further research in this area have been called for (Buengeler et al., 2021; Gottfredson et al., 2020). Vital amongst them the foundational and standalone exploration of the influence of followers on leaders from the followers' perspective and how this may precede leadership construction.

The ability of LMX theory to accurately and adequately address followers' perceptions of followership has been cast into doubt, and Gottfredson et al. (2020) have called for an interrogation of the fundamental constructs which make up LMX, the leader and the follower. This extends to leadership and followership, and to further interrogate this for the purposes of this study, a lateral move in business literature may be of assistance. As such, interrogations of the implicit theories, both leadership and followership, are useful in refocusing the leadership and followership discussions, notably if expanded to include the perceptions of those who chose to enact one or the other position.

2.5. Implicit followership theories

Implicit followership theories (IFTs) have been defined as "individuals' personal assumptions about the traits and behaviors that characterize followers" (Sy, 2010, p. 74). The definition offered by Sy (2010) provides a view that is consistent with the stance that IFTs reflect an individual's representation of their personal interpretations of the key theoretical elements pertaining to followership rather than those of a formal academic definition. While an important point of departure to IFTs, this definition is noted to keep the followership label at arm's length and refers to the view of others regarding followers. It does not take ownership of the assumptions as personal traits or beliefs about themselves as followers. Matshoba-Ramuedzisi et al. (2022) provide a further extension, designating follower-centric, or followers', IFTs as follower implicit followership theories (FIFTs).

Steeped in human development theory, IFTs are noted to be formed at an early age via socialisation (Hunt et al., 1990) and confirmed and embedded through engagement with and exposure to other followers (Sy, 2010). The critical element of IFTs are prototypes, expressed as "abstract composites of the most representative member or the most commonly shared attributes of a particular category" (Sy, 2010, p. 74). Eitropaki et al. (2017) discussed these prototypes in greater detail, and they are addressed later in section 2.6 under the considerations of self-concepts and self-schemas.

The self-concepts and self-schemas represent the extension of the concept of prototypes, which are based on the perception of attributes of others. They begin to consider the perceptions and self-identification of attributes and behaviours of followers within themselves. Despite the complexities of self-identification, the broad prototypes are based predominantly on common taxonomy (actual) or goal-derived (ideal) views (Sy, 2010). Of relevance to this study, only goal-derived follower prototypes address the

followers' perceptions of the effective follower. However, these have received minimal attention in literature, limited to where integrity, dependability, and high-quality communication skills were identified as desirable attributes (Carsten et al., 2010).

Contemporary literature supports the view that implicit followership theory (Epitropaki et al., 2013, 2017; Foti et al., 2017; Junker et al., 2016; Junker & Van Dick, 2014; Sy, 2010) and the recently suggested followership theory (Baker, 2007; Bastardo & Van Vugt, 2019; Ford & Harding, 2018) are the primary drivers of the influence that followership has on leadership. Primarily, these theories are not competing positions on followership but provide differing perspectives on aspects of a complex and multifaceted subject. Despite their differing philosophical underpinnings, these theories contain specific central themes that address followers' influence on leaders. These include behaviours and traits, social identity and cohesion and socio-cognitive approaches. Follower characteristics, motivations, behaviours and outcomes, discussed by Bastardo and van Vugt (2019) and Uhl-Bien et al. (2014) under followership theory, begin to contextualise how and why these influences develop.

While implicit followership theories provide considerable volume to the theoretical debate, their content has been argued to primarily be an antecedent to social influence in the follower-leader relationship. However, this may be precisely what the followership debate needs to move ahead, as Gottfredson et al. (2020) noted in their call to 'return to square one'. As discussed by Junker et al. (2016) and Sy (2010), followership prototypes and anti-prototypes provide a stance on typical behaviours and traits as constructs of followers. Epitropaki et al. (2013, 2017) and Junker et al. (2016; 2014) concur that these are traits such as intelligence, honesty and understanding. They consider these to be causal to the quality of the leader-follower relationship. However, numerous studies indicate that these are viewed from the leaders' perspective and that further research from the followers' perspective would be of considerable value (Carsten et al., 2010; Epitropaki et al., 2017; Foti et al., 2017; Uhl-Bien et al., 2014; Uhl-Bien & Arena, 2018). Implicit followership theories, too, are suggested to require further review in light of the social impact and identifying factors of followership theory and the follower-leader relationship (Epitropaki et al., 2017).

This study acknowledged the calls for further investigation. It sought to clarify the antecedents of many of the described goals and intentions of followers and how these may change between periods of 'normality' and times of crises, namely to understand what the followers themselves perceive as vital aspects of followership during and after

a global pandemic. It would have been interesting to have conducted such a study before a global crisis and thus study pre- and post-crisis perceptions, behavioural change and shifts in value systems. However, the unpredictability of crises and the academic nascence of the field of study provided neither a previous study on these aspects nor the practical option to wait for the next global crisis to study followers.

As such, followers' experiences during the crisis formed the initial baseline. This baseline included the perspectives of their identities, the values espoused in such, the choices of followership and the degree of proactivity towards leadership construction. It further included the behaviours that followers deemed acceptable and unacceptable amongst their fellow followers or of themselves in enacting their followership. The development of these perceptions, behaviours and focal points over the course of a pandemic, and its ebbs and flows, yielded the opportunity to determine the existence of either a sustained behavioural change in followers or a shift to an alternate set of perceptions, behaviours and values. The change or the absence of change between the data collection points during the crisis told the story of the followers' experience and explained how crises influence followership from their perspectives.

Beyond merely understanding followers' perceptions, the key to organisational success is an organisation's ability to identify, choose, develop and place effective leaders at all levels within their business (Lisak & Erez, 2015). This view has long been held with leaders being solely lauded or blamed and held to account for the successes and failures of an organisation (Oc & Bashshur, 2013; Uhl-Bien et al., 2014). Organisations, as would be suggested, seem to succeed or fail by the quality or abilities of their leaders.

However, Uhl-Bien et al. (2014) posit that “followers consider the target of their influence tactics, the purpose of their influence attempts, and actions that can be taken to shape and define leader behaviors in order to achieve the personal and organizational goals of the follower” (Uhl-Bien et al., 2014, p. 94). This departure is significant as it identifies followers as far more than passive participants or recipients of leadership. Instead, it positions them as active co-creators whose influence shapes and produces leadership. The long-held views around the importance of how leaders and followers are perceived by others have also been challenged by the introduction of the importance of self-identification in these respective roles and how these leaders and followers perceive or identify themselves (Epitropaki et al., 2017). Considering the discussions of Epitropaki et al. (2017), the view that not only is followership crucial to the leadership discussion, but the manner in which the followers themselves identify and identify with their

followership may be key to unlocking the next stages of theoretical and practical development in the leader-follower dynamic.

This is the genesis of the concept that followership is central to advancing the leadership domain (Avolio et al., 2009; Bastardo & Van Vugt, 2019; Epitropaki et al., 2017; Matshoba-Ramuedzisi et al., 2022; Sy, 2010). Acknowledging this, exploring factors that develop, influence and shift the self-identification and self-determination of followership and its key characteristics is vital. In examining how these aspects are influenced, it is helpful to understand and explore the notions of self-concepts and self-schemas with particular reference to followers and followership.

2.6. Self-concepts and self-schemas

In attempting to resolve the situation of 'who will lead vs who will follow' and how either will influence one another, discerning how the leadership and followership identity process develops is imperative. Self-concepts and self-schemas are at the heart of identity, which is central to this discourse. Despite its importance, current theoretical paradigms in leadership and followership studies predominantly focus on how others perceive leaders and followers rather than how they perceive themselves (Epitropaki et al., 2017). Developing clarity around the self-definition and self-image of leaders and followers and how they are influenced, change and progress over time enables a greater understanding of their respective behaviours and actions (Epitropaki et al., 2017).

Van Knippenberg, van Knippenberg, De Cremer and Hogg (2004) state that self-concept, or the way in which one perceives oneself or one's knowledge of self, has significant ramifications for one's thinking and behaviour and has a direct relationship with one's goals and efforts to achieve such. They discuss efforts that leaders could make and processes or behaviours that leaders could enact to shift how followers perceive themselves. This perception impacted organisational and individual performance (van Knippenberg et al., 2004). Building on this foundation, Epitropaki et al. (2017) expand on self-concepts to define them as "cognitive structures that can include content, attitudes, or evaluative judgments and are used to make sense of the world, focus attention on one's goals, and protect one's sense of basic worth" (Epitropaki et al., 2017, p. 107).

While self-concepts are useful in understanding the key aspect of self-perceptions and, as such, move towards understanding the behaviours and traits as discussed by the

implicit followership theories, from the follower's perspective, they fall short of generating an in-depth understanding. Here, the sub-parts of self-concepts, the self-schemas as discussed by Epitropaki et al. (2017) are vital in gaining insight into the specific views about oneself and how they develop and shift regarding a particular domain or external influence. Of great importance to this study was the fact that while self-schemas are determined to be the active structures that mould and shape perceptions and, crucially, behavioural responses, these perceptions and responses are noted to be implicit and often occur automatically (Epitropaki et al., 2017). This led to the conclusion that while aspects or even whole self-schemas may adapt or change based on external forces, the self-concept as a whole would not. However, the greater the external force, the greater the potential for change to the self-schema. Noting that the potential change is enhanced where the external factor is substantial, situations such as disasters, trauma or major crises are noted to have a high probability of significant effects on the perceptions of self (Combe & Carrington, 2015). As such, the frame of reference, or context (Epitropaki et al., 2017), for this study of a global crisis posed a valuable opportunity to explore the impact on followers' perceptions of their followership.

While not the focus of this study, it was essential to acknowledge some of the context-specific similarities which aimed to understand followership in global crises as with the extensive literature on sensemaking (Brown et al., 2015; Weick, 1988, 1993, 2011, 2012), much of it set in extreme contexts (Höllerer et al., 2018; Weick, 1988, 1993, 2012) and healthcare (Hultin & Mähring, 2017). Though inherently initiated by and viewed as chaotic, sensemaking has been noted as the process of understanding contexts and how this influences behaviours and perceptions (Brown et al., 2015; Weick, 2012). However, as with much of the literature discussed in this study, sensemaking is almost exclusively discussed from the leaders' or organisations' perspective. There have been calls in the sensemaking literature to consider the sensemaking elements of followers (Combe & Carrington, 2015). While not the focus of this study, this lends further validity to the importance of follower-centric study and acknowledgement.

Having gained an understanding of self-concepts and self-schemas, the vital element of trust, as an antecedent to creating and maintaining a relationship between followers and leaders, but also in relation to followers' self-perceptions, can not be ignored.

2.7. Trust

Discussions regarding relationships would be incomplete without engaging the construct of trust. Trust is central to any relationship, and the leader-follower relationship is no exception (Bligh, 2017; Feitosa et al., 2020; Legood et al., 2021). While almost ubiquitous, further interrogation of the concept of trust requires narrowing its definition to enable concise and targeted discussion within a particular context. With reference to a follower-centric lens, trust has been defined as being a “psychological state of willingness to accept vulnerability based on positive expectations of a leader” (Fulmer & Ostroff, 2017, p. 641) and more broadly as “an expectation that one individual can rely on another individual’s deeds and promises and that the individual intends to be true to their word” (Kleynhans et al., 2021, p. 3). These definitions, and various others (Dirks & Skarlicki, 2004; Feitosa et al., 2020; Hernandez et al., 2014; Norman et al., 2020), suggest a reliance on the adherence to expressed or implied norms, promises or behaviours towards a social contract between one party and the other. For this study, conducted from the followers’ perspective, the followers’ trust in their leaders was the predominant focus.

Followers’ trust in their leaders is associated with enhanced productivity and profitability (Mayer & Gavin, 2005; Simons & Roberson, 2003) and compliance with, and commitment to, organisations, their values, goals, and ethos (Breevaart & Zacher, 2019; Liu et al., 2022; Mahajan et al., 2012; Mosley & Patrick, 2011). These facets, also crucial elements of competitive advantage, bear further investigation to advance and enhance organisational outcomes (Fulmer & Ostroff, 2017). However, despite these potential benefits, follower trust in leaders has continued to fall in recent years (Fulmer & Ostroff, 2017; Legood et al., 2021; Mosley & Patrick, 2011), a trend accelerated during the COVID-19 crisis (Liu et al., 2022). Given the overall stance on the far-reaching impact of trust on relationships, a better understanding was sought for this study of followership.

Early work on trust identified two foundational elements for trust in the leader-follower dynamic. Competence and character, the latter expanded to consider benevolence and integrity in later works (Bligh, 2017; Burke et al., 2007). The works set the foundation for later discussions on antecedents to creating trust in the leader-follower relationship. Per the focus of this study, Werbel et al. (2009) discuss the antecedent of subordinate trust in leaders. While they apply a leader-focused approach to followership construction, they identified that follower trust in leaders might be related to followers’ self-interest, such as rewards, sanctions, and allocation of resources.

Further, justice or fairness in such situations is also vital, while communication between parties is critical to developing trust (Werbel & Henriques, 2009). Where followers can effectively communicate with their leaders, they are more likely to gain insight and understanding of the leaders' thought processes as they pertain to various decisions, actions, or inactions. This aligns intentions, focuses, and enhances the trust relationship (Werbel & Henriques, 2009). In acknowledgement of the influence of the COVID-19 crisis and the accelerated extent to which working from home was adopted, Norman et al. (2020) identify that leaders' abilities to connect with followers appropriately via virtual channels and creating the perception that they had time for their followers is crucial to building trust.

Conversely, trust can be lost by the opposite of the antecedents described above being performed or not performed and if followers feel a lack of equity in the social exchange. Where expediency is favoured over honesty, followers feel it is challenging to develop trust in their leaders (Norman et al., 2020; Werbel & Henriques, 2009).

Burke et al. (2007) suggest that trust can develop as an emergent state but can also be viewed as a developing process. An emergent state for this study refers to situations, or frames of mind, that are dynamic and flexible in relation to external contextual factors and inputs, processes, and outcomes. Here, trust can develop rapidly or steadily depending on the follower's context and state of mind. This suggests that the development of trust between followers and their leaders can be partial and only apply to specific circumstances rather than comprehensively. In this situation, trust can develop based on previous experiences or behaviours rather than specific types of conduct or actions (Burke et al., 2007).

Understanding trust as a developing process suggests that trust itself could influence other important behaviours, attitudes, and relationships by either bolstering or weakening them and, in turn, the trust relationship. Due to the cyclical nature of arguing that trust can influence trust, this is seen as an approach with significant risk for ambiguity and, as such, the emergent state view of trust is recommended (Burke et al., 2007).

Trust plays a crucial role in creating, enhancing and maintaining the relationship between leader and follower (Breevaart & Zacher, 2019). As a result, it adds value to the understanding of followership and followership construction. Trust's influence on follower behaviours and identification (Liu et al., 2022), IFTs (Sy, 2010) and followership

construction (Alegbeleye & Kaufman, 2020) plays a key role in the discussions later in this document.

Understanding the impact of trust on relationships, and the role of leaders in creating comfort amongst followers to trust, it is important to acknowledge that the desire to influence either from a leadership or followership perspective is rarely sans motive. While trust plays a significant role in the follower-leader relationship, in aiming to explore followership from the followers' perspective, ignoring their reasons or motives for doing so would likely lead to an incomplete comprehension thereof.

2.8. Motives for influence

Leadership is representative of considerably 'more' than merely the behaviours of persons placed in roles typically identified as those with power or influence (Thoroughgood et al., 2018). Thoroughgood et al. (2018) further describe leadership in the holistic sense as "a dynamic, constructional process between leaders, followers, and environments, the product of which contributes to group and organizational outcomes" (2018, p. 627). This view of a dynamic, co-created process forms the basis of adaptive leadership theory (DeRue, 2011; Dinh et al., 2014; D'Innocenzo et al., 2016; Wellman, 2017).

Numerous previous discussions on leadership construction accept, almost exclusively, the assumption that the motives of both leaders and followers are 'pure' and 'well-meaning' (Avolio et al., 2009; Dansereau et al., 2013; Epitropaki et al., 2017; Foti et al., 2017; Lichtenstein & Plowman, 2009; Tee et al., 2013; Uhl-Bien et al., 2014). Despite this being the principal focus of current literature, it is not always a true reflection of the motives as they exist in practice (Luria & Berson, 2013; Schyns et al., 2019; Thoroughgood et al., 2018). Both leadership (Thoroughgood et al., 2018) and followership (Schyns et al., 2019) motives have been noted to, at times, be self-serving, destructive, dishonest, and exploitative.

Referred to as the 'dark triad', these behaviours can be exhibited by both leaders and followers (Harms, 2022; Harms et al., 2018; Schyns et al., 2019, 2022). The 'dark triad' discussion is based on dark personality literature and is becoming increasingly prevalent in workplace literature (Harms, 2022; Schyns et al., 2022). As an aspect of this, destructive leadership and associated concepts such as abusive, tyrannical and toxic leadership have traditionally been viewed from the leader-centric perspective (Schyns

et al., 2019). In isolation, leaders' motives or views are perceived to result in negative leadership styles, behaviours, and outcomes (Thoroughgood et al., 2018). However, ascribing to the notion that the leader alone controls these aspects would negate much of the literature and thought on the leader-follower dynamic (DeRue, 2011; Epitropaki et al., 2017; Haslam & Platow, 2001; Van Vugt et al., 2008).

While not ignoring potential sinister motives of leaders and not attempting to excuse cases where such leadership motives are present, both compliance by followers or strategic followership behaviours themselves must be present to allow for destructive leadership styles to exist and, in some cases, thrive (Thoroughgood et al., 2018). Schyns et al. (2019) expand on the 'dark side' of strategic followership behaviour and identify narcissism, Machiavellianism and psychopathy as potential driving forces behind the influence exerted, or attempted to be exerted, on leadership. This is observed when followers pursue self-interest and goals over values, morals, and compassion for others (Schyns et al., 2019, 2022). The dark strategic behaviour of setting goals and then engaging in actions to achieve them is positioned as malevolent when considering less than pure intentions. Applying the dark triad stance on strategic behaviour considers that the means of achieving goals that may already be self-serving are carried out in a malevolent fashion.

Examples of this would include narcissists making strategic choices that enable them to enhance their status or image rather than that of the organisation, regardless of the costs to others. Machiavellian approaches have been suggested to be at the extreme of self-interest but are not impulsive. They will methodically engage and assess strategic opportunities, be aware of the consequences and understand the potential responses of colleagues or superiors. Their self-centred focus leads them to consider lying, cheating, and misrepresenting information as appropriate if such actions assist them in achieving their ambitions. In contrast, psychopathic strategic intent would seem more haphazard or impulsive but more actively pursue maladaptive outcomes for others in the organisation (Harms, 2022; Schyns et al., 2019).

In these instances, the leader-centric approach would be insufficient in explaining behaviours and outcomes. More importantly, the acknowledgement of the existence and influence of such follower-centric forces corroborates the view that followership does, in fact, influence leadership, though, in this instance, towards negative or destructive behaviours (Schyns et al., 2019; Thoroughgood et al., 2018). In examples where 'dark' followership exists and leadership styles and behaviours adapt to counteract it, the

initiating parties are easily identifiable. This is particularly the case in the presence of transformational and ethical leadership (Schyns et al., 2019).

Understanding that the choice of followership and the associated desires for influence of followers may not be exclusively benevolent, it is important to note that various stressors may influence the motivation of which methods of followership to choose or enact or how these may change over time. These choices are specifically regarding the nature of followership rather than whether or not to follow. It speaks to the constructionist perspective of followership and the extent to which followers choose the degree of proactivity of their followership, why they would do so and to what degree this is influenced or shifts due to an extreme circumstance or setting. In this study on how followership is influenced and how this is perceived by the follower, extreme events provided a unique opportunity to interrogate these changes in behaviour. While economic, environmental and social crises are terms that are often referenced, it is far rarer to be presented with a true global crisis as the setting for research. As a result of the all-encompassing nature of a global crisis, which impacts a wide variety, if not all, facets of life, it is impossible to compartmentalise an individual aspect of ones' being. As such, the potential for a shift in thinking, perceptions, behaviours, and values as a result of the experience of the crisis is more likely.

2.9. Literature review conclusion

While the historical view of followership in relation to leadership is a subservient one, mounting evidence suggests that this is not the case. In addressing this potentially incorrect perception and advancing the theoretical knowledge base of what constitutes followership and how this is influenced by global crises, this study significantly disrupts the current emphasis on leadership, both in academia and practice. The discussed theories provide foundations and commentary on followership, implicit followership theories, trust and motives for influence but have not explained how these function or relate to one another. This study focussed on a definition of followership which foregrounds the constructionist approach while accepting a role-based orientation. However, acknowledging that the roles might be self-determined or chosen by followers as a conscious decision rather than a product of their situation. Ultimately, implicit followership theories, which guide the characteristics, behaviours and traits which may also influence leadership, were assessed during the development of a crisis to determine how their core tenets remained true or were themselves influenced. The assessment of behaviours was not limited to benevolent intent but also considered the dark triad and

more self-serving approaches to followership. This study sought to provide the missing elements to advance the theory and shift the dial of leadership and, more importantly, followership practice.

Chapter 3: Research Setting

3. Research Setting

3.1. Global crises

Crises have been defined as conditions of instability or danger, which may pertain to social, economic, political, or international affairs leading to a decisive change. Hällgren et al. (2018) and Bamberger and Pratt (2010) offer specific examples of these, including major fires, earthquakes, and wars. These country-wide, or even global, crises have predominantly been considered from economic perspectives in the latter part of the 20th and early part of the 21st centuries. However, they provide an insight into the magnitude that a crisis, even one isolated to a single aspect such as the economy, could have. Responses to crises offer examples of sudden, unanticipated environmental jolts which require organisations to review, reset and realign their strategic behaviours to cope with the turmoil and, in the case of economic crises, significant economic downturn (Archibugi et al., 2013; Battisti et al., 2019; Doern et al., 2019; Kunc & Bandahari, 2011; Pollard & Hotho, 2006; Smallbone et al., 2012). While necessary, these reassessments and realignments have often only been considered from the leadership perspective and assume that leader or leadership interventions alone dictate the success or failure of an organisation's response to a crisis.

These views were noted to largely be those of circumstance as swift decision-making despite significant time pressures is required and typically expected of those in formally appointed leadership positions (Markus, 2013). In keeping with the previously addressed leader-centric legacy in academic work, leadership is often called upon during crises to 'save the day'. Markus goes so far as to state that "Leaders have a special role in turbulent times. Followers look to their leaders for actions, solutions to the crisis, and for explanations that will help them to interpret and respond to perceived threats and uncertainties" (2013, p. 265), while April and Chimanya indicate that "Leadership requires that leaders navigate through the world that is characterized by Volatility, Uncertainty, Complexity, and Ambiguity" (2019, p. 14). These views are congruent with the leader-centric doctrine, which largely ignores the role of the follower in the leadership construction context or in influencing decision-making and describes followers as little more than subordinates in need of being told what to do.

The assumption that followers do not form views and opinions of a set of circumstances nor that they are impacted more broadly than their direct working environment is problematic. This concern is particularly relevant when considering the discussion of active and even proactive followership and its role as an equal or even greater aspect of the leader-follower dynamic (Benson et al., 2016; Blair & Bligh, 2018; Carsten, 2017; Carsten et al., 2010; Epitropaki et al., 2017; Hoegl & Muethel, 2017; Uhl-Bien et al., 2014). The foundation of this study was the acknowledgement of such impact and the perspective of followership identities, schemas and adoption and the interrogation thereof in the setting of a global crisis.

What became evident by considering the impact of financial crises is that a significant re-evaluation of priorities is necessary in their aftermath. Such re-evaluations are not limited to theoretical perspectives or corporate policies but extend to personal ideals, value sets and existential priorities. When the impact and influence of the crisis is extended beyond an individual sphere, such as an economic or financial one, to become a multifaceted or even all-encompassing scenario, the magnitude of the influence on personal, professional, and organisational values, priorities and philosophies increases exponentially. This is understandably not limited to persons of a particular position or echelon of power but fundamentally shifts the thinking on both the leadership and followership sides of the equation.

Vlados, Deniozos and Chatzinikolaou (2018) discuss an ongoing global financial crisis, globalisation and its underpinnings in economic theory, which seem to regard crises as necessary and normal in the collapse of existing systems and rebirth of new ones. The crises they refer to are primarily constrained to financial markets with only limited elements of influence on social or political structures considered. Their view is important as it suggests global crises as symbols for rapid change in a dynamic workplace in the most extreme sense. This change is accompanied by significant strain, shaping perceptions, values and purpose. These changes in perceptions, values and purpose were precisely the focus of this study.

Markus (2013) suggests that during periods of great uncertainty (such as was noted during the COVID-19 pandemic), the impact of leadership is limited and that “the role of trust as a mediator for their impact on follower outcomes decreases significantly” (2013, p. 287). This is another strong indicator that leadership concepts in isolation cannot adequately justify follower behaviours, thought processes or actions. In fact, such crises may be noted to cause leaders to adapt their leadership style and possibly even their

expectations of performance and outcomes. This suggests that while leaders remain important sources of follower behaviour, they do so to a far lesser extent in turbulent times than during periods of stability. As such, how leaders impact, or are able to impact, their followers fluctuates based on the stability of the given context, with some indications that the context has a greater influence on followership than the leader (Markus, 2013). In the context of the extreme, in this study, a global crisis, leadership seemed to almost exist in a vacuum. As 'true' global crises are infrequent, the presence of one in the form of the global COVID-19 pandemic, while tragic in terms of loss of life and other significant consequences, offered an exceptional opportunity to conduct research within this context.

3.2. Healthcare

Healthcare was, in equal measure, an important setting to conduct this study regarding a global crisis and stood to gain the most from such a study, well beyond the global pandemic. Healthcare, an inherently tumultuous setting, functions as a useful proxy for organisations dealing with complexity and uncertainty under normal circumstances (Wiersinga & Levi, 2016). Moreover, with health a central theme during the global crisis, it provided a setting of extreme complexity and circumstances. Lessons learned during this study of such a context were relevant to various settings and valuable to organisational dynamics in preparing for future, if somewhat lesser, crises.

Birkeland et al. (2017) indicate that stable organisations and the perceptions in the workplace of their workforce remain resilient to a short-lived crisis, in their case, a terror attack, and do not change significantly. The healthcare context the world over, but in particular in South Africa (Fusheini et al., 2017; Maphumulo & Bhengu, 2019), could hardly be deemed a stable environment (Cuadrado et al., 2019; Till et al., 2016; West et al., 2014), or the organisations within it stable, as it is an industry inherently confronted with moral, ethical, financial and other conundrums and intense social, political and environmental pressure, uncertainty and instability (Till et al., 2016).

Pillay (2010) states that "One of the great paradoxes within the health sector in South Africa is that despite its vibrant biotechnology sector, advanced health facilities and a sound policy framework, it is unable to significantly improve the health and socioeconomic wellbeing of the majority of the population" (2010, p. 30). They expand on this to identify leadership ability and the leader-follower dynamic as "one of the key constraints to achieving optimal health outcomes in South Africa" (Pillay, 2010, p. 30).

Some have even explicitly called for an enhanced understanding and representation of followers and followership in healthcare to address quality and sustainability challenges (Ezziane et al., 2012; McKimm & Mannion, 2015).

In South Africa, the private healthcare sector, in particular, is no different in structure from most corporate organisations. In such settings, healthcare has often borrowed learnings from business research and literature (Dotson & Nuru-Jeter, 2012). In the recent past, as the business world was faced with unprecedented challenges, uncertainty and complexity, studies conducted in healthcare settings may well provide the blueprint for organisational success of the future (Wiersinga & Levi, 2016).

There has arguably been no more significant global crisis in the last 100 years than the COVID-19 pandemic, with it referred to as a “once in a century pandemic” (Gates, 2020, p. 1677). The healthcare sector and its organisations were at the forefront of the response to this pandemic and absorbed much of its impact. When considering settings for a study of followership perceptions and impact in extreme contexts, healthcare during the COVID-19 pandemic was a strong contender.

3.3. COVID-19 (SARS-CoV-02) pandemic

The outbreak of the respiratory disease SARS-CoV-02, which was given the name Coronavirus Disease 2019 (COVID-19), was the most recent and arguably most significant threat to global health and society as we know it over the last century. COVID-19 was first identified in the Wuhan province of China in December 2019. As in the case of the two preceding instances of the emergence of coronavirus diseases, the Severe Acute Respiratory Syndrome (SARS) of 2002 and 2003 and the Middle East Respiratory Syndrome (MERS) of 2012 to present, the COVID-19 pandemic posed substantial challenges for the public health, research, and medical communities. However, unlike the earlier two coronavirus diseases, COVID-19 led to a global pandemic impacting every facet of life (Fauci et al., 2020).

The World Health Organization (2009) had been preparing for influenza outbreaks and pandemics for many years, succinctly indicating the phases of such a pandemic. These phases were important to this study as they delineated potential phases and identified the long-term nature of the disease, resulting in the longitudinal data collection points during a developing pandemic, as proposed in chapter four.

Table 1: WHO Pandemic Phase Descriptions (World Health Organization, 2009, p. 11)

Phases	Description
Phase 1	No animal influenza virus circulating among animals has been reported to cause infection to humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	The same identified virus has caused sustained community-level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community-level outbreaks in at least one other country in another WHO region.
Post-Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible New Wave	Level of pandemic influenza in most countries with adequate surveillance rising again.
Post-Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

Despite the preparedness of the WHO, the COVID-19 pandemic was a crisis without modern precedent or parallel, where typical or even atypical rules did not seem to apply. The crisis rapidly evolved and engulfed the globe, moving from city to city, country to country and continent to continent at an alarming rate (Seijts & Milani, 2020). More than 200 countries had to fundamentally change their patterns of human life almost overnight (Tam, 2020).

This led to exceptional circumstances, uncertainty and insecurity. The positions of many governments, health regulators and global initiatives were to attempt to safeguard citizens and services. Unprecedented measures were taken, with travel restricted or banned, borders closed, social gatherings outlawed, and economies all but shut down. Life as one had become accustomed to seemed to have ceased in a matter of weeks, and it was impossible to consider that communities before and after the COVID-19 outbreak may ever be the same again (Seijts & Milani, 2020; Tam, 2020).

In contrast to the financial crises of 1998 and 2008, in which the impact was localised to economic aspects, the crisis prompted by COVID-19 impacted all aspects of life to an

extent beyond any imagination. A virus was not expected to devastate the global economy and the world as we knew it in the postmodern digital era (Suyanto et al., 2020). This was of key importance to the study. In particular, the perceptions of followers impacted by an external influencing force that could not be addressed were summed up well by Yammarino et al. (2010). They described conflict settings as extreme situations. “In these extreme and demanding situations, contact with the rest of the world may be cut off, non-existent, or available only via computers and satellites, and there are often few options for making dramatic changes in the physical surroundings” (Yammarino et al., 2010, p. 16). Their description, published a decade before the COVID-19 pandemic, described what had become a reality for many and firmly cemented the COVID-19 as an appropriate example of an extreme context.

During much of the COVID-19 pandemic, its duration and timeframes were highly uncertain, and estimations of when it would eventually subside, either through vaccination or herd immunity development, varied widely. However, a central theme regarding when the crises did subside was the question of what a post-COVID-19 reality may represent in both the social and economic worlds. McKibbin and Fernando (2020) suggested that COVID-19 had already forced drastic changes in the behaviours, perceptions, values and daily habits of millions worldwide in the early stages of its outbreak. The global pandemic necessitated people building new social constructions as they attempted to move towards a ‘new normal’ (Suyanto et al., 2020). These social constructions inevitably also played out in the leader-follower dynamic, as Carsten et al. (2010) discussed. Thus, suggesting that the COVID-19 pandemic would not influence followership behaviours or perceptions was improbable.

This global pandemic provided and will likely continue to provide multiple lessons on various approaches to leadership and, by extension, followership. COVID-19 forced businesses and business role-players to become more agile, innovative, and entrepreneurial while attempting to better prepare organisations for future global challenges or crises (Tam, 2020). While leadership foci may have shifted, comprehensive preparations for future crises and complexity can only be achieved by understanding the impact of crises on the largest segment of any workforce, the followers, and how such crises impact their followership, behaviours, values, and responses to, and influence on, leaders and leadership. This study harnessed the COVID-19 crisis as a learning opportunity to aid in generating an in-depth understanding of its influence on followership and develop greater resilience to future crises.

Chapter 4: Research Methodology

4. Research Methodology

In conducting this study from an interpretivist ontology, it was vital to ensure that the elements of the research design and methodology were coherent with this view. The research question, 'How do crises influence followership?', was an empirical one and congruent with an explanatory study. The question considered the influence of the context of crises and, consequently, aimed to understand the impact thereof on the phenomenon of followership.

Epistemologically, this study acknowledged the subjectivity of the phenomena and complexity of the context in question and thus interrogated the development of its influence in relation to followership during a crisis. In this manner, the features influencing followership were explained, and the motives and plausible mechanisms influencing followership, and followers' perceptions thereof, during crises, were identified. This was achieved by understanding the lived experiences of followers experiencing crises.

In maintaining coherence with the ontology and epistemology of this study, phenomenology, specifically hermeneutic phenomenology, utilising semi-structured interview techniques as the data collection method, formed the underlying methodology of this study. This study was conducted in the qualitative paradigm with an inductive approach to data collection and analysis.

In this section, insight into the research design and methodology is provided. Further, the challenges faced during the research and how these were mitigated are presented. Each decision regarding the methodology choices for this study is clarified, and the justifications for these decisions are highlighted while also identifying the methodological contributions of the chosen approach.

4.1. Research design

This study was conducted as a longitudinal, inductive, explanatory qualitative study. In aiming to understand a nascent area where complex phenomena are at hand, qualitative research is best suited (Edmondson & McManus, 2007), while the experience of developing phenomena benefits from longitudinal study (Rindfleisch et al., 2008), as seen in Lee et al. (2019). The research question was answered by explaining how crises

influence followership, and perceptions of followership, from the perspectives of followers in the chosen context of healthcare. Hermeneutic phenomenology was particularly suited to understanding phenomena in context and was thus the appropriate methodology for this study (Grodal et al., 2021; Starks & Trinidad, 2007; Tan et al., 2009; Thompson, 2018; Wojnar & Swanson, 2007).

Data were collected by conducting multiple semi-structured interviews with individuals within a healthcare organisation during a crisis (Gustafsson & Lindahl, 2017; Lauterbach, 2018; Treviño et al., 2003) with a set of reflective interviews conducted to validate responses. Data collection using multiple sources or perspectives had particular relevance in determining phenomena in a Heideggerian sense, which was the underpinning philosophical position of hermeneutic phenomenology. Each data collection process provided greater credibility to the next, building to inform an understanding of and position within the broader context of what it means to be 'human', referred to as the hermeneutic circle (Frechette et al., 2020; Fusch & Ness, 2015). As such, this was a longitudinal study, with data gained from participants at different times during the evolution of the experience of the phenomena under investigation.

The longitudinal approach was noted to be appropriate when interrogating phenomena which develop based on an interaction between individuals within a study and is further indicated to adequately address limitations found when using cross-sectional studies to explain complex and developing relationships (J. Lee et al., 2019; Treviño et al., 2003).

Finally, the collected data were analysed by means of hermeneutic phenomenological analysis processes as discussed by Frechette et al. (2020), Suddick et al. (2020), Tan et al. (2009) and Wojnar and Swanson (2007). These analytical processes began with stages resembling qualitative content analysis. Then they extended beyond these, considering elements of the hermeneutic circle as discussed by Suddick et al. (2020), as seen in Figure 2 below, to generate an understanding of the experiences of the participants of their followership and the influence that a crisis had on them in a healthcare context.

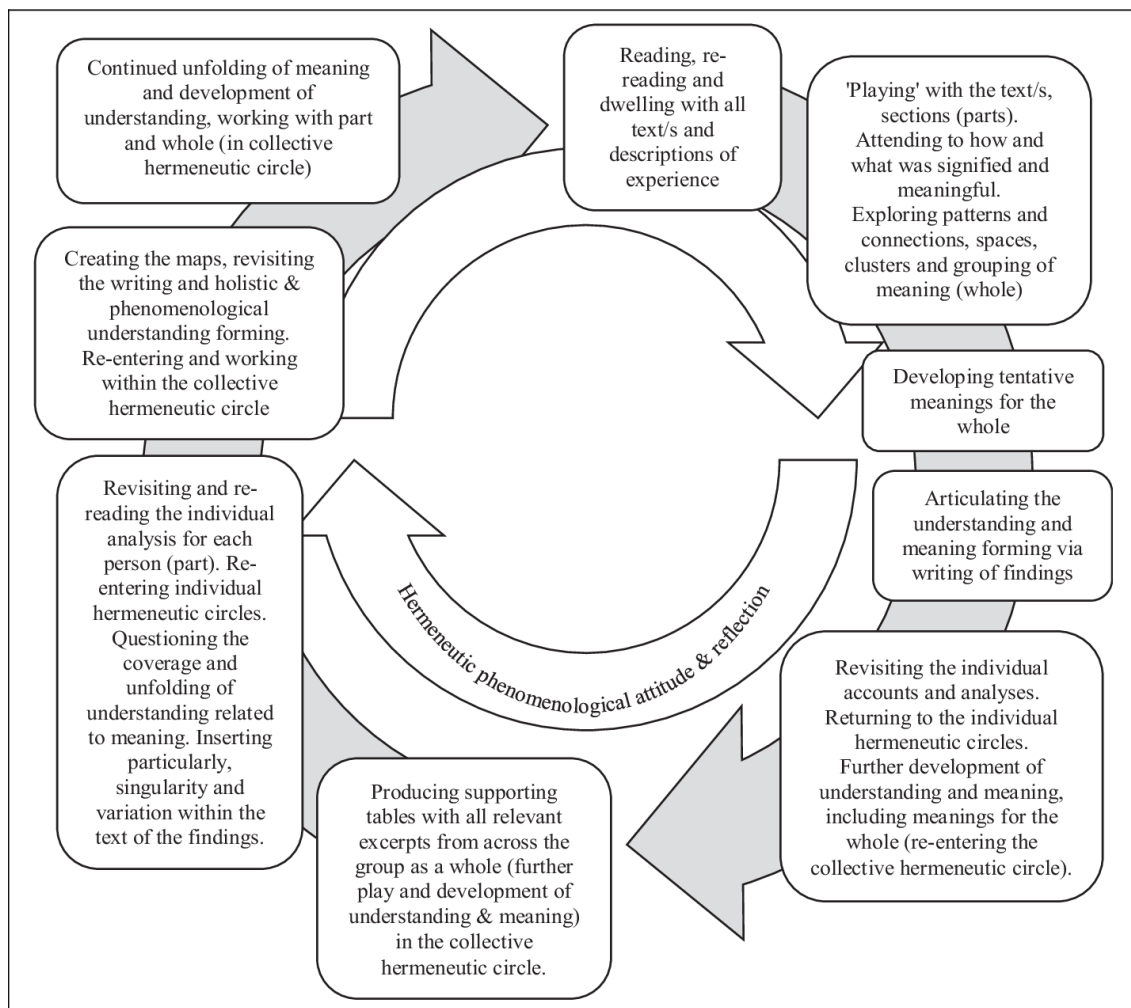


Figure 2: Hermeneutic Circle – adapted - (Suddick et al., 2020)

There was an extensive list of qualitative research methods to choose from (Creswell et al., 2007), however considering the abstract nature of the constructs of influence, the relative nascence of the field of followership and the complexity of the processes at hand in crises, phenomenological study was determined to be the most appropriate method. Phenomenology and grounded theory share similar ontological and epistemological bases, and both focus on the lived experience of study participants (Creswell et al., 2007; Gehman et al., 2018; Gentles et al., 2015; Goulding, 2005; Jackson et al., 2018; Reiter et al., 2011; Starks & Trinidad, 2007; Wojnar & Swanson, 2007). Reiter et al. (2011) even suggest considering a delayed methodology selection between phenomenology and grounded theory until after the data collection and early stages of the analysis process have commenced, and as a highly inductive process, allow the study participants' feedback to guide which method would be most appropriate.

However, grounded theory relies on theoretical sampling in addition to data and theory saturation before theory development can be claimed (Collinridge & Gantt, 2019; Gioia et al., 2013; Goulding, 2005). As the name implies, it also focuses on developing theory, something beyond this study's aim. Further, grounded theory was also considered more suited to contexts with a symbolic interactional aspect (Goulding, 2005). When contrasted to the focus of phenomenology, which is descriptive and primarily focused on the structure of lived experience where it seeks to explain the essence of these lived experiences as conscious structures despite the participants possibly not perceiving it themselves (Collinridge & Gantt, 2019; Creswell et al., 2007; Goulding, 2005; Lavery, 2003; Starks & Trinidad, 2007), I found that phenomenology was the most appropriate method for this study.

Finally, as an acknowledgement of the underlying study setting, phenomenology was extensively used in the healthcare environment, specifically in the areas of experience of procedures and care in the holistic sense from the perspective of patients, clinicians and organisations (Ayres et al., 2003; Bevan, 2014; Collinridge & Gantt, 2019; Creswell et al., 2007; Matua & Van Der Wal, 2015; Phillips-Pula et al., 2011; Starks & Trinidad, 2007; Wojnar & Swanson, 2007). This provided cohesion between the research question, setting and methodology, which aided in generating confidence in the process and findings of this study.

Having narrowed the research method to phenomenology, an extensive review of this method and how it could be implemented and analysed (Ayres et al., 2003; Bevan, 2014; Collinridge & Gantt, 2019; Creswell et al., 2007; Englander, 2012; D. L. Gilstrap, 2007; Lavery, 2003; Matua & Van Der Wal, 2015; Phillips-Pula et al., 2011) guided this study towards the iteration of hermeneutic phenomenology. Hermeneutic phenomenology was ideal for studying crises' influence on followership, specifically when focussing on the followers' perspectives and experiences. The method was interpretive and concentrated on meanings, experience, how these develop and the cumulative effects on both individual and social levels (Crowther et al., 2017; de Sales, 2003; Ho et al., 2017; Lavery, 2003; Matua & Van Der Wal, 2015; Rolfe et al., 2017). The interpretive process of hermeneutic phenomenology acknowledged the shifts in personal philosophies due to external and internal forces that guide the interpretation as well as the assumptions that "motivate the individuals who make the interpretations" (Lavery, 2003, p. 27) while acknowledging the abstract nature of such concepts (Suddick et al., 2020). This formed a methodological coherence between hermeneutic phenomenology as a method and the abstract nature of the phenomenon of followership.

In considering the differences and acknowledging some similarities between phenomenology and hermeneutic phenomenology, it was helpful to consider the philosophical origins of both branches. Phenomenology, also referred to as transcendental (descriptive) phenomenology, specifically to aid in differentiating it from hermeneutic (interpretive) phenomenology (Frechette et al., 2020; Horrigan-Kelly et al., 2016; Neubauer et al., 2019), has its origins in the philosophical work of Edmund Husserl (1859-1938) (Lavery, 2003). As described by Lavery (2003), Husserl argued for the exclusion of the 'outer world', and researcher biases to "successfully achieve contact with essences" (Lavery, 2003, p. 23). Husserl's overarching premise of phenomenology was thus to show the uninhibited nature of conscious experience through detailed description (Lavery, 2003; Neubauer et al., 2019; Suddick et al., 2020). In contrast, Martin Heidegger (1889-1976), while a contemporary of and ultimately successor to Husserl's professorship, built on the foundations of phenomenology but noted a distinctly different understanding of the relationship between those being studied and their reality or context (Frechette et al., 2020; Horrigan-Kelly et al., 2016; Kafle, 2013; Lavery, 2003; Neubauer et al., 2019; Skea, 2016; Suddick et al., 2020).

As with phenomenology, hermeneutic phenomenology engages with human lived experience. How the exploration of lived experience proceeds signals the significant departure between the two. Descriptive phenomenology seeks to understand and describe beings or phenomena, while hermeneutic phenomenology intends to explain what it means to be human with particular reference to this in a specific context (Lavery, 2003; Neubauer et al., 2019; Skea, 2016). With a focus on being explanatory of the influence that crises have on the perception of followership amongst followers, the philosophical underpinnings of this study are congruent with those of Heidegger's stance on phenomenology (Frechette et al., 2020; Lavery, 2003; Neubauer et al., 2019; Suddick et al., 2020). This contrasts Husserl's stance, which approaches phenomenology from a more descriptive standpoint (Lavery, 2003; Neubauer et al., 2019). This difference carries through other key aspects of the study concerning the type of phenomenology, particularly from the ontological and epistemological perspectives. Finally, the Husserlian view of the person or participant from a mechanistic perspective (Lavery, 2003) is perhaps the most significant departure from the view of this study, which approached the participant more as a self-interpretive being, as discussed in the Heideggerian approach to phenomenology (Frechette et al., 2020; Horrigan-Kelly et al., 2016; Lavery, 2003; Neubauer et al., 2019; Skea, 2016; Suddick et al., 2020). It is herein where the most significant importance of this study lies; in the understanding of the lived experience of the COVID-19 crisis and the influence this has had on followership from

the follower's perspective. This study would have had significant philosophical incongruencies if it were not for adherence to a hermeneutic phenomenological approach. The following sections provide greater insight into the specific elements and challenges noted about the methodology of this study.

4.2. Context

The role of ' context ' cannot be understated when attempting to break from the historical leader-centric view in both business and literature. The romanticisation of leadership encourages disregarding the context or its influence on an outcome or situation, particularly regarding followership, followers, and leadership development (Carsten & Uhl-Bien, 2013). However, the nature of crises, inherently complex, were noted as key influencers of change due to the sudden, unanticipated environmental jolts they cause. In particular, the measure to which they require organisations to review, reset and realign their strategic behaviours to cope with turmoil and uncertainty (Archibugi et al., 2013; Battisti et al., 2019; Doern et al., 2019; Kunc & Bandahari, 2011; Pollard & Hotho, 2006; Smallbone et al., 2012). These reassessments and realignments, while necessary, are often only considered from the leadership perspective and assume that leader or leadership interventions alone dictate the success or failure of an individual's, or organisation's, response to the crisis.

Despite these views, complexity and complex settings are suggested to impact the function and perception of followership directly (Blair & Bligh, 2018; Uhl-Bien, 2021) and have contributed significantly to the study of management and organisations (Hällgren et al., 2018). As such, in keeping with the aims of this study, the context was a vital component of understanding crises' influence on followership.

The study's context was private healthcare organisations in South Africa. This environment satisfied both the requirements of a setting where leader-follower dynamics were at play and followership engagement prevalent, as well as being a complex setting actively engaged in a crisis, namely healthcare during the COVID-19 pandemic. Uhl-Bien and Pillai (2007) discussed the context pertaining to the roles of leadership hierarchy in relation to impacting levels of followership engagement. This led to the discussions of Leung et al. (2018), Mannion et al. (2015) and Martin (2011), specific to the changing climate in the healthcare leadership space where traditional uni-disciplinary leadership was no longer deemed effective.

Considering the shift in literature regarding the role of followership in response to an ever-changing leadership environment and tangible, yet largely unexplored, similarities in the healthcare space, specifically in crises, private healthcare organisations in South Africa were a suitable context within which to conduct this study.

4.3. Population

The study population comprised general managers of healthcare organisations (hospitals) in South Africa who were positioned as leaders, though ultimately in an organisational structure also required to enact followership tenets. This population was selected due to their underlying need to understand both leadership and followership behaviour and philosophies, utilising both to serve a common purpose where hierarchy was not necessarily associated with any form of power (Kalish & Luria, 2016; A. Leung & Sy, 2018; Oh, 2012; Taggar et al., 1999). This was congruent with the aims of investigating followership and its evolution within individuals as organisations were forced to move away from existing organisational structures to resolve work challenges pertaining to the COVID-19 crisis and rather looking to short-lived, performance-oriented, virtual, and, crucially to this study, self-managed groups in which leadership was not assigned but instead was allowed to be co-created informally (D'Innocenzo et al., 2016; Fransen et al., 2018; Kalish & Luria, 2016). These shifts transpired as a result of the severing of direct contact during the early phases of the pandemic. While organisational structures still existed, the COVID-19 pandemic led to a greater distance between these and resulted in the need to function in a different manner. As this study considered the constructionist view of followership, where followership represented a choice rather than hierarchy, the crisis, where such choices were necessary, created a research opportunity.

This study regarded the healthcare industry as a diverse environment comprised of many structures from which the participants were selected. While the entire population could thus not be known, the sampling method is discussed in greater detail in the next section.

4.4. Sampling

In keeping with the principles of a qualitative study, the participant selection was purposive (Creswell et al., 2007). While purposive sampling as an isolated concept may be fraught with ambiguity, a more appropriate description of the participant selection process would be noting it as homogeneous sampling (Etikan et al., 2016).

Participants needed to be interviewed at different times during or close to the active COVID-19 crisis to study the phenomenon in question. This ensured that the study investigated the lived experience of the participants of the phenomenon. To achieve this, participants who had been actively involved in responding to the COVID-19 crisis within healthcare organisations were sought. The homogeneity of the sample was noted in that the chosen participants were composed of senior or management level and above members who were permanently employed by their relevant organisations which had functioned in the healthcare sector during the COVID-19 pandemic.

This study conducted semi-structured interviews of participants selected from private organisations in the healthcare environment, specifically senior, non-clinical hospital management structures. Participants of the same or similar positions within their relevant structures but from different-sized hospitals were selected to gain the greatest understanding within a homogenous group.

Hospitals were categorised as small, medium or large based on the number of beds they were registered with at the Department of Health. For this study, small hospitals were viewed as those with fewer than 150 beds, medium hospitals with between 150 and 250 beds and large hospitals with more than 250 beds. The hospitals were chosen from three major urban centres within South Africa based in the Gauteng, KwaZulu Natal and Western Cape provinces. Within the Gauteng province, three hospitals, and thus three participants, were chosen for each hospital category. In KwaZulu Natal and the Western Cape, one hospital and thus one participant were selected from each category. These selections resulted in five participants from small hospitals (3 Gauteng, 1 KwaZulu Natal and 1 Western Cape), five from medium hospitals (3 Gauteng, 1 KwaZulu Natal and 1 Western Cape) and five from large hospitals (3 Gauteng, 1 KwaZulu Natal and 1 Western Cape) selected. This equated to the described 15 participants (9 - Gauteng, 3 - KwaZulu Natal and 3 - Western Cape).

The specific selection of the participants was performed randomly from within the pool of identified potential participants comprised of hospital executives, general managers or chief executive officers within organisations where these were required to report to regional or national structures of a larger group or other set of external stakeholders. As each group member satisfied the criteria stated earlier regarding their homogeneity by being part of the senior structures of healthcare organisations, any member was an appropriate study participant.

Interviews were conducted during the ongoing COVID-19 pandemic to represent participants actively engaged in an ongoing crisis and again three months after the initial interviews to assess the development of responses to the phenomena. This saw 15 interviews being held at either point in time, collecting thirty interviews for data analysis (Gentles et al., 2015). This exceeded the target of ten participants for a phenomenological study, as discussed by Starks and Trinidad (2007), while the thirty responses mark was also congruent with the study by Carsten et al. (2010), who investigated social constructions of followership. The study by Carsten et al. (2010) was relatable to this study in terms of methodology and research domain.

Following the initial two tranches of interviews, further purposive sampling was performed to identify five existing participants to be re-interviewed as part of the reflective interview phase of the study. These five participants were selected based on the quality of their responses as identified during data analysis. The selected participants represented the three provinces, one from KwaZulu Natal, one from the Western Cape and three from Gauteng.

4.5. Unit and level of analysis

The unit of analysis of this study was that of the individual. This was the appropriate level of analysis to explain a phenomenon or phenomena occurring between individuals (Creswell et al., 2007; Cunliffe, 2011). The individual's perceptions of observing, contributing towards or experiencing the phenomena were their reality (Crowther et al., 2017; Wojnar & Swanson, 2007). This view was congruent with an interpretivist ontology and acknowledged the part of the individual as contributing to and experiencing both a global crisis and their own followership. DeRue (2011) and Uhl-Bien et al. (2014) indicated this concerning followership construction as discussed in adaptive leadership and followership theory, respectively, regarding previous global crises. While this argument adequately justified the unit of analysis being the individual, considerable debate regarding the appropriate level of analysis existed (Batistič et al., 2017; Uhl-Bien et al., 2014; Yahaya & Ebrahim, 2016; Zhu et al., 2019).

While individual, or micro, and group, or meso, levels of analysis have dominated leadership (Batistič et al., 2017; Dinh et al., 2014; D'Innocenzo et al., 2016; Yahaya & Ebrahim, 2016; Zhu et al., 2019) and early followership (Epitropaki et al., 2017; Uhl-Bien et al., 2014) research, there have been numerous calls for multi-level studies to be conducted in the interests of gaining a holistic understanding of the phenomena in

question (Batistič et al., 2017; Dinh et al., 2014; Epitropaki et al., 2017; Zhu et al., 2019). Heeding these calls, this study explored the phenomena as viewed at the micro level by individual participants sharing their experiences of each phenomenon separately, followed by aggregating these responses to determine a meso-level understanding. This aggregation represented an approach to a collective voice on, or story of, the experiences of the influence of crises on followership behaviours, perceptions and values amongst the study participants. While this stopped short of an organisational, or higher level, of review, crises influencing followership at the micro and meso level provided the closest understanding to the multi-level investigations suggested in the extant literature in this domain (Batistič et al., 2017; Dinh et al., 2014; Epitropaki et al., 2017; Guillén et al., 2015; Uhl-Bien et al., 2014; Zhu et al., 2019).

4.6. Data collection

To adequately describe the extensive data collection process, this section is separated into sub-parts detailing the overview of the data collection process, followed by the nuances of the first, second data and reflective collection points or interviews, an explanation of the sensitivities which were identified as a result of the context and the context and method-specific lessons learned. Finally, this section will also begin to identify the methodological contributions offered by this study.

4.6.1. Overview of interviews

The data was collected by conducting semi-structured one-on-one interviews with the study participants. In keeping with the guidance of Quinney, Dwyer and Chapman (2016) in the context of phenomenological study, the effort of capturing the core of the participants' 'Dasein' required the researcher to acknowledge the importance of the details of the participants' lived experience in their minutia, so participants were asked to describe the experience as they lived it. This was clarified to the participants as being their unique reality. To achieve this consistently throughout the interviews, semi-structured interview guides were created. The protocol for the first of these interviews can be found in Annexure D of this document, while the protocol for the second interview can be found in Annexure E. The reflective interview guide is available in Annexure F.

Vital to this data collection method was ensuring the comfort of the research participants, that they understood and accepted the informed consent (Annexure A) and 'prejudice-free' right to withdraw aspects while also noting their non-verbal queues and other aspects identifiable by unstructured observation techniques. These steps addressed this

study's ethical considerations, as detailed by Flory and Emanuel (2004). To ensure the participants' comfort, the interviews were conducted in a setting of their choosing and kept to 60 minutes or less. All interviews were digitally recorded using two separate voice recording systems, ensuring that a backup was available should the primary recorder have failed or any recorded data corrupted before capture. The electronic data (recordings and transcriptions) are being stored on an encrypted external solid-state drive, which will be retained in an electronic or manual Group B2 safe, which is SABS approved and has been tested per SANS 751-1 2008, for no less than ten years post data collection.

The interviews were scheduled at two points, three months apart, during the COVID-19 pandemic. This three-month 'cooling-off' period was determined for each participant rather than the collective first and second groups such that the gap between the first and second interviews was the same for each participant. This was followed by the reflective interviews, which were conducted shortly after the announcement of the de-escalation of the COVID-related state of emergency in South Africa.

The first set of interviews aimed to gain unbiased, raw, lived experiences of the influence on followership in a context that was otherwise impossible to simulate. The second set of interviews provided greater insight into the development of the influence of the phenomena of crises. They probed areas concerning the research questions that were not adequately identified during the first interviews. Finally, the reflective interviews sought to allow the participants to reflect on their own experiences, journeys and responses of other participants.

The three-month 'cooling-off' period between the first and second interviews was enacted to reduce any potential bias introduced by the researcher asking questions about the phenomena under investigation (Morse, 2015). The overall data collection period of the first and second interviews ran from June 2021 to January 2022. While the total data collection period for the first two interviews spanned almost exactly seven months, the periods between the first and second interviews for each participant remained three months. The reflective interviews were conducted between the 18th and 23rd of August 2022, almost exactly two months after the de-escalation of the COVID-related state of emergency in South Africa and six months after the conclusion of the second set of interviews.

In line with the previously described selection criteria, 15 participants were identified and contacted by email to determine their willingness to participate in the study. These emails were accompanied by the participant consent and a brief explanation of the study documentation noted in Annexure A. Specific attention was drawn to the longitudinal nature of the study and that a vital second interview would be required approximately three months after the first interview. All 15 participants responded within 14 days and confirmed their participation in the study. All 15 participants saw the interview process through to completion, with none withdrawing from the study. All participants were interviewed twice, approximately three months apart, yielding thirty interviews which were recorded, transcribed and captured into ATLAS.ti.

To ensure that the interviews were comparable with one another, the following table (Table 2) was created to compare the duration and transcribed pages of interviews within data collection (interview) one and two, respectively, and between data collection (interview) one and two while also noting the reflective interview information. It was found that, on average, the second interviews were shorter than the first by seven minutes. This time difference was not unexpected as the first interviews required a greater degree of setting context by the researcher, introductions, and gaining insight into the participants' backgrounds.

Table 2: Comparative Interview Analysis

Interview Analysis							Reflective Interviews		
	Interview 1		Interview 2		Difference			Time (in min)	Pages (Transcription)
	Time (in min)	Pages (Transcription)	Time (in min)	Pages (Transcription)	Time (in min)	Pages (Transcription)			
Participant 1	52	17	43	11	-9	-6	RI 1	57	22
Participant 2	46	11	48	14	2	3	RI 2	64	21
Participant 3	50	14	38	10	-12	-4	RI 3	76	24
Participant 4	55	20	53	19	-2	-1	RI 4	48	18
Participant 5	53	16	32	10	-21	-6	RI 5	64	22
Participant 6	50	20	32	11	-18	-9	Total	309	107
Participant 7	50	17	46	16	-4	-1			
Participant 8	52	19	40	12	-12	-7	Average	62	21
Participant 9	35	11	35	12	0	1	Median	64	22
Participant 10	41	14	51	20	10	6	Shortest	48	18
Participant 11	39	12	43	15	4	3	Longest	76	24
Participant 12	89	31	56	19	-33	-12			
Participant 13	42	12	32	12	-10	0			
Participant 14	40	16	35	12	-5	-4			
Participant 15	37	11	47	18	10	7			
Total (min and pages)	731	241	631	211	100	30			
Average	49	16	42	14	-7	-2			
Median	50	16	43	12	-5	-1			
Shortest	35	11	32	10	-33	-12			
Longest	89	31	56	20	10	7			
Study Totals (Interview 1 & 2 combined)							Study Totals (All Interviews)		
Time interviewed (min)	1362						Time interviewed (min)	1671	
Time interviewed (hrs)	22.7						Time interviewed (hrs)	27.85	
Pages Transcribed	452						Pages Transcribed	559	

Despite the initial determination of the potential duration of interviews nearing 60 minutes, the actual data collection times were slightly shorter. The average duration for interview one was noted to have been 49 minutes, with the shortest interview at 35 minutes and the longest at 89 minutes, while the average duration for the second interview was 42 minutes, where the shortest was noted at 32 minutes and the longest at 56 minutes. The total time for the first interviews was 731 minutes, just over 12 hours. In comparison, the total time interviewed for the second interviews was 631 minutes, almost exactly 10.5 hours. The reflective interviews saw an average time of 62 minutes, with the shortest interview being 48 minutes and the longest 76 minutes.

While the focus of a qualitative study is by no means the duration of the interviews, and the value is determined more by the quality of the interview or responses than their duration, the significant volume of data, representing a consolidated 1 671 minutes, or just under 28 hours, of interview time for the whole study, provided a substantial body of information to be interrogated and analysed in order to answer the research questions of this study. Further, noting Bokhove and Downey (2018), who state that transcription of academic interviews can take between four and five minutes per interview minute, the total time taken for the 1 671 minutes of interviews to be transcribed ranged from 6 684 to 8 355 minutes or 111.8 to 139.3 hours.

This significant effort led to 559 pages of transcribed interviews, 241 pages from the first, 211 pages from the second, and 107 pages from the reflective interviews. The shortest transcription length in the first set was 11 pages, while the longest was 31 pages in length. The second set of interviews had a shortest transcription length of ten pages and the longest of 20. Finally, the reflective interviews had the shortest page length of 18 and the longest of 24.

The shorter duration of interviews was initially noted as a potential concern. However, the setting and roles of the participants as senior members in healthcare organisations during the COVID-19 pandemic were congruent with less available time and, thus, shorter interview durations. It was noted that while some of the interviews were relatively short, others were on the considerably longer end of the spectrum. The first set of interviews ended with an average duration of 49 minutes, while the second set ended with an average duration of 42 minutes. The shorter duration of the second set of interviews was also congruent with the literature. It was noted that interviews flow better where rapport has already been built between the researcher and the participant (Farooq & de Villiers, 2017; Irvine, 2011; Irvine et al., 2013).

The discussion around the appropriate length of qualitative interviews is extensive, with some authors suggesting an extended range from 30 minutes to several hours (DiCicco-Bloom & Crabtree, 2006), while others indicate that the setting of the interviews plays a significant role, such as Irvine et al. (2013) who propose that less time is required in face-to-face interviews than virtual ones as there is not as much clarification or repetition required. Further authors highlight the role of the interviewee as crucial in determining the duration of the interview, as evidenced by the statement that busy managers may only have 30 minutes to give for an interview (Farooq & de Villiers, 2017), while others acknowledge that interviews must be guided by participants, with interview durations being significantly shorter for those in high-stress settings (McCann & Clark, 2005).

The initial aim of the study was to conduct 60-minute semi-structured interviews. These interviews were focused on relatively open questions to gain the desired depth of response. This led to the respondents providing the bulk of the content with minimal researcher content in the transcriptions. While the average interview durations were noted to be within the range that DiCicco-Bloom and Crabtree (2006) offered, the setting, stresses and workload of the participants in healthcare during the COVID-19 pandemic all contributed to shifting the duration towards the shorter side in many cases. However, this was in line with the suggestions in the literature (Farooq & de Villiers, 2017; Irvine et al., 2013; McCann & Clark, 2005).

Noting the iterative nature of qualitative research (Creswell, 2009; Creswell et al., 2007; Creswell & Plano-Clark, 2011; Svensson, 2015), in particular with hermeneutic phenomenology (Crowther et al., 2017; Gill, 2014; D. L. Gilstrap, 2007; Heinonen, 2015; Lauterbach, 2018; Matua & Van Der Wal, 2015; van Manen, 2016), the possibility of requiring re-interviews with the 15 participants in the event of noting a failure to reach an adequate degree of data saturation during the data analysis phases was always considered. However, the potential need for re-interviews was mitigated by conducting this study utilising a longitudinal data collection method with the data analysis element running, in part, concurrently with the ongoing data collection and facilitating reflective interviews as part of the hermeneutic circle.

It was also important to consider the guidance of van Manen (2016), who indicated that when choosing the hermeneutic approach to phenomenology, the researcher must understand the philosophical perspective and maintain a strong connection to the phenomena under review. As the researcher, this was achieved as they fulfilled a similar role to the participants and could relate to their lived experiences. This involvement with

and exposure to the phenomena created context for the researcher. This aided in designing and conducting the interviews in a manner conducive to gaining the desired insights into the participants' lived experiences.

An additional benefit of the longitudinal approach to data collection was that the ongoing data analysis in conjunction with the three-month 'cooling-off' period between the first and second interviews and then the period between the conclusion of the second interviews and the reflective interview process allowed me to assess the relevance of the participants' responses in connection with the research question and sub-questions.

These insights allowed for subtle adjustments to the semi-structured interview guide used in the first round of interviews (Annexure D) to one that aimed to fill in gaps and probe deeper into the lived experience of the participants in relation to the phenomenon of a crisis. These adjustments were noted in the semi-structured interview guide used for the second round of interviews (Annexure E). Further, they aided in interrogating not only the participants' reflections on their journey but also their reflections on the results of the data analysis of the first two sets of interviews during the reflective interviews (Annexure F). This drew the interviews closer to the study's purpose while reducing the risk of missing key information or requiring re-interviews.

As discussed extensively by Nardon, Hari and Aarma (2021, p. 1), "research interviews can be interventionist with the potential to facilitate participant reflection". The significant benefit to both participants and the research was the reflection which took place within the participant upon conclusion of the second interview and later after the research interviews had been concluded. In order to harness this information, reflective interviews were performed after the original interviews (Nardon et al., 2021).

Seeking to benefit from this learning and strengthen the quality and depth of the study, the reflective interviews allowed the five participants to 'reflect on what they had lived through' and the impact that the study may have had on their understanding of followership during the COVID-19 pandemic. The reflective process aided in building towards a theoretical contribution and was beneficial in mitigating any potential risks to the study due to the duration of the initial rounds of interviews by delving into greater nuance in answering the research questions. Chart 1 provides an overview of the study period in the South African COVID-19 pandemic context.

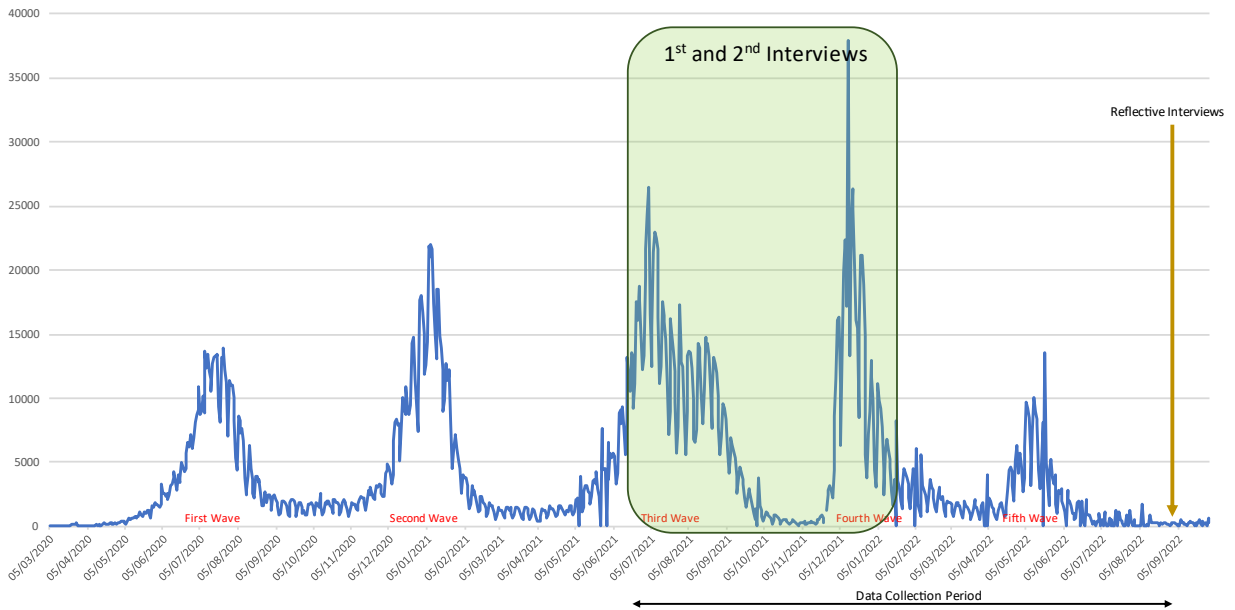


Chart 1: Overview of COVID Waves in South Africa (Ritchie et al., 2020)

With a study period encompassing the third and fourth waves of the South African COVID-19 pandemic, the chosen study participants had already had time for the pandemic to have impacted their followership, having already endured two waves and 14 months of COVID-19 in South Africa. Furthermore, they had also experienced the troughs between the surges or peaks, and an ever-evolving relationship with the pandemic and its influence on the participants would have set in. Following this, the reflective interviews were conducted when the COVID-19 pandemic in South Africa could be considered, and the journey reflected upon in totality.

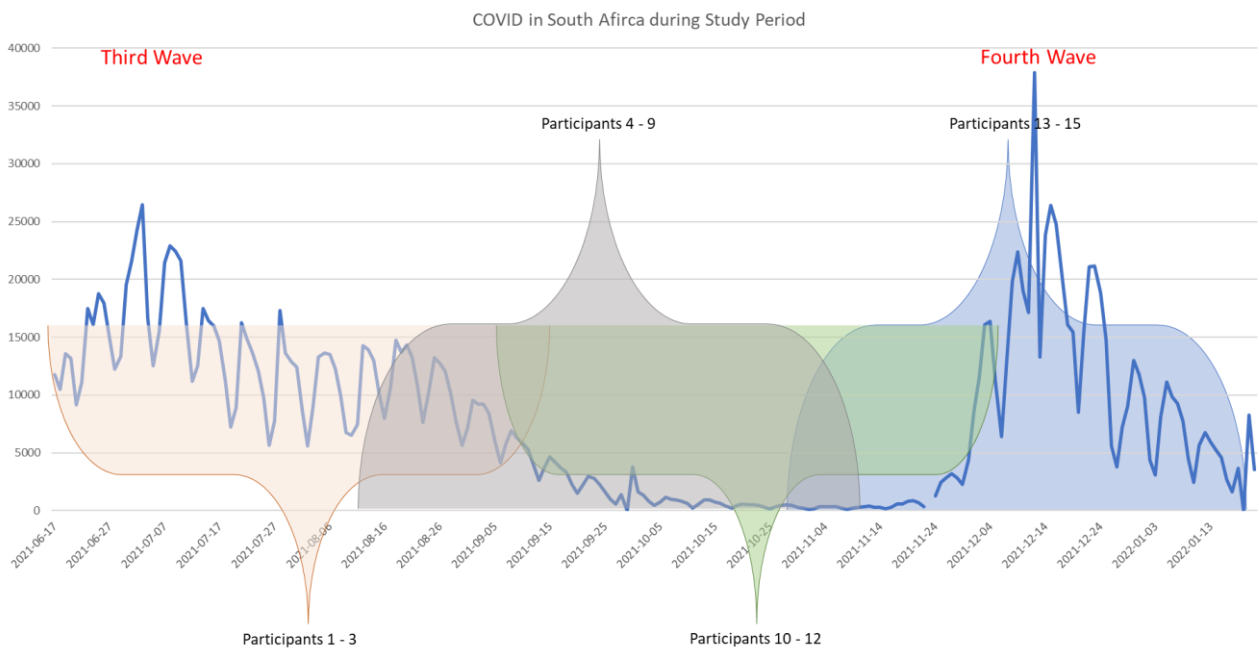


Chart 2: Data Collection Periods – First and Second Interviews (Ritchie et al., 2020)

Chart 2 illustrates the data collection periods of the first and second interviews in the longitudinal study, three months apart, for the participants. The groupings of participants in Chart 2 are for illustrative purposes. The participants were not interviewed on the same day but within close proximity of data collection points one and two of the tranches shown above.

The following sections detail the specific processes and learnings from the data collection phases.

4.6.2. First data collection point (interviews)

Despite the initial rapid response from the study participants stating their willingness to participate in this study, COVID-19 presented several practical challenges to the start of the data collection. The period from the middle of February 2021 to the latter part of April 2021 represented a brief respite after the second wave of COVID-19 in South Africa. On the back of the first and second waves, the healthcare system was under severe pressure and strain, and the respite afforded all a short period to regroup and prepare for what turned out to be the most significant wave of the South African COVID-19 pandemic. During this time, the study participants, and all involved in healthcare, were incredibly busy with recovery strategies, preparations, consolidation of staff and patient losses, and just trying to regroup in general. There was no time to accommodate a researcher and their academic pursuits.

The first bookings and timelines for interviews with the study participants in their relevant working environments were secured for June 2021. Despite having conducted research interviews on two previous occasions for master's degree purposes (Mulder, 2012, 2016) and with a considerable review of interview techniques and approaches (Bokhove & Downey, 2018; Gehman et al., 2018; Opdenakker, 2006; Wahyuni, 2012), conducting research interviews in a COVID context, socially distanced and behind a mask, provided an interesting set of new challenges.

The first challenges were technical, ranging from audio quality challenges to difficulty accessing participants due to COVID-19 restrictions and protocols. Following the previously discussed processes, the intention was to interview the participants in an environment where they felt most comfortable. When scheduling the interviews, this was tested with the participants as they were offered the opportunity to choose their setting. All participants, barring one, indicated that they would prefer their interviews to be conducted in their place of work, at their hospitals. In contrast, the exception preferred

to meet in a neutral setting away from their workplace. On probing the reasons for this, the general sentiment was that the participants were too busy to be away from work to be interviewed, felt that is where their focus would be best for the study topic, where they would feel most comfortable and that they wanted to keep a separation between work and personal life. The latter point, in particular, was noted to be made up of two factors, first, a need not to take the stresses of managing a hospital amid a global pandemic home and second, to protect their families from discussions, to which the participants felt, they did not want to expose them.

The views expressed by the participants echoed elements of the work by Quinney et al. (2016), who discuss location and its impact on participant responses in phenomenological studies in a healthcare context. While Quinney et al. (2016) found that when discussing personal experiences, the workplace represented a setting where participants would not share as openly as their home environment, they did note that this may be reversed where the phenomena under investigation transpire primarily in the participants' workplace.

Even before the first interviews had begun, these views hinted at the participants' mindset concerning the pandemic and work in the healthcare setting. It seemed that they were trying to preserve their sanity by compartmentalising their roles in response to the crisis while also attempting to shelter those closest to them from the pandemic and its impact as much as possible. This added to the specific relevance of this study, where the researcher was involved in healthcare in a similar role as the participants, referred to as peer interviewers. Conducting the interviews in a setting more familiar to the participant was noted as positively influencing the power dynamic in favour of the participant and leading to a greater degree of freedom of sharing information by the participant (Quinney et al., 2016).

Further to the scheduling intricacies, using two voice recording devices for the interview proved vital. There were marked differences in the recording quality when reviewing the recordings after the interview. This was primarily due to the impact of needing to interview participants while wearing masks. By both the participants and researcher wearing masks throughout the interview, the audio quality on the recordings was substantially lower than expected. The audio challenges were particularly noticeable in the hospitals where it was required to wear an N95 mask, a much tighter fitting and restrictive mask, rather than a regular surgical mask due to the particular phase of the pandemic at the time of the interview. However, as there were two recordings of every

interview, the better could be chosen for transcription and retention purposes. The negative impact on audio quality was extreme to such an extent that in five interviews, one of the two recordings was so impacted by the muffled voices behind masks that they were inaudible. Fortunately, there was at least one clear recording in each interview, so none of the interviews were lost.

Requirements to wear masks were also the catalyst for identifying the second set of challenges. It was decided to conduct face-to-face interviews with the participants, in keeping with generally accepted interview recommendations, to identify non-verbal cues and gain a better understanding of the participant's responses (Englander, 2012; Opendakker, 2006; Raven et al., 2018; Woods et al., 2016). This was a widely accepted practice that many researchers or interviewers might take for granted in identifying facial expressions, changes in eye contact and developing an understanding of one another. To mitigate this, it was better to focus more intently on the eye contact that could be made and on the participant's body language to notice even the most minor details when they were offered rather than making exhaustive notes during the interview. Despite the minimal notes made in the form of interviewer field notes, a table containing these cues was kept alongside the transcriptions.

The height of this challenge was noted with one participant whose organisation forbade face-to-face meetings for fear of infection. The participants' request to conduct the interview via a virtual platform was accepted. The virtual setting only exacerbated the challenges noted above and led to conducting face-to-face interviews with the remaining participants. Thankfully, this did not have a material impact on the data collection. However, it did emphasise an element that multiple participants raised during their interviews regarding the impact that COVID-19 has had on their working environments. As discussed later, multiple participants identified that a significant distance had been created between themselves and their teams, and even more markedly those that they were required to follow, as most hospitals and healthcare organisations had moved to predominantly virtual meetings to protect and preserve their workforces. The distance created by virtual engagement proved to be a fascinating area of exploration, discussion, and potential contribution from a theoretical and practical point of view. It was also acknowledged from a methodological perspective when conducting interviews, in particular in the context of crises.

Finally, hesitancy in speaking about COVID-19, particularly COVID-19 responses or actions in a healthcare setting for fear of judgement, either by the researcher or in

response to the final research product, was noted as a challenge in some cases and supported by the observations in interviewer field notes. Had it not been for the fact that the researcher was also a part of the COVID-19 response in the same capacity as the participants, they would likely not have shared their experiences as candidly. This 'familiarity' is an element of phenomenological study that is well described and understood. Researchers who are or become part of the context, environment or participant base can derive a more intimate and in-depth understanding of the phenomena under investigation. This insight is gained as their status as 'insiders' or 'trusted parties' results in participants being more open and less guarded about their responses than if they do not know or trust the researcher (Collinridge & Gantt, 2019; Heinonen, 2015; Oerther, 2021).

Before the interview started, some participants noted, with a small amount of concern, that they might be unable to provide the correct answers. This concern was countered by an explanation of the methodology employed in this study. By explaining that the desired outcome of the interviews was to gain an insight into the lived experiences of the participants, where these could be whatever they perceived and, as such, there could be no 'wrong' answers, there was a visible easing of tension amongst those who had raised the concerns. In addition to this, the early part of the first interview focussed on the participants' backgrounds. While this had initially been intended only to provide insight into the participant, it seemed to initiate the conversation effectively and significantly aid the participants in gaining the comfort to share their experiences freely. It was noted that almost all participants held master's degrees in either business or healthcare-related fields. In addition, most had been involved in healthcare for over ten years, some significantly longer.

Once the initial trepidation had been overcome, all of the interviews flowed very well. However, it was noted that the concept of followership was foreign to all participants. On explaining the premise of followership, most participants indicated that having a name for something they had experienced and espoused was great. At the same time, a few participants still seemed somewhat uncertain of the concept. Multiple participants highlighted a historical focus on leadership and their appointed leadership positions as contributors to a lessened focus on their followership behaviours. This focus on leadership was noted in most participants, and steering the interview towards followership was an active process by the researcher. Without introducing bias against leadership or for followership, the researcher allowed for participants to express their followership by inquiring about the different perspectives thereof. Experiencing the

degree of leader-centricity amongst the participants informed the approach to designing the semi-structured interview guide for the second set of interviews. Acknowledging the leader-centric focus, additional followership-focused questions were included with an even more specific focus on the participants' perception of themselves as followers. This focus provided good results and a greater understanding in line with the research questions.

4.6.3. Second data collection point (interviews)

In contrast to the first interviews, the technical and practical challenges were largely resolved during the second interviews. The participants were increasingly receptive to the interviews, and many indicated looking forward to continuing the discussions and questions of the first interviews. The researcher was welcomed back, and the comfort felt by the participants was tangible. These aspects contributed to the shortened interview times of the second interviews compared to the first interviews. As there was no need to rehash the participants' history and they felt more at ease with the concept of followership-focused questions.

The first interview of the second round of interviews was conducted in September 2021, while the last interview of the second round of interviews was conducted at the end of January 2022. In the identical fashion to the first set of interviews, face-to-face interviews were conducted in Gauteng (nine participants), KZN (three participants) and the Western Cape (three participants). Again, these were evenly spread over small, medium, and large hospitals (five participants each). All participants reiterated their acceptance of the informed consent process and indicated that they were still participating of their own free will with no incentives for their participation. They once more expressed an understanding of their right to withdraw from the study at any point in time without prejudice. However, all indicated that they did not expect to do so at the second interview stage of the study. Finally, all participants acknowledged and appreciated that all efforts were made to ensure their confidentiality and anonymity as study participants.

The semi-structured interview guide for the second round of interviews focused even more on the research question and sub-questions while also asking similar questions to those in the first set of interviews three months earlier to determine if perceptions or answers had changed. It became apparent that the pace of change in a crisis was relentless when almost all participants indicated major changes in their ways of thinking and engaging with their senior structures. It further started to become ever more

apparent that significant changes had taken place within the participants and how they enacted, if not always perceived, their followership within the healthcare organisation for which they worked.

4.6.4. Reflective interviews

The reflective interviews were among the most interesting of this study's data collection phases. This was because the interviews took place two months after the state of emergency pertaining to the COVID-19 pandemic in South Africa had been declared over and six months after the second round of interviews. As a result, the participants reflected on the pandemic as a whole and selected aspects of their fellow participants' responses (Annexure F). This approach was once more methodologically congruent with the hermeneutic phenomenological process of continuous iterative review and reflection of the phenomena being studied and how these are perceived as a part of a lived experience by participants (Suddick et al., 2020).

The five participants selected for this reflection had become very familiar with the study topic and the researcher by this stage of the study. Therefore, the engagement, interviews and discussions, while maintaining accordance with the researcher-to-participant relationship, were friendly and enjoyable to both researcher and participants. In addition, the reflective nature of the interviews lent itself towards longer interviews than in the first two phases of data collection. An average duration of 62 minutes for the reflective interviews was 27% and 48% longer than the average duration of the first and second interviews, respectively.

The reflective interviews were conducted between the 18th and 23rd of August 2022. The five purposefully selected participants were interviewed at a neutral location of their choosing, which was not at their place of work, and conducted as face-to-face interviews. Three of these interviews were conducted in Gauteng, one in KZN and one in the Western Cape to maintain as close a ratio to the initial two rounds of interviews as possible. Similarly, the participants were sourced from small, medium, and large hospitals in a distribution of one from a small, one from a medium and three from large hospitals. As with the previous interviews, all participants reiterated their acceptance of the informed consent process and indicated that they were still participating of their own free will with no incentives for their participation. They once more expressed an understanding of their right to withdraw from the study at any point in time without prejudice. They acknowledged that all efforts were made to ensure their confidentiality and anonymity as study participants.

Whereas the semi-structured interview guide for the second round of interviews had focused more on the research question and sub-questions than the first, the semi-structured interview guide for the reflective interviews sought validation and, as the name suggests, reflection. The purpose was to gain insights from the participants' reflections on their journeys with the COVID-19 pandemic as a whole, how this influenced their views, behaviours or beliefs towards and with regards to followership and their perceptions of the journey of other participants as identified in the previous data collection phases.

4.6.5. *Transcription process*

Ensuring accuracy in the transcription process is imperative for data analysis (Bokhove & Downey, 2018). A five-step process was followed in this study to ensure that this was achieved to the most significant possible degree. First, the interview was conducted using two separate audio recording devices to select the best audio for the physical transcription. Second, a well-established professional transcription service with a track record of academic and legal transcriptions was selected. SA Transcription Services were identified and contracted for the entire study to ensure consistency in the transcriptions. Third, upon completing the transcription, SA Transcription Services conducted internal proofreading of the transcription by a party other than the one who performed the transcription. SA Transcription Services then issued a certificate of veracity for the transcription. Fourth, the transcription is proofread again, this time by the researcher. This proofreading was conducted while relistening to the audio of the interview to amend any industry jargon or other statements which may have been misunderstood. Finally, the transcription was loaded in the ATLAS.ti software and reread during the data analysis process.

4.6.6. *Field Notes*

Many have suggested that qualitative research strongly recommends field notes (Creswell et al., 2007; Hellesø et al., 2015; Mulhall, 2003; Patton, 2005; Phillippi & Lauderdale, 2018). They are seen as an effective means of documenting non-verbal cues, researcher observations and other contextual information which would not otherwise feature in transcriptions or recordings (Hellesø et al., 2015; Phillippi & Lauderdale, 2018). Phillippi and Lauderdale (2018, p. 1) go so far as to refer to field notes as “an essential component of rigorous qualitative research”. Field notes have been seen to enhance data and, crucially to this study, provide rich context in preparation

for robust data analysis (Creswell et al., 2007; Hellesø et al., 2015; Mulhall, 2003; Phillippi & Lauderdale, 2018).

Hellesø et al. (2015) indicate that field notes can take different forms and be approached from various perspectives. For this study, field notes were used sparingly to note specific non-verbal responses or responses that would otherwise be lost in the transcription of the recorded interview process. Furthermore, due to the focus on building trust with the research participants, these field notes were little more than very brief annotations, comments or observations so as not to spend too much time writing instead of focusing on and making eye contact with the interview participants.

The table below was created to facilitate associating the non-verbal cues and observations with transcribed interview responses to provide structure to the field notes for later use as a data source during the study's analysis phase.

Table 3: Field Notes Table (Blank)

Field Notes Table								
	Interview 1				Interview 2			
	Questions	Purpose	Observations	Comment/Thoughts	Questions	Purpose	Observations	Comment/Thoughts
Participant 1	Please share some of your background, what you do, how long have you been in your role, and what the organisation that you work for does?	Defining baseline of person/self			While you shared your background with us in the previous interview, is there anything that has changed with your role since we last spoke? Are you still in a General Manager role?	Defining baseline of person/self and confirming if participant is still appropriate based on selection criteria		
	In your current role, how do you manage the process of providing information to your team and receiving information from the structures above?	Probing views of perception of self in relation to leader-follower dynamic			In your current role, how do you manage the process of receiving information from the structures above?	Probing views of perception of self in relation to leader-follower dynamic		
	Would you describe the relationships to the structures above as driven by them or by yourself?	Determining nature of existing followership			At this time (now), would you describe the relationships to the structures above as driven by them or by yourself?	Determining nature of existing followership		
	How has this relationship developed?	Determining nature of existing followership			How has this relationship evolved/changed during the pandemic?	Determining nature of existing followership and shifts due to COVID		
	How has COVID-19 impacted your working environment?	Setting context			How have you adapted to the impact on your working environment due to COVID-19?	Setting context (updating of context from interview 1)		
	Please provide an example of engagement with your direct senior?	SQ1			Please provide a recent (last month) example of an engagement with your direct senior (ideally pertaining to COVID matters)?	SQ1		
	What do you think your approach/behaviour in the engagement said about your mindset/intent?	SQ1			What do you think their approach/behaviour in the engagement said about their mindset/intent?	SQ1		
	What mattered to you about the manner in which you engaged?	SQ1			What do you think your approach/behaviour in the engagement said about your mindset/intent?	SQ1		
	When engaging with your senior structures, are you mindful of your intent and priorities in communication? If so, what are they?	SQ2			What mattered to you about the manner in which you engaged?	SQ1		
	How do you perceive your role within the healthcare organisation?	SQ2/3			When engaging with your senior structures, are you mindful of your intent and priorities in communication? If so, what are they?	SQ2		
	Do you believe that your contributions/suggestions are valued?	SQ2/3			How do you perceive your role within the healthcare organisation during COVID?	SQ2/3		
	How/have you been included in the decision making in your industry/organisation?	SQ2/3			Do you believe that your contributions/suggestions are valued?	SQ2/3		
	How do you view yourself in terms of your followership?	SQ3			How/have you been included in the decision making in your industry/organisation during COVID?	SQ2/3		
	Is there anything further that you wish to share in terms of the dynamic that exists between yourself and those who lead you?	Pushing leader-follower context and allowing for additional thoughts			Has/how has COVID impacted your perception of yourself in terms of your followership?	SQ3		
					Has/How has our previous interview influenced your thinking about COVID, Followership or anything else?	Assessing Researcher Influence/impact of the study on participants views		
				Is there anything further that you wish to share in terms of the dynamic that exists between yourself and those who lead you?	Pushing leader-follower context and allowing for additional thoughts			

These tables were completed for each question asked during the first and second interviews. While there was not an observation made for each response, the structure of the above table aided in converting the researcher's field notes into a meaningful data collection tool to form part of the hermeneutic circle approach.

4.6.7. Sensitivities

In conducting research during crises, in particular where the context of the study is set in an environment potentially more affected by the crises than most, in healthcare during a global health crisis (Kaye et al., 2021; Uhl-Bien, 2021), an acknowledged risk of this study had always been the potential for psychological harm of the participants as a result of their experiences. Therefore, this potential for harm was of particular concern when asking participants to recount their lived experiences of the COVID-19 pandemic. However, throughout the first set and most of the second set of interviews, impressive resilience was shown by the participants. It became increasingly apparent that the participants could compartmentalise their work-based experiences very effectively and, as a result, continued to function at a very high level despite the considerable challenges and stresses of working in healthcare during the COVID-19 pandemic.

Two instances of concern only appeared during the second set of interviews. In the first instance, one of the participants became slightly distressed when asked to consider their mindset or approach to an engagement with a senior structure, the pressure of having contracted COVID-19 themselves, having lost an elderly family member to the disease and feeling obligated to function effectively at work began to lead the interview off-course. It was better to terminate that line of questioning. The participant had already contributed significant value in their responses, and the further potential insights that may have been gained did not justify the risk of possible emotional harm. The second instance, or collection of instances, was where a few participants expressed exhaustion from having dealt with continuous waves of COVID-19 with little to no respite. When enquiring as to whether they would like to terminate the conversation or not, all of the participants responded that they would prefer to continue and that the academic or 'not their daily conversations'-focused discussions were a welcome relief and that they found thinking of their involvement in a study and seeing possible positives out of the pandemic as quite cathartic. The researcher offered to refer them to their workplace wellness structures informally, but all participants declined and requested that no engagement with their respective employers or wellness structures be facilitated.

All the abovementioned engagements took place while the interview recordings were paused so that the respondent could discuss their continuation or withdrawal from the study without the pressure of a recording being ongoing. They noted their appreciation of this and expressed that they were comfortable continuing the interviews.

It was also identified that participants might have been compartmentalising various experiences during the crisis in a work setting to safeguard themselves, their families and those close to them. While it may initially appear peculiar that participants' compartmentalisation of a situation would be viewed as a favourable scenario, this reflected a reality noted amongst this study's participants. This compartmentalisation was a coping strategy and reflected the study participant's accurate and necessary state of being. In a study about frontline healthcare workers during the COVID-19 pandemic, Ardebili et al. (2021) noted that all participants had adapted to working during the COVID-19 pandemic over the course of their study. The participants shared that they had developed protective techniques to cope with isolation and social distancing and that this had ultimately 'normalised' or reduced their fear of the pandemic.

The researcher had also noted this element in this study, and it was ultimately determined that this was an unavoidable element of conducting a study during a crisis. As a mitigation to the unavoidable compartmentalisation during a crisis, the researcher's involvement in the context of the study led to an element of familiarity being fostered quite rapidly with the participants. Not only do I believe that this led to the 100% response rate for the second of the two interviews in the longitudinal study and the reflective interviews thereafter, but it was also noted that elevated levels of familiarity reduce participants' hesitancy to engage openly with the interviewer (Anthony & Danaher, 2016).

4.6.8. Lessons for data collection during crises

A multitude of lessons for data collection during a crisis were identified during this study. These lessons form the basis of a methodological contribution discussed in greater detail during the findings and discussions (Chapter 5 and Chapter 6). The first elements speak to the practical aspects of collecting data during crises. In the context of this study, access control to hospitals was substantially restricted for extensive periods. These access restrictions could be extrapolated to other crises such as natural disasters regarding physical access or financial crises regarding access to certain sensitive information, persons, or intellectual property. While not insurmountable, gaining access in these contexts may take longer than anticipated. The potential risk of this is twofold. First, the longer after the exposure to phenomena that participants are interviewed, the vaguer their recollection becomes, and second, the duration of crises can very rarely be known. As stated earlier in this document, an initial, albeit in hindsight naive, concern was that the COVID-19 pandemic may have concluded before the study was designed,

approved, ethical clearance granted, organisational permission sought, and interviews scheduled and conducted.

The second elements were more specific to the type of study being conducted. While the hermeneutic phenomenological methodology of this study remained appropriate for eliciting and understanding the lived experience of participants, it may require further insights or even tailoring, with particular reference to the data collection phases, in the context of crises. In conjunction with the research methodology, the main research question and sub-questions guided the development of the semi-structured interview guides. These sought to delve deep into the participants' experiences, the pandemic's influence, and their perceptions of self. The longitudinal data collection method was correct for this study in aiming to understand the development of the influence of the crisis on followership. However, it was not without challenges to adequately gain insights into experiences and perceptions actively developing over a pandemic.

The nature of the challenge of gaining in-depth, honest personal accounts from participants is acknowledged in phenomenological research. Unlike in conventional interviewing techniques where real-time encouragement or interpretation are discouraged, interviewing in phenomenological research necessitates the researcher to be supportive of participants during the interview, acknowledge their willingness to respond, share experiences and reciprocate by employing dialogical interview techniques (Quinney et al., 2016; van Manen, 2016). This was facilitated by acknowledging the participants' answers, sometimes encouraging them to gain trust and allowing for greater depth and openness in their responses. Only the participants' direct statements were included in the data analysis, and no statements made by the researcher to create shared meaning or develop comfort in the interview process were coded.

A global trend caused by the COVID-19 pandemic has been a move away from in-person meetings, or even offices as a whole, towards virtual engagements and settings. As discussed in section 4.6.2, there was no substitute for face-to-face engagement when trying to gain rich insights into participants' lived experiences through interviews. As a research participant termed it, the 'virtual distance' harmed the cohesive response to COVID-19 within the healthcare setting. It would then be quite challenging to conduct research without in-person engagement.

Perhaps more telling, and already described by Raven et al. (2018), was the suspicion accompanying interviewing participants during crises. Were it not for the researchers' direct involvement with the COVID-19 response, it would have been unlikely that many of the participants would have spoken as candidly regarding their challenges, experiences, perceptions and, in particular, their views of self. The familiarity that this afforded the researcher with the subject matter aided in putting the research participants at ease as they knew they could speak freely without having to translate some of the jargon or COVID-19 response-specific concepts. This peer-interviewer approach was noted as valuable in gaining in-depth insights into the lived experience of participants (Quinney et al., 2016).

The final element of the lessons for data collection during crises was that of harm, or increased potential for harm, to participants. In the healthcare context, during the lengthy COVID-19 crisis, the exhaustion of all healthcare workers, not least of all those charged with managing, strategizing and implementing an appropriate response, could not be overstated. This became particularly apparent during the latter part of the second phase of data collection, in the second and reflective interviews, and was an element to be considered for all studies conducted during longer-term crises. Finally, where there was also a constant threat of danger to self or those that one is close to, as was the case for the COVID-19 pandemic, there was an increased potential for psychological or emotional harm when requesting participants to recount their lived experiences. These experiences constituted some of the most challenging of the participants' lives. The researcher must be specifically sensitive to this to avoid certain topics if they become too painful and terminate the line of questioning or the interview altogether if required. It was important to remain in an appropriate ethical standing for the study, and no research should be advanced at the expense of its participants.

4.7. Data analysis

In the absence of suitable credibility and validity of the data analysis of a study, the entire research process is undermined and leads to any claimed contributions or value being questioned or, worse, being questionable. In conducting this study from an interpretivist ontology, it was crucial to ensure that the elements of the research methodology and data analysis were coherent with this view. The data analysis used hermeneutic phenomenological analysis processes (van Manen, 2016). Guided by van Manen's original philosophies on hermeneutic phenomenological analysis of the late 1990s (Heinonen, 2015; van Manen, 2016), Lavery (2003) explains that the structure of

interpretation is fluid, given the nature of understanding phenomena from the context of participants. While this fluidity is acknowledged, the stages, as discussed by Collinridge and Gantt (2019) and Wojnar and Swanson (2007), were applied to this study. They indicated that subsequent to the interview transcription, the data be read and coded before grouping these codes into themes.

In this study, the reading and coding (Collinridge & Gantt, 2019; Wojnar & Swanson, 2007) was conducted utilising the structures proposed in thematic coding, specifically qualitative content analysis (Spangler et al., 2012) to inductively code the data into cohesive groups and ultimately themes employing conventional coding (Hsieh & Shannon, 2005), addressing the research problem and questions. Thereafter, these common themes were compared and contrasted, clarifying the experience of the phenomena in question (Collinridge & Gantt, 2019; Wojnar & Swanson, 2007). In noting the recommendations of Fusch and Ness (2015) to adequately approach saturation in qualitative research, the resulting themes are presented as rich, thick descriptions of the phenomenon of the influence that crises have on followership.

The 'second part' of the hermeneutic phenomenological data analysis consisted of synthesising meaning into themes and synthesising themes to explain the experience of the phenomena (Collinridge & Gantt, 2019), also referred to as hermeneutic reduction (Heinonen, 2015; van Manen, 2016). Beyond the identification of key themes and illustrative quotes (Collinridge & Gantt, 2019; Wojnar & Swanson, 2007), a vital skill, as demonstrated by De Gagne and Walters (2010) and O'Gorman and Gillespie (2010), in the analysis of data in hermeneutic phenomenological studies is the crafting of the data and themes to illustrate the lived experience of the participants both individually and as a collective (Collinridge & Gantt, 2019; Lavery, 2003; Suddick et al., 2020; Wojnar & Swanson, 2007). Careful attention was paid to the storytelling component of the data analysis and presentation during this study to ensure that it adequately and accurately represented the participants' lived experiences (Suddick et al., 2020; van Manen, 2016).

It has been observed that qualitative studies often fail to provide concise descriptions of the processes followed during the data analysis phase of their studies (Kipnis et al., 2014; Littlewood, 2014). Further, the transferability and generalisability of qualitative research are noted to be challenging (Gentles et al., 2015). This has appeared to hamper the perceptions of the quality, validity and credibility of several qualitative studies and served as an important lesson to this study, which was conducted as a hermeneutic phenomenology study in an inductive qualitative manner from an interpretivist stance.

While the chosen methodology of this study was in keeping with the aim of explaining how crises influence followership, the tools available to ensure credibility and trustworthiness had to be applied. By providing consistent, identifiable oversight of the techniques and flow of the data analysis, the understanding and replicability of the study benefited greatly (Steigenberger, 2014). In ensuring quality and trustworthiness in this type of study, the concepts introduced by Lincoln and Guba (1985) are often cited as a benchmark to be pursued. They posit that credibility, transferability, confirmability and dependability are the underlying features that indicate high-quality data and rigorous qualitative study. This study addressed this by identifying multiple sources of data (Fusch & Ness, 2015; Leech & Onwuegbuzie, 2007; Morse, 2015). These included the longitudinal process of interviewing participants at two different points in time, reflective interviews validating these elements of the data and journey, and researcher field notes to assess non-verbal queues or those not reflected in verbal records or transcriptions. Each aspect represented a separate data source (Wojnar & Swanson, 2007).

The interview audio recordings were transcribed by a professional transcription service (SA Transcription Services CC) with a proven track record of academic, juristic and governmental work. The transcribed interviews were then captured into data analysis software. The thematic coding was carried out using qualitative data analysis software ATLAS.ti. Each aspect of the data analysis process was clearly explained, and each theme and code group provided specific definitions to add credibility and confirmability to this study. This was achieved by the researcher initiating the data analysis process prior to completing the data collection process. In addition, reducing the time between the interviews and analysis enhanced the quality of the process by allowing for a better recollection of the interviews by the researcher. This was coupled with the early identification of themes that supported and informed the adjustment of the semi-structured interview guide for the second and reflective interviews.

Collected data were thematically analysed within a reflective, recursive hermeneutic process. This process saw the participants' statements and responses grouped under sub-themes created by identifying groups of similar responses. These sub-themes were then aggregated by their focus and meaning into themes related to specific research sub-questions. These stages of analysis, illustrated in the following chapter, were considered both from the outside in and from the inside out in keeping with the hermeneutic circle concept.

Acknowledging the discussions by Woods et al. (2016), careful attention was paid to harnessing the benefits of qualitative data analysis software in terms of structure and oversight without running the risk of ignoring the inductive elements and involvement of the researcher in the proposed study. Patterns between the themes and journeys were sought and, once identified, noted with exemplary quotes to explain the phenomena of crises influence on followership.

4.8. Data quality

The quality of the data was of the utmost importance. Ensuring high-quality data, this study addressed the critical elements of quality in qualitative research, as indicated by Lincoln and Guba (1985). The study's credibility was achieved by ensuring cohesion between the extant literature on followership, influence, healthcare and crises and how this was incorporated into the semi-structured interview guides and questions (Kallio et al., 2016). The methodological section of this study, the detail in which it discussed the decisions made, and the presentation of context-specific charts and interview guides provide confirmability and dependability of the study. Similarly, while the transferability and generalisability of qualitative research have often been known to be challenging (Gentles et al., 2015), the process of comprehensive documentation of every step of the journey, particularly the data analysis, improved this aspect.

To set the tone for quality in this qualitative study, accurately describing the influence exerted on followership by crises as intangible constructs represented an approach to construct validity. This was supported by the rigorous observation and interview techniques applied to the semi-structured interviews and guided by the interview schedule development discussed by Kallio et al. (2016), addressing content validity. While the facilitation of an intensive discussion about events with individual participants to gain rich descriptions of their experiences of the phenomena while approaching data saturation through the collective participant engagements ensured criterion validity (Collinridge & Gantt, 2019).

Approaching data saturation was crucial to ensuring the data quality and analysis process despite arguably being deemed part of the data collection process. As inductive coding and inductive qualitative research as a whole were noted to be an iterative journey, the collection and analysis phases were accepted as being interrelated. A decrease in new codes in subsequent interviews was noted in approaching data saturation.

4.9. Limitations

Before conducting the data collection, potential challenges had been identified in executing the steps in the data collection process. Some of these ultimately did not impact the study, but others required active management and mitigation. When the study was conceptualised, seeking to interview participants during a crisis was initially a significant concern. It was thought that the window of opportunity to conduct a study of this nature would be limited. Despite this risk, the value of conducting this study outweighed the concerns as it was identified that a similar opportunity might never again present itself. Fortunately for this study, though unfortunately, in the grander scheme of things, the COVID-19 pandemic surpassed all initial expectations and estimations regarding its longevity.

As a longitudinal study, the risk of introducing bias between the first and the second interviews existed due to information shared or thought processes that had been encouraged (Morse, 2015). To combat this, the interview guide development carefully scrutinised how it may be possible to elicit the desired results without sharing too much information regarding the phenomena. Further, the three-month 'cooling-off' period between the initial and follow-up interviews aided in reducing any potential bias that the researchers' involvement may have introduced. This was tested with a question in the second interview guided to identify the impact of the first interview on the participant's thinking. While minimal impact was identified in some cases, this was too vague or faint in the participants' memory to have had a material impact on the study.

Further to the risk of introducing bias in terms of information sharing, an inherent risk of phenomenological research was researcher bias. This was noted to be of additional concern as the researcher was actively involved in the healthcare response to the COVID-19 crisis and, as such, may also have been influenced by the crisis. As an insider in the healthcare system in South Africa, it was vital to acknowledge the impact this might have had on researcher bias and the potential bias of the study participants. In order to avoid imparting bias to this study, informed consent (Annexure C), participant anonymity processes and interview guides (Annexures D, E and F) were prepared. The participant anonymity process ensured that all personal identifiers were removed or disguised during the data collection phases to ensure the anonymity of all persons described in the interim or final presentation of data, results, or publications. The identifying features of the participants were replaced by the identifiers *P1, P2, P3...* to evaluate the shifts in

perceptions at the second data collection point in the longitudinal study and during the reflections in the reflective interview process.

This was in keeping with the aims of reducing researcher bias, better described by the views of Husserl and his comments on a state of transcendental subjectivity, which Wojnar and Swanson describe as “a condition of consciousness wherein the researcher is able to successfully abandon his or her own lived reality and describe the phenomenon in its pure, universal sense” (2007, p. 173). They provided guidance to achieve this state by employing the process of bracketing, noted as consciously excluding previous experiential knowledge and personal bias to preserve an untainted description of the phenomenon (Wojnar & Swanson, 2007). Bracketing was suggested to be achieved by the separation of the phenomenon from its world and, prior to inspecting it, the dissection of the phenomenon in order to expose its structure, aiding to define and analyse it and finally by suspending one’s preconceptions regarding the phenomenon which allowed it to be assessed independently (Wojnar & Swanson, 2007). This was further achieved by reflecting on the researchers understanding and potential biases concerning the phenomenon and openly engaging with these concerns. A specific benefit of hermeneutic phenomenology and the analytical process in hermeneutic reduction was enacting critical self-awareness (Heinonen, 2015). Overtly acknowledging these requirements formed the basis of the approach to reduce researcher bias in this study.

Despite this acknowledgement, the process of transcendental subjectivity and the required level of self-awareness would have been exceptionally difficult to attain in isolation. Therefore, as a means of methodological triangulation, overt acknowledgement of the need to pursue transcendental subjectivity as discussed earlier, reviews of the interview process as discussed in 4.6.2 - 4.6.4 to objectively reflect on perceptions, thoughts, and emotions of the researcher during the interview process and finally coaching discussions conducted with the research supervisors to aid in highlighting any potential risks for, or actual bias, and remove it from this study. Coaching was noted as particularly useful in addressing and removing actual or potential researcher bias by aiding the development of reflexivity and bracketing (Maritz & Jooste, 2011).

The primary research supervisor was highly accomplished and skilled at coaching conversations. These conversations were used as focused learning processes to address researcher bias or risks. It was noted that coaching conversations rely on “critical, evocative and probing questions” (Maritz & Jooste, 2011, p. 975), which cannot

be achieved in isolation or through introspection alone. Having a party external to the interview process, promoting critical thinking, assisted the researcher in identifying their bias and thus creating a structured and measurable plan to eradicate it (Maritz & Jooste, 2011). Finally, a known critique of phenomenological study was that it could be nuanced and, therefore, not generalisable. The intention was not to generalise but to deepen the understanding of followership experiences and perceptions in a specific context, in this study, a global crisis.

4.10. Delimitations

The influence of a context on human behaviour involved cognitive temporal perception (von Schéele & Haftor, 2018) and sensemaking (Brown et al., 2015; Weick, 2011) elements, while the context of global crises indeed entailed a considerable element of resilience literature (Fang et al., 2020; Southwick et al., 2014). However, these aspects were not the focal point of the study of how crises influence followership from the followers' perspective. During the discussions and data analysis, there were elements of these aspects to consider, which were reviewed in this study's discussion chapter (chapter six). However, these became adjuncts to the central theme of followership and its nuance rather than the intended areas of investigation of the study.

When dealing with subjects involving the psyche, such as lived experience, influence, and perceptions, it was acutely important to acknowledge the existence of and, sometimes, subtle differences between abnormal and normal psychology. While elements of abnormal psychology were undeniably present in many participants, some through their own losses or illness, the interrogation of these aspects fell outside the study's focus. Such investigation is complex (Finlay & Lyons, 2001) and requires a methodological approach that fell outside this study's parameters. All participants and their responses were thus noted as possessing 'normal' psychology.

4.11. Ethical considerations

In keeping with the guidelines of the University of Pretoria, Gordon Institute of Business Science and accepted academic practice (Flory & Emanuel, 2004), ethical clearance from the institution and its relevant ethics committee was sought prior to the initiation of any data collection from participants (Annexure A). Furthermore, informed consent (Annexure C) was gained from each participant and their employer or organisation before the commencement of any interview. The informed consent emphasised the anonymity of the participants and employer and highlighted their ability to withdraw from

the process at any time, free from prejudice. This was conducted in writing, and the signed documentation was retained.

In addition to the generally accepted ethical considerations of academic practice, research in the healthcare environment provided additional challenges to the researcher regarding vulnerable populations and potential real-life impact on persons involved with and beyond the study, such as patients, caregivers, and more. The processes of conducting research in a medical setting are governed by the Declaration of Helsinki (latest update 2013), which was extensively considered in the preparation of this research (World Medical Association, 2013). While it was not intended to impact any such populations or even come into contact with them, additional ethical clearance was sought from the University of Pretoria's Faculty of Health Research Ethics Committee (Annexure B).

Robust anonymity processes were implemented in line with the focus of protecting the research participants. The sequence and participant number allocation were assigned based on the participants' availability to be interviewed. As such, participant one was the first, participant two the second, with the same sequence following through all participants. The identities of the participants remain highly confidential. While the same cooling-off period of three months was applied to all participants, with slight allowances for scheduling conflicts, one week on either side of the due date for the second interview, some participants were interviewed 'out of sequence' as it would have pertained to their participant number allocated during the first interviews. The numbering was determined to represent a suitable degree of anonymity while still allowing for the evolution of perceptions, thoughts, and experiences during the pandemic to be identified in the individual participants and then later aggregated to meso-level positions around shared meaning and influence of crises on followership. During the transcription, all references to a particular geography, hospital group, hospital or person working for these were removed per the participants' expectations and in accordance with the principles of anonymity and confidentiality espoused by this study. As a final layer of confidentiality, the dates upon which each transcription was submitted and completed were also removed from the individual transcriptions.

4.12. Reflexivity

Reflection at various levels and times during this study was important in ensuring ontological, epistemological and methodological coherence. Reflection was of value

during the participants' reflective interviews and by the researcher during various times over the course of the study. This approach was congruent with the findings of Walsh (2003), who identified four overlapping and interacting dimensions of reflexive processes: personal, interpersonal, methodological and contextual (Olmos-Vega et al., 2023). Shifting reflexivity to the foreground by researchers within themselves, in relation to participants and in the holistic context of qualitative research has been a growing trend in organisational and management theory research (Alvesson et al., 2008; Langley & Klag, 2019; Olmos-Vega et al., 2023). This study sought to heed these recommendations by engaging with the four dimensions of reflexivity.

4.12.1. *Personal reflexivity*

To adequately pursue personal reflexivity, the researcher reflected on and clarified his expectations, assumptions, and conscious and unconscious reactions to the context, participants, and responses (Olmos-Vega et al., 2023). The context of the crisis and the proximity of the participants and their settings to the researchers' own required active separation to mitigate bias. This study employed bracketing to manage personal bias and apply personal reflexivity (Dörfler & Stierand, 2020). Bracketing was most prevalent during the data collection and analysis phases, where the researcher focussed on bracketing while conducting the interviews, taking field notes and analysing data. Here, the researcher consciously suspended judgment and engaged with the primary research supervisor to arrive at an intuitive understanding of the participants' descriptions of their lived experiences.

4.12.2. *Interpersonal reflexivity*

In this study, the most significant areas of reflexivity were regarding the relationships between the researcher and participants. The approach to interpersonal reflexivity required recognising and appreciating participants' unique knowledge and perspectives and the influence of these on the researcher and the study (Olmos-Vega et al., 2023). During the design of the semi-structured interview guides (Annexures D, E and F), it was particularly beneficial to create a 'thinking space' to reflect on the researchers' experience of the interviews through engagement with the primary research supervisor. This aided in avoiding drafting and asking leading questions. In terms of perceived knowledge, these 'thinking spaces' to acknowledge and engage with the researchers' standing and potential position of power in the interviews were particularly relevant in developing the second and reflective interview guides (Annexures E and F). These considered the participants' responses to the first interviews, focusing on their

perceptions of the questions asked. Cairns-Lee et al. (2022) addressed the role that reflecting on typologies of leading questions could play in developing cleaner research interviews and resulting in unbiased data. While the 'thinking spaces' with the primary research supervisor did not go into the typologies of leading questions, the engagements resulted in the researcher's elevated reflection on how participants may perceive such questions and how best to avoid them being leading.

4.12.3. *Methodological reflexivity*

Ensuring methodological reflexivity required the researcher to consider their paradigmatic orientation carefully (Walsh, 2003). Early reflection by the researcher on their worldview resulted in rejecting a positivist position, instead accepting a more abstract stance on what could be known. This reflection resulted in the choice of hermeneutic phenomenology resonating with the researcher and ensuring personal ontological and methodological coherence.

4.12.4. *Contextual reflexivity*

Situating the research questions within the context of a global crisis necessitated reflection on how the study may impact participants, their environment and the broader social field (Olmos-Vega et al., 2023). The reflection on the context, setting, and how the study may have transformed them in ways that may have been unintended, represented contextual reflexivity. Engagement with the primary research supervisor was greatly beneficial when identifying and avoiding potential psychological harm to participants and their environment rather than progressing with interviews.

4.13. Conclusion

Methodological coherence needed to be maintained throughout this study. This ensured that the research problem and question appropriately matched the relevant research design and methodology while adhering to this study's underlying interpretivist ontology and epistemology. Furthermore, the various critical aspects of this study were linked by the literature review and extant literature to ensure that it contributed meaningfully to theory and practice and was appropriately positioned in the domain of followership. Finally, while initially unanticipated, conducting research in the healthcare context during a crisis revealed valuable insights into data collection and methods, thus providing a meaningful methodological contribution discussed in the following chapters.

Chapter 5: Findings

5. Presentation of Study Findings

This study aimed to understand the lived experience of followers and their followership in healthcare during a global crisis, COVID-19, and specifically how this crisis and their experiences impacted them. Therefore, this chapter is structured such that the flow adheres to the underlying methodological principles, which also follow the central themes of the study as noted in the research question and sub-questions.

The data collection process resulted in just short of a collective 28 hours of interactive dialogue and audio recordings, which were transcribed verbatim. This data was further enhanced by the researcher's field notes, which contained observations about the non-verbal aspects of the interviews and participants' physical responses.

The identified dominant themes and their sub-themes extrapolated from the longitudinal interview process and reflective interviews are presented alongside salient excerpts of the participant narratives relating to the identified themes and sub-themes. This approach responds to the three sub-questions under which the relevant themes have been grouped and thus responds to the central research question. Without breaking from the confidentiality afforded the participants in line with the ethical clearances and research design, the participants as the realised study sample and critical contributors are briefly described before detailing the findings of this study.

5.1. Description of realised sample

In qualitative research, particularly phenomenology, the research participants are more than mere data points or sources. Their willingness to share their experiences and answer probing questions was crucial to the accurate and detailed construction of an understanding of lived experiences in this study. In addition to their preparedness to engage, it was also vital that the most appropriate sample of the study population be realised. In keeping with the core principles of a qualitative study, the participant selection was purposive homogeneous sampling. To study the phenomenon, participants needed to be interviewed at different times during or in close proximity to an active crisis. This ensured that the study investigated the lived experience of the participants of the phenomenon in question. To achieve this, participants who had actively responded to the COVID-19 crisis within healthcare organisations were sought. The homogeneity of the sample was noted in that the chosen participants were

composed of senior or management-level members who were permanently employed by, or in other ways bound to, their relevant organisations, which had functioned in the healthcare sector during the COVID-19 pandemic.

Participants of the same or similar positions within their relevant structures but from different-sized hospitals were selected from within the same organisation. The selection of participants adhered to the description in section 4.4 and was spread evenly across the size of the hospitals to yield a participant demographic, as seen in table 4.

Table 4: Study participants

		Hospital Size			Total
		Small	Medium	Large	
Province	Gauteng	3	3	3	9
	KwaZulu Natal	1	1	1	3
	Western Cape	1	1	1	3
Totals		5	5	5	15

These interviews were conducted at three points during the COVID-19 pandemic, with the first and second sets of interviews conducted three months apart and reflective interviews conducted 'after' the pandemic to assess the development of responses to the phenomena. Table 5 illustrates the 15 interviews held at either point in the first two sets of interviews, with five reflective interviews conducted subsequently. In total, thirty-five interviews were collected for data analysis.

Table 5: Interviews

Interviews				
	1st Interviews	2nd Interviews	Reflective Interviews	Totals
Date Range	June 2021 - October 2021	September 2021- January 2022	August 2022	-
Pandemic Stage	Early	Late	Post	-
Number of Interviews	15	15	5	35
Participants Withdrawn	0	0	0	0

5.2. Overview

The process of lived experience impacting and influencing existing behaviours, perceptions and beliefs is complex and multifaceted. Where this lived experience is one of extreme circumstances, a global crisis, within an unpredictable and complex setting, such as healthcare, the task of identifying patterns or themes had to be approached with great caution and the structure provided by the hermeneutic reduction process. In seeking to present the results in a cohesive manner, the identified themes and sub-themes are presented with links to the research sub-question to which they pertain.

This approach, as illustrated in Figure 3 below, was congruent with the underlying methodology of the study, as identified in the philosophy of Heidegger and their views that “each part should reflect the whole, and the whole should be reflected in each part” (Heidegger et al., 1962). Consequently, and in acknowledgement of this perspective, Figure 3 can be viewed either from the central research question out, via the research sub-questions to the themes and then subthemes which inform them, or one can consider the various elements identified in this study and presented in this section, from the outside in as the building blocks towards understanding the lived experience of followers during COVID-19 and how this influenced their perceptions and enactment of followership.

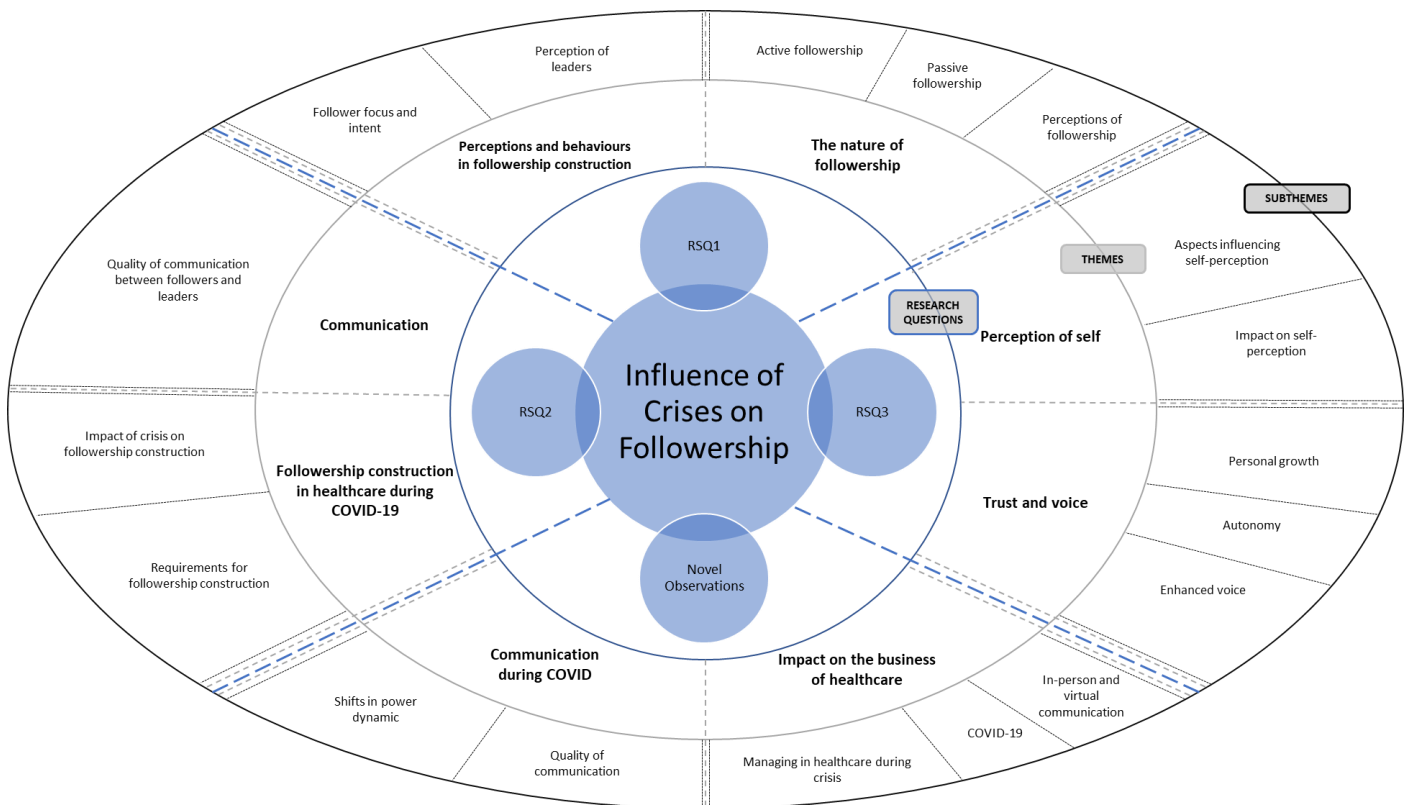


Figure 3: Themes and sub-themes related to research questions

The sequence I have followed to provide a structured insight into the results of this study is to adhere to the order of the research sub-questions in presenting the themes and sub-themes identified in answering them. The research sub-questions answered under sections 5.3 - RSQ1, 5.4 - RSQ2 and 5.5 - RSQ3 respectively were:

- RSQ1 - How has the crisis changed followers' experience of their perceptions, behaviours, and values towards followership?
- RSQ2 - How have followers experienced their followership in healthcare, and how has this shifted due to the COVID-19 pandemic?
- RSQ3 - How has the COVID-19 pandemic influenced self-perceptions of followers and their followership?

The novel observations noted in the data analysis process are identified in section 5.6.

Figure 3 illustrates that the themes and subthemes form a network around the research sub-questions, which provide the answer to the overarching research question. This overview was generated, in congruence with the hermeneutic phenomenological principles, to tell the story of the journey of the participants' followership through the crisis. The transcribed codes, as raw data, were grouped and collated as trends, which were then organised into subthemes before these were aggregated into themes related to specific research sub-questions. This sequential aggregation of participant statements into themes illustrated the process of synthesising the data into findings. To structure these findings and the discussion in the following chapter, they are presented under the headings of the research sub-questions, the key themes and the subthemes pertaining thereto and highlighting the trends which inform them. These trends provided insight into the participants' lived experiences while the aggregated structure ensured an understanding of, and adequate response to, the research questions.

5.3. The impact of crises on followers' experiences of their perceptions, behaviours and values towards followership

Two dominant themes emerged in response to the questions posed to the study participants during various interviews pertaining to the impact of COVID-19 on their perceptions, behaviours, and values towards followership. This covered elements represented as the subthemes, which could be viewed as the participant's perceptions of their leaders (5.3.1.1), the participants, as followers, focus and intent (5.3.1.2) and their views on followership beyond the global crisis (5.3.1.3). The second theme that emerged was the nature of followership espoused by the participants during the

pandemic. This was identified along the lines of active (5.3.2.1) and passive (5.3.2.2) followership, as well as the participants' perceptions of followership as a concept (5.3.2.3).

Table 6: Codes per data collection point – RSQ1

	First Data Collection Point (Interview 1)	Second Data Collection Point (Interview 2)	Reflective Interviews	Totals
(RSQ1) Perceptions, Behaviours and values towards Followership	150	80	80	310
Total Codes/Data Collection Point	559	364	339	1262
RSQ % of Total	27%	22%	24%	24%

As seen in Table 6, 310 codes under the two themes for RSQ1 were identified. 150 of these codes were identified in the responses to the first interview questions, 80 to the second interview questions and 80 to the reflective interview questions. 24% of all codes identified in this study were noted to be linked to RSQ1. This distribution suggested an appropriate focus of the interview questions within the data collection points and across the study. The themes, sub-themes, relevant code groups and key statements made by participants are highlighted in the following sections.

5.3.1. Perceptions and behaviours in followership construction

The central themes of this study are how participants' perceptions and behaviours towards and during their followership construction were experienced during the pandemic. While most explicitly captured in RSQ1, they also largely pertain to the central research question. In identifying their stance on followership construction, participants discussed their perceptions of their leaders with whom they would contract in a co-creation process, the focus and intent that they, as followers, had in engaging in followership construction and how their followership had changed, and may change, beyond the COVID-19 crisis.

As can be identified in the following results, a noticeable shift in focus occurred over the course of the pandemic, as is seen by the changing emphasis on followership construction during the first, second and reflective interviews, respectively. While the earlier phases of the pandemic saw a greater focus on the role of leaders, as the pandemic progressed, this was steadily de-emphasised and shifted to the followers' focus and intent in followership construction. During the reflective interviews, this progression was further reinforced by the participants showing increasing interest and consideration for a 'post-COVID' context, as seen by their views on followership beyond the COVID-19 crisis.

Table 7: Perceptions and Behaviours in Followership Construction

	First Data Collection Point (Interview 1) n=15	Second Data Collection Point (Interview 2) n=15	Reflective Interviews n=5	Totals n=35
Followers perception of leaders	51	16	16	83
Followers focus and intent when engaging with leaders	56	31	16	103
Followership beyond COVID	1	8	23	32
Totals	108	55	55	218

5.3.1.1. Perception of leaders

Much of the early part of the first interviews, in particular, saw the participants discussing their perceptions of their leaders. During the data collection and analysis, it soon became apparent that the trust between followers and leaders was a recurring trend. The trust which could be created between follower and leader was seen to be fundamental in constructing followership. Participants determined this trust by the nature of engagements from their direct senior structures and the extent to which the participants were heard or trusted when sharing information or feedback. Participants six and nine shared this quite succinctly during their first interviews.

“I perceive that the communication from the senior structures in the company is very much based on trust and I am a person that prefers to give people trust and allow them to disprove or to live up to that trust.” P9:11

“The way that I build a relationship, it would be with someone that I trust.” P6:11

During the earlier phases of the pandemic, the degree of trust was seen to be improving. In some cases, this was perceived as superior to the situation in their working environments prior to the pandemic, as stated by participants two.

“In a non-COVID era, people were not very receptive to change, and you know, even up in a more senior structure in the organization, a few months ago or a year ago, a request might be something you cannot even ask, but COVID has changed the game. It is really a game-changer. It is up to you to use this opportunity, this trust, to make those changes that you wanted to always make.” P2:11

From the second interview of the first set of interviews early in the data collection phases, this statement introduced a recurrent theme throughout the research interviews. In terms of communication, access to senior structures seemed to improve progressively. It was a sought-after element of the follower-leader relationship by participants by the end of

the data collection phase and one that was seen to be desired beyond the pandemic. Enhanced trust and communication were seen as a requirement in managing the crisis and for future organisational success.

While some participants noted the additional trust and accessibility with surprise, it was generally viewed as positive and, when experienced with guidance and superior insight into COVID-19, how to cope with crises and creating a perception of support, its impact was seen to be enhanced, as expressed by participants six.

"[I trust] someone that I believe has got the ability for me to report to and have got a greater leadership or insight and can give me information." P6:11

Despite the positive perception noted by some participants, most responses indicated a negative association with the trust relationship with, or trust in, their leaders or senior structures. This negativity was dominated by identifying a rift between the followers' more direct involvement in dealing with the crisis and their leaders' perceived distance from the specific context or setting of the followers. Statements laced with anger, such as those of participants four and five, were plentiful. At their core was the view that managing a healthcare facility remotely or in a centralised fashion was impossible, specifically during a crisis. The participants generally noted that each healthcare facility was unique. Even where the facilities shared various centralised leadership, managerial, support services and other organisational structures, these could not match the site-specific insights of the participants and their respective teams.

"So essentially if you are having a meeting with your line manager you would expect your line manager to have some idea [with] regards to the business and where the business gaps are and where opportunity would grow essentially. But in a meeting, there is just completely no idea as to what happened to the business in the past two to three years versus what is going to happen to the business and where is the quick and easily wins essentially." P4:12

"What I, we, did not appreciate was the interference from above. And very often, and quite frankly, we would say we do it this way; this will work better. But, the interference from above was just too overwhelming." P5:11

While some views were more moderate than those highlighted above, such as those expressed by Participant 11, a negative slant was still present. In these less negative

messages, the focus was perhaps even more precise and a tone of frustration, disappointment and despondence was reinforced by the non-verbal notes and observations, which saw stooped shoulders and almost sad tones of voice.

"I must be honest with you, but it's not because it's not it's not valuable, or it's not correct. It is just that they are looking at it from a different perspective; they are looking at it from a different angle. And whereas I'm looking at it from a more practical approach, I'm sitting, and I'm here." P11:11

Some participants highlighted feelings of abandonment and that the lack of support was also noted to lead to negativity, notably as the pandemic wore on and an 'end' was not visible. This was expressly noted during the second interviews, where the follow-up questions to the first set of interviews probed these areas in greater detail. Repeated disappointment in leaders, their actions or inactions, and lack of context-specific knowledge compounded by high demands and expectations led to a loss of trust and, in some cases, resentment. This was the first tangible sign of the protracted nature of the crisis altering the participants' perceptions towards their leaders.

"I know that COVID has previously heavily affected us, but COVID is not going anywhere; if I jump back to the overall experience between that meeting, it was lack of insight, lack of support, high expectations with no support." P4:12

These negative experiences towards the trust relationship led to participants questioning the structures and grappling with the way forward, as suggested by participant 12 during their second interview. While expressed very directly, multiple other participants started to query their organisational structures during the second set of interviews. Many questioned the need for the structures, preferring a significantly more independent approach, while others focussed more on the fact that the relationship had changed irreversibly.

"So now you have got to pull yourself back and say as much as that relationship has been allowed, we almost need to go back into what was. But it makes you start thinking, should the structure not change, should we not take this layer off the cake, that was always there, out." P12:12

These trends gained momentum as the pandemic progressed and were reinforced during the reflections on the trust, or lack thereof, as seen in the examples from reflective

interviews one and two. Again, there was a questioning of the intent and even authenticity of the interactions from leaders and a rejection of a 'forced' relationship.

"I really think it's an illusion of trust; I think it might just be a really good selling activity from management." RI 1

"It's almost - you will follow me no matter what. That's what I battle with." RI 2

As noted in the participants' responses, an increase in negative perceptions towards and rejection of leader-driven engagement became increasingly prevalent later in and after the pandemic. It seemed that the recovery of followers' trust in their leaders, while steadily recovering, did not return to pre-pandemic levels and that this adversely influenced the followers' acceptance of leader-driven engagement.

During the first data collection interview, the participants were mostly noted to be quite cautious in responding to questions which assessed their perceptions towards their senior structures. This was perceived when considering body language, facial expressions, tone and cadence of speech rather than the responses provided. This was likely due to the participants not fully trusting the researcher or research process, as these questions were asked relatively early during the first interviews. In contrast, during the second and reflective interviews, the responses about the relationship with senior structures were either neutral or quite vehemently expressed, indicating a strong emotive response by numerous participants towards the line of questioning.

5.3.1.2. Follower focus and intent

The data from the research interviews indicated that communication speed and strategic intent were important to the participants. Their responses highlighted that rapid communication sharing was both expected and required by senior structures for informed decision-making. However, participants suggested that their communication was also strategically shared to align with their intent to achieve the desired nature of followership construction.

The speed of communication was associated with the rate of decision-making by both followers and leaders. These decisions were seen as needing to be made rapidly in response to a crisis which had never been experienced by anyone at any level. In some cases, the speed of making a decision was valued above the decision itself, noting that inaction was generally more harmful than partially informed action. This was specifically

noted later in the data collection phase and pandemic, with the second interview of participant 15 and reflective interview four highlighting these thoughts.

“So, it is just, you know, constantly reminding the urgency to say please, can we make sure we get resolution on this matter because it is rather urgent.” P15:12

“Professionally, it taught us all how to make very quick decisions very quickly without applying a huge amount of thought because we did not have the luxury of time, and certainly in our position, that is how I felt.” RI 4

While the speed of decisions was valued, the requisite accuracy and defensibility remained. In expanding on the statement in reflective interview four, the participant highlighted that the pressure in decision-making was a potentially positive development in enhancing the skill of accurate, rapid decision-making.

“I think it might have been a good thing actually that it exercised and sharpened those skills. Think on your toes, make good solid decisions that you can discuss and defend afterwards and that you do not regret either.” RI 4

However, speed of communication was not the only vital element. Preparedness when engaging with senior structures was also highly valued. Participants shared that the desire for immediate, almost real-time, information was an immense pressure point from their leaders and one they sought to address by pre-empting the requests for information. Participants' eight example captures their experience of this pressure and their behaviour change.

“But, speaking to the CEO and MD, I very quickly realised from around March 2020, make sure you know everything happening in your hospital, because when these guys phone, they are not going to want to hear, ‘let me find out’. ... He wants an answer immediately, and he, I do not think he suffers fools lightly if that is the right phrase, and if you do not make the right call in early stages with him, you lose his trust quite quickly, you know, so that has always been my approach with him.” P8:11

This impact was almost universal; other participants shared that despite the demand for rapid communication, they were mindful and strategic about which messages they shared with which leader. Participants one and six shared their approaches to this process, encapsulating the consensus amongst participants' responses.

"I almost preplan my feedback, and you plan; you do not just say what you want to say, but you plan what you want to say so carefully that it falls on the ear in the correct manner." P1:11

"I do not blindly go into a discussion. If I have an audience I'm not familiar with; it's factual. If I'm coming into an audience where I know a member, it's mostly just individual face-to-face, then I've got a strategy on how I'm going to communicate to that individual."
P6:12

As highlighted in the examples, this was partly noted to ensure that the message was correctly received and also an acknowledgement of the general pressures of time and availability of senior structures during crises. While this may have led to an appearance that all followers were mindful of the demands of the crisis on their senior structures, several participants also admitted that some of their communication was strategically positioned to manipulate their leaders. This was not specifically seen to be for personal gain but to achieve desired outcomes at an operational or site level, as in the examples of participants four and ten.

"And unfortunately, that is the sinister element that comes to the fore, and I am not saying it, and it is not right if I am going to be blunt about it, but unfortunately, the business needs to sustain itself, and the business needs to run. From a management point of view, you need to make sure that all of the stakeholders are happy and you are still making money. And that is the planning that goes into your mind, unfortunately." P4:11

"I know that my communication and my behaviour and my intent was to get him to agree for me to do something that I thought was the right thing to do." P10:11

However, these approaches were not exclusively focussed on the progression of the organisation or the response to the crisis as identified by admissions such as those made in reflective interview one, which alluded to a degree of self-promotion being present.

"My impression is just that a lot of people pretend to do a good thing or to do their jobs and lie a lot upwards. And I think a lot of the senior structures believe the lies they are fed, and I don't necessarily know whether that's trust or whether it's just a need to want to look good." R1 1

These responses also tie into the earlier discussions of trust and building trust as the cornerstone of followership construction. Further, rather than a passive approach to building trust, the strategic intent and even manipulation allude to an active involvement of the followers in generating the necessary trust for followership construction. Finally, the participants also introduced that while communication was necessary, the same importance was not necessarily extended to agreement. Instead, merely being afforded an opportunity to engage and a platform to communicate was expressed as a key element in their followership construction by participants nine and ten.

“And all my success would be somebody that in the next engagement said to me ‘something that you said in the previous engagement made me think’, and that’d be my success because then, you know, you have just managed to shift their ideas slightly.”
P9:12

“I do not necessarily have to be having agreement that what I say is right or wrong, but I just want to be heard, and that is what matters to me.” P10:11

This last element ties into discussions and participant responses on follower's voice shared in 5.5.2.2. The intent and focus of followers in their communication with senior structures remained relatively consistent over the course of the pandemic. However, the rate of communication was expressed to be far more rapid during crises than prior to or after such events.

The focus and intent of the participants were elicited with lines of questioning, which typically took place near the middle of the various interviews. By this stage, the participants were almost all comfortable with the process, and their responses to the questions about their engagement with their senior structures drew some of the most notable non-verbal responses of the study. The responses, ranging from very passionate to very angry as seen by participants leaning towards the researcher, growing louder in their responses and, in one example, slamming their hands on their table, highlighted both the importance that the engagement with senior structures held in their followership construction process and that the crisis had not allowed this to progress in a usual manner.

5.3.1.3. Followership beyond the crisis

An important consideration in determining the impact of crises on followership construction was how this may have shaped followers' views towards their followership beyond the crisis. This line of investigation was dominated by the reflective interviews, which took place in a 'post-COVID' setting and yielded more than 70% of the responses to 'followership beyond the crisis'. The responses were particularly interesting to the study and in validating the concepts presented in this section.

Leaders' actions during the crisis were noted as an important factor in determining how followers would perceive them after the crisis. These perceptions would impact followership construction either positively or adversely. Multiple participants felt leaders were absent during and in the immediate period post-COVID. They noted that this left them wondering how they would resume their roles after the pandemic and if they were even necessary. The statements of participant 12 and reflective interview one were particularly poignant and highlighted the importance that followers placed on their leaders being 'present' during the crisis.

"I think it is going to be difficult for regional [leaders] to fit back in because they spent a lot of time in limbo in the last two years because they really have no place. Not their fault. It is just the situation." P12:12

"I do think leaders who divorced themselves from being on the ground during the pandemic will not have the followers, or the followers may view them differently after the pandemic. ... And I'm wondering to what extent people who say, you know, long term this kind of almost hatred, animosity is going to grow and saying, you know what, when the chips were down, you were not here." RI 1

The almost aggressive stance and statement in reflective interview one was expanded on during reflective interview five and was indicative of a trend that emerged in the data. This 'absence' of leaders and leadership was noted as a frustration and a cause of broader conflict and division, harming the followership construction relationship.

"We have become silos, unfortunately, because of the leadership. We are all expected to function in our own silo, and magically it will pull itself together, and we will make a success. And I think if you are looking at it in terms of where we are right now, we are probably two hospitals pulling the entire region together in terms of performance, which should not be the case. We should actually be 17 hospitals pulling together post-COVID.

...If you look at where we are currently, we are actually a far cry from where we are supposed to be, and what is the reason for that? I believe it is leadership. ... I am saying they do not have the leadership with energy and exuberance and the aspirations of wanting to achieve and achieve quickly. Unfortunately, we all fell flat; we all fall flat, and that is why I am at this stage is that I do not see the hunger and desire from our leaders, and we do not have the ability to flex ourselves as a region and to achieve what we need to achieve” RI 5

These views again highlight the key theme and role of trust in followership construction. Further, the impact of leaders' actions, or inaction, during the crisis has lasting effects beyond COVID-19. This strain on the trust relationship, the perceived failures and general actions will directly impact the ability for followership construction to take place in future.

5.3.1.4. Summary of perceptions of followership construction

A crucial aspect of this study was determining how crises influenced the perceptions and behaviours of the participants, as followers, towards their followership. In unpacking the three sub-themes of perceptions of leaders, follower focus and intent and followership beyond the COVID-19 crisis, a development in thought can be seen by aggregating the participants' responses to the interview questions. This can be ascribed to perceptions during the early, later, and post-pandemic phases of the COVID-19 pandemic developing across the three sub-themes. As summarised in Figure 4 below, the participants reported increasing perceptions and behaviours of independence of their leaders in determining their own or constructing their followership.

While the initial response by participants to welcome almost 'dictatorial' leadership in the very early stages of the pandemic does not go unnoticed, the shift towards independence and, at the very least, a demand for equal footing in their followership construction, as knowledge about the crisis increased, is telling. Moreover, this development is seemingly completed in the post-pandemic stage, where participants not only questioned their perceptions and behaviour in the pandemic's early stages but also went so far as to question the nature of their relationship with leaders and followership construction pre-pandemic. This culminated in participants questioning if their traditional (pre-COVID) models of followership remain relevant in their post-pandemic setting.

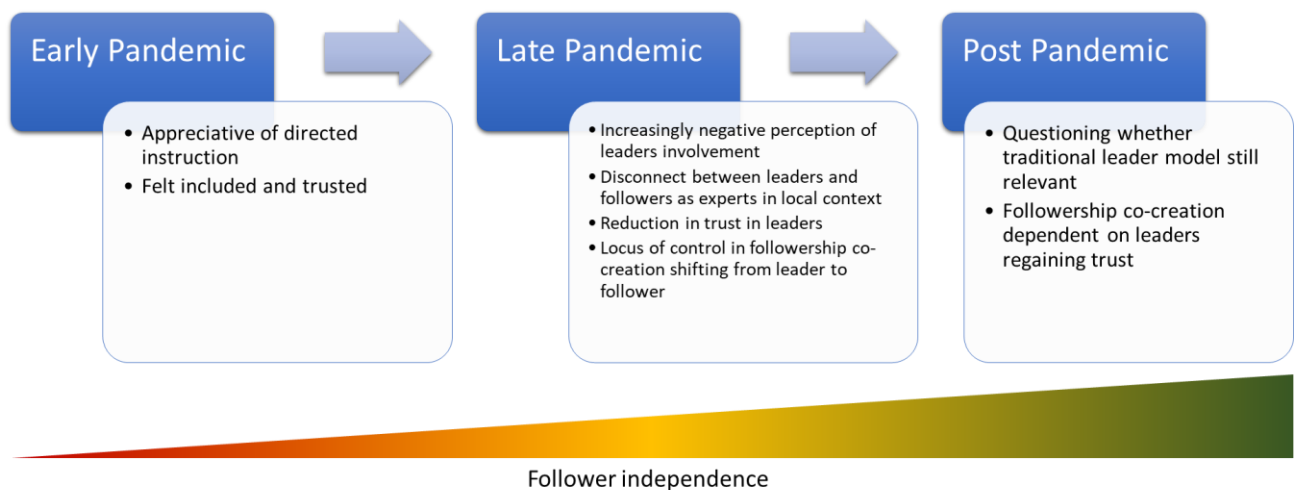


Figure 4: Development of Perceptions and Behaviours over the crisis

5.3.2. The nature of followership

The second theme identified concerning RSQ1 was the participants' perception of the nature of their followership. In understanding their perception of the central concept of the study, both initially, during and after the pandemic, substantial advances could be made towards answering the central research question. Furthermore, the development of the participants' conceptualisation and engagement with their followership speaks directly to the impact of the crisis on their behaviours, perceptions, and values towards followership.

The extent to which the participants exhibited active or passive followership attributes was assessed, as well as their views on their approaches towards following. Finally, their perceptions of followership, in general, were tested to reveal the specific impact of the crisis.

Table 8: The Nature of Followership

	First Data Collection Point (Interview 1)	Second Data Collection Point (Interview 2)	Reflective Interviews	Totals
Active Followership	16	10	12	38
Passive Followership	5	7	5	17
Perception of Followership	19	12	11	42
Totals	40	29	28	97

Table 8 references the participants' responses, which could be grouped into the subthemes of active and passive followership and the participants' perceptions of

followership as a concept. The participants predominantly viewed themselves as active participants, though there was a consistent trend of some passive followership identification.

The notion of followership in the eyes of the participants, particularly during the first data collection point, was quite foreign. The majority having only heard of leadership and its associated qualities. While this was almost universal, the participants soon acknowledged that many of their followership behaviours were inherent and had simply not been named or pointed out to them before.

“Because the concept followership, I have not really ever named it. It has always existed, but, and I guess, having undergone various training interventions with the organization where we were groomed and polished into our leadership roles. So, you focus on being a leader, and then you actually made it sound quite okay that you were a follower, you know. So, I like that label and to name the thing [Followership] that concept.” P14:12

“I think it [Followership] actually intrigued me quite a bit, you know, because I am now very conscious of the leadership versus followership and, you know, I'm always looking at various scenarios with that. I think that is more that, and it is just an awareness, I think, to say, oh, okay, maybe I did not have a word to describe it [Followership] before, but this is what it could be described as.” P15:12

“I do not know if there is supposed to be some kind of negative connotation to followership because ... society or at least corporate society has placed this huge focus on leadership and leadership skills this and leadership wins that, and you know everything you open on social media is leadership and you know. So, I do not have a problem that I have [realized] the strong element of followership.” R1 4

In keeping with the underpinning research question and philosophy of the research methodology, the exploration of the lived experience could not ignore the participants' perceptions of themselves and the manner in which they followed. This section seeks to introduce the findings of this aspect of the study.

5.3.2.1. Active followership

The participants, as followers, who felt that they were active followers largely identified this by the extent to which they perceived themselves as the driving force behind the construction process or communication with their senior structures and the degree to

which they resisted or challenged the status quo. The examples of participants 12 and 13 indicated the type of resistance, or challenge, to the status quo, which the participants felt saw them as active followers.

“So, the structure started off extremely high level and extremely detailed, and then a few of us, as followers, actually put up our hands and said, hang on a minute, can we tone it down a little because this is too intense. And he did, he actually did tone it down, but the deadlines were very clear, everything was very clear, in terms of structure, very structured approach to work, very structured.” P12:11

“Decisions have been made. They are not effective operationally. So, you have to push back and say, ‘no’, this is not going to work, we have to change this, or you have to push back... ...So, I would say prior to COVID, if I would have said it was like 20/80 percent, so they communicate 80 percent, I communicate 20 percent. This has reversed over the course of COVID.” P13:12

Participant 14 highlighted the extreme end that some participants were willing to admit to in terms of shutting their leaders out altogether, while reflective interview two showed a degree of balance noted in the pandemic's later stages. The shift from fierce resistance in the first statement to the second statement was a trend observed across various responses to various questions. It appeared that this may have been in keeping with the strict rules and restrictions of the earlier phases of the pandemic, which shifted to a more fluid and less absolute view of the crisis and associated matters towards the latter stages and on reflection.

“So even a conscious decision to block some things, it's the kind of follower I am, I either want to follow you or I don't, and when I don't, I'm gonna block you out completely.” P14:11

“I do tend to have a difference of opinion. And I like to voice it, within reason obviously, not to be combative or anything.” R1 2

While numerous participants expressed an inherent tendency towards active followership, many noted that this specifically developed more intensely over the pandemic and specifically when reflecting on the pandemic. Participants one, 12 and 13 shared examples of their experiences during their second interviews, further highlighting the progression in responses, and participants, over the course of the crisis.

“COVID made me be a more alert and astute follower, and I have found myself looking to those that were leading and going, I like A, but I do not like B; I like C, but I do not like D, I will do D because you told me to do it, but I do not like it. I became more aware of it. So, I was not much of a sheep.” P12:l2

“Yes, definitely from a passive type of followership, where you do as the boss says, now you are more active.” P1:l2

“I mean, initially, when COVID started with the first surge, no one knew what was going to happen. And we were all in a state. And I know at a time that I was so scared that I was going to lose my job because people were testing positive all around. So, I think from where I was there, and through the whole COVID process, today I will challenge things and not just accept things that are given to me.” P13:l2

This shift in perception was corroborated in reflective interviews four and two, with concise statements highlighting just how much the participants felt that they had changed. This was experienced as increasing knowledge of the crisis led to greater independence and directly to organisational-level followership construction.

“Because the more open our eyes became to the situation, the less likely we were to follow.” RI 4

“I'm not just that follower that I was two years ago, two and a half years ago. I'm actually a participant. Yes, I'm still a follower, but I'm a participant in what is being created in the company, which has made a monumental difference in the way I think.” RI 2

The final example of the statement made by the participant in reflective interview two during the reflective interview stage sums up the progression of the participants' journey from perceiving themselves and identifying as passive followers to active followership over the progression of the pandemic. The influence of the crisis on followers, causing them to no longer accept the instructions or information provided by leaders but rather interrogate these, is a crucial development discussed in the next chapter.

The followers' perceptions of their role in the followership construction scenario shifted towards a participatory role, one of equal footing with leaders. This elevated the participants' perceptions of self and shifted behaviours in that they more critically analysed information and instruction before agreeing or resisting.

5.3.2.2. Passive followership

While passive followership behaviours decreased progressively during the pandemic, there were times when participants sought such roles. In particular, some followers preferred a more passive role during the early phases of the crisis, when little was known about COVID-19, its short or long-term impacts, lethality or transmissibility. This was linked to fear and uncertainty, which in most cases dissipated over the course of the pandemic as a better understanding developed. It was only in a few cases that fear and uncertainty remained an undertone even beyond the pandemic.

While a relatively small number of participants associated with this passive stance, it is nonetheless an important aspect of the study in understanding the development of follower behaviours and perceptions towards followership and the impact crises have on this. These views are encapsulated in the responses of various participants during the initial interviews, as seen in the example of participant 14, and upon reflection during the reflective interviews, as noted in reflective interview four.

“In the beginning, you kind of wanna sit in the back, and you just got to absorb all the information that’s coming in, as you understand it and you internalize it, and you put it into your own perspective, then it does become easier to engage with the actual information never mind the people.” P14:l1

“Right at the beginning of the pandemic, I was only too glad that we had these very senior people in our organization that were making these decisions because if I would have been consulted on at the time, I would have been clueless.” RI 4

However, the participants' views were not limited to the initial phases of the pandemic, with a few noting that a passive stance was associated with attempts to please senior structures and deal with exhaustion due to the ongoing pandemic. The accounts of participant 11 and again during reflective interview four highlight this acknowledgement of passive and even ‘gullible’ followership.

“Previously, I would have engaged more openly to say, ‘I do not agree with this or do not agree with that’, because it was not a pandemic situation, there was time to make certain decisions, there was time to debate certain decisions. But I think working in the COVID setting, given the fact that it was a pandemic and given the fact that I then realized that it is better to just follow now and perhaps complain later... .” P11:l2

“I just gullibly followed. Maybe it was the exhaustion that I just did not have the energy to muster up my own thoughts around certain things. So, it was just easier to follow.” RI4

The impact of the duration of the pandemic, the uncertainty and unknown quality of the early phases and then the exhaustion linked to a drawn-out crisis led to some participants seeking a passive approach to cope. This is discussed in greater detail in the following chapter. However, it was interesting to note that when considering these responses in line with the assessment of the non-verbal queues, acknowledgement of passive followership was associated with a degree of resignation and embarrassment by the participants. Participants who acknowledged a passive stance as a means of self-preservation appeared shy when responding, one even visibly altering their posture to a more hunched forward, possibly submissive, pose. There appeared to be a feeling that they would have rejected the passive approach more or been more active had they benefited from hindsight.

5.3.2.3. Perceptions of followership

An area of responses that saw a substantial degree of variability between participants was their perception of followership. This was noted as being both due to the varied underlying assumptions and values of participants and the changes to these which transpired over a drawn-out crisis.

A number of the participants acknowledged the leader-centric doctrine, which they had been exposed to during their educational and professional journeys and identified that followership, its impact and the role that followers play were foreign concepts to them. They further noted that even when constructing followership, they either did not notice that they were following or did not acknowledge their active role in the process. Participant 12's comment was shared by many participants, while the insights shared in reflective interview four indicated the development of thought on the matter of followership and a deeper interrogation by the participants on the subject matter of the study.

“Interesting because I do not notice that I am following.” P12:I2

“I do not know if there is supposed to be some kind of negative connotation to followership because society, or at least corporate society, has placed this huge focus on leadership and leadership skills, and leadership wins that, and you know everything you open on social media is leadership, and you know.” RI 4

Despite the unfamiliarity of the concept of followership, an area where most participants agreed was that of their independence from their leaders. This perception went beyond the discussions of active and passive followership and instead branched out to include a complete separation from a specific leader. The responses saw followers looking into almost autonomous roles while following an organisation's value or direction rather than that of an appointed or nominated person, leader or role. The examples of participants seven, eight and ten summarised the general participants' responses.

"I tend not to lean on the structures as much as I was required to." P7:11

"I am not one who likes to be micromanaged, so I enjoy, to a certain extent, the hands-off approach." P8:11

"I think I have grown and developed to an extent where I can actually hold my own and not be fearful." P10:11

During reflective interview one, this was discussed in greater depth with an allusion to morals, values and integrity playing a pivotal role in determining the participants' stances on their followership. These were seen to be inherent and did not require followers to be instructed on or lead.

"You don't necessarily need somebody to tell you what to do to do the right thing, or you can be brave enough to do something without knowing what the right thing necessarily is to do. ... I don't want to be in a position where I am not doing what I'm appointed to do. Where I get paid for doing or where there's a set expectation of, it's almost like a deal, a contract. I have a piece of paper, or I have a contract with somebody that I'll do something. And it's up to me to fulfil my end of the deal, my end of the bargain. Yeah, so for me, that's what it is about it. I think it's conscience and integrity to do that." RI 1

This was further enhanced when participants perceived poor leadership or failures by their senior structures. In these instances, participants also noted the need to become braver in their engagements, as seen by the comments during reflective interviews one and three.

"With those [leaders] that have failed, I have become a lot more independent." RI 3

"Over the course of the pandemic, you would even go a little bit of a step further to share something which you would be a little bit hesitant to share or to be honest about upfront. Yeah, and just brave, brave in the amount that you share." RI 1

Noting the participants' responses, the nascence of followership as a concept, taught or discussed, was again highlighted. When engaging with participants, their perceptions of followership showed that it was often an inherent process, even when not deliberately considered. However, when thought about, followership was an aspect where the participants craved independence from the individual leader and chose instead to follow an ideal or organisational values. This was referred to as 'brave followership' and was seen to be enhanced as the pandemic progressed, and confidence in their own abilities to respond and deal with the crisis grew.

5.3.2.4. Summary of the nature of followership

The nature of the participants' followership, noted as the second theme associated with research sub-question one, identified the participants' views on their followership as active and passive and their general perceptions of followership. While the predominant stance was one of active followership, the presence of passive followership, in particular during the early phases of the pandemic, again alluded to the crisis impacting the behaviour and perceptions of followers. However, as the pandemic progressed, the participants tended more towards active followership with leaders in the followership construction space. Further to this, on reflection, during the reflective interviews, the participants added to this by identifying that, at the extreme, the crisis had led to a rejection of the person-specific leadership and a greater focus on following organisational values independently.

These findings suggested that as knowledge of a crisis increased, followers' passive reliance on leaders to construct followership decreased. Where leaders faltered or were perceived to have failed, followers began to look beyond the immediate role of a leader to construct followership. Instead, they sought to do so in an independent fashion.

5.3.3. Conclusion of findings pertaining to RSQ1

Two dominant themes, perceptions and behaviours in followership construction and the nature of followership, emerged in response to the questions posed to the study participants. These themes led to the six subthemes discussed in this section. What these findings showed was that there was a definite progression over the course of the pandemic. Furthermore, the participants' experiences of COVID-19 shaped their perceptions of followership and caused them to alter their behaviours when constructing followership.

The perceptions followers held of their leaders shifted based on the leaders' performance in aiding them in navigating the early phases of the crisis. When leaders were deemed to have failed, it led to a breakdown of trust from the followers towards their leaders, which in some cases led to their rejection of the leader as a whole. The early experiences of the pandemic seemed crucial in shaping followers' later decision-making and behaviour. Trust featured prominently as the key determinant for followers to seek followership construction with leaders. At the same time, an increase in the experience of the pandemic in the later stages of the crisis was noted to see an increase in active followership with followers driving the desire to construct followership with leaders rather than relying on leaders to engage.

The participants noted that this would have a bearing on the followership construction beyond the pandemic, as where the leader had lost trust, this would need to be rebuilt. However, participants also felt that the shift from passively receiving instructions towards more actively, and even independently, constructing followership may be a more permanent transition and may extend well beyond the crisis becoming entrenched in their organisational makeup.

5.4. Followers' experiences of followership in healthcare during crises

In considering research sub-question 2, how followers had experienced their followership in healthcare, and how this had shifted due to the COVID-19 pandemic, the themes of communication and followership construction in healthcare during COVID-19 were identified. The quality of communication between followers and leaders, as reported in 5.4.1.1, served as the primary sub-theme to the communication element in sharing the participants' views.

Gauging the impact of the crisis on followership construction (5.4.2.1) in even closer detail than understanding the perceptions of such (5.3.1) and determining the requirements for followership construction (5.4.2.2) in the healthcare setting narrowed the focus of the study. It concentrated even more specifically on the impact of the COVID-19 crisis on participants within the healthcare setting. The following findings shed light on the type of impact experienced by the participants in the study setting.

Table 9 shows that 370 codes under the two themes for RSQ2 were identified. Of the codes identified for RSQ2, 171 were identified in the responses to the first interview

questions, 103 to the second interview questions and 96 to the reflective interview questions. 29% of all codes identified in this study were noted to be linked to RSQ2. The themes, sub-themes, relevant code groups and key statements made by participants are highlighted in the following sections.

Table 9: Codes per data collection point – RSQ2

	First Data Collection Point (Interview 1)	Second Data Collection Point (Interview 2)	Reflective Interviews	Totals
(RSQ2) Experience of Followership in Healthcare during COVID	171	103	96	370
Total Codes/Data Collection Point	559	339	364	1262
Totals	31%	30%	26%	29%

5.4.1. Communication

As noted in Table 10, codes were identified and grouped into the categories of communication between follower and leader deteriorating, improving, or remaining unchanged during the crisis. The relative absence of responses, less than 2%, indicating that communication was unchanged during the crisis, provided an answer to the question regarding impact. In contrast, non-specific as to the direction of the change, the remaining 98% of codes indicating either an improvement or deterioration indicated that the crisis impacted communication between leaders and followers in the healthcare environment.

Table 10: Quality of communication

	First Data Collection Point (Interview 1) n=15	Second Data Collection Point (Interview 2) n=15	Reflective Interviews n=5	Totals
Follower communication with Leader: Deteriorated during Crisis	41	15	1	57
Follower communication with Leader: Improved during Crisis	48	22	7	77
Follower communication with Leader: Unchanged during Crisis	0	2	1	3
Totals	89	39	9	137

5.4.1.1. Quality of communication between followers and leaders

The data gained from the participants during this study indicated that the impact of the crisis had improved the communication between leaders and followers to a greater extent than it had deteriorated. However, as there were multiple responses indicating a deterioration in the communication between leader and follower, both response groups are presented below.

Communication between leader and follower deteriorated during the pandemic

Beginning with the responses which indicated a deterioration in the communication between leaders and followers in healthcare during the COVID-19 pandemic, it appeared that there were three main trends in the reasons leading to participants experiencing a deterioration in their communication with their leaders. These three categories covered the disconnect between followers' realities of the pandemic at an operational, or hospital, level and leaders' high-level assessment of scenarios, the urgency of tasks during the pandemic leading to less time to communicate and the perception of followers that their contributions were not valued.

The disconnect in experiences of the pandemic between leaders and followers and the impact that this had was a key finding of the study. Many followers felt strongly that their leaders did not understand the realities of the pandemic, and thus, a communication breakdown occurred. This extended from feelings that leaders did not understand the realities of the crisis at an operational, or hospital, level, as noted by participants two and 13, to the view that a 'higher-level' strategy was forced down to followers, as in the example provided by participant four.

"If you have the people up there just barking out orders and not understanding what is happening on the ground, then it can become a bit frustrating." P2:11

"I want to say I think there is still a bit of disconnect of what is happening in senior level versus operationally on the floor." P13:11

"I do not think the value from site level is appreciated or taken heed of at all, and at the end of the day, it is pretty much a higher level strategy that gets forced down. It is a force-down mentality, unfortunately." P4:11

In reflective interview five, the participant reflected on this perception to note with frustration that it was not a singular or infrequent occurrence but rather a continuous onslaught or repetition of an overwhelming volume of information.

Throwing a piece of paper at people, the same policy, the same topic, the same font, the same everything three times a week or three times a month, you just lose people... I mean, was it really necessary to share all that information or not just send out the memo to 'say old policy in place, only change being no longer use N95 in the ICUs' or whatever it may be but simple info that is relevant to all parties." R1 5

The statement of reflective interview five indicated a reflection on the frequent changes to policies and processes during the pandemic's ever-changing conditions. As new information became available, new data was released, or breakthroughs were made, this needed to be communicated urgently and implemented immediately. Compounding the communication divide between leaders and followers was the need for rapid action, in particular in the early phases of the pandemic. Most participants highlighted the realities of the necessity of rapid communication. It was particularly apparent just how much the crisis altered the perception and availability of time in the examples of participants one and six. Here, the noting of time as a 'luxury' and a ten-fold reduction in availability to communicate and convey the message of immense pressure created by the crisis.

"I think the then 20-minute discussion would today have become like a two-minute discussion." P1:11

"You do not have the luxury of time anymore." P6:11

This trend was present regarding the COVID-19 response and extended to organisational and business situations. Participant four's statement was indicative of several participants who took this line of thinking further to their organisational or business settings, strategies and challenges and identified that these suffered tremendously due to the crisis-enforced shortage of time to communicate.

"We are not afforded the time with the senior structures to actually, to present strategies or strategic initiatives." P4:11

However, positives in the form of lessons learnt and growth experienced due to the time pressure were also noted, as introduced below by Participant 14.

"I think COVID has taught us that there is no time, there is not always time to think, analyse, scrutinise, rethink, over analyse again etc. So, I think my own response is a lot quicker and faster than it might have been in the past." P14:12

The final statement here indicates that the time to engage was not only limited from the leaders' perspective but that the followers also increased the rate of their responses and actions. The responses in participants five and six's interviews served as examples of participants identifying that this increased rate may have influenced how followers felt

their contributions were valued. As there was limited time to engage, consider options or debate matters before implementation, little of what followers shared was considered.

"We were not actually given the space [to contribute]." P5:l2

"I was just quite frustrated that the decision was shot down at a regional level, and it was an obvious decision to have agreed on." P6:l1

Communication between leader and follower improved during the pandemic

While the aspects of deterioration in communication between leaders and followers were numerous, an even greater number of participants felt that the pandemic had positively impacted the communication between themselves and their leaders. The improvement was observed as resulting predominantly due to the learnings and progression of the pandemic over time.

The participants noted increased inclusivity by senior structures and greater engagement with decision-makers, thus perceiving an enhanced voice as followers. This was also noted as a standalone finding of the study under 5.5.2.2. However, in the context of communication, this was seen more as an acceptance of the input of followers by their leaders than the creation of voice by the followers themselves. In all of the examples, there was an element of progression noted whereby followers' communication was improved with their leader over time rather than as a result of a single point in time action or event.

An overall perspective was that an enhanced understanding of the crisis, which developed over time into knowledge and understanding of how to respond to it, led to increased autonomy and independence as followers. This is highlighted in the statements of participants one and nine, where participant one's first interview, early in the data collection phase, shows that the shift in thinking has begun. In subtle contrast, while still alluding to greater autonomy, participant nine's second interview from later in the data collection phases suggests a more developed insight, almost reflection, on how the top-down approach had shifted to a more inclusive one as the pandemic had progressed.

"The less you knew, the more dictatorial it was. Now the more you know, the more autonomous it becomes." P1:l1

“I think that might be the change we were perceiving in that in the beginning of the pandemic a year or two years ago, it was very much them telling us what to do. Whereas now, it seems that there is a little bit more discussion going on.” P9:12

The development of these insights was not limited to the latter phases of data collection. It became apparent that as leaders acknowledged the increasingly valuable insights of followers, they became more inclusive and consultative. Participant 11 highlighted this in even greater detail by referencing how leaders began testing their own thinking, engaging with followers and overtly relying on them to form followership, here noted under the guise of consensus.

“But over time, I think the Regional Director started asking me what do I think, you know, what, what is my opinion of this? How do I think we should approach this? How do I think we should respond? And ultimately, we would then rather have consensus on the way that it should be handled.” P11:11

The enhanced communication was also noted to be due to subtle yet important organisational changes. Participant eight indicated that the shift in collaboration may also have been due to improved communication from the followers' side, but also that increasingly more senior structures in the organisation became more receptive to engagement. Some participants noted this with a degree of surprise, suggesting that this was not the case before the crisis as it appeared foreign and unusual to them. The notion of enhanced communication and the comfort of followers to communicate was supported during reflective interview two, where the crisis was noted to have encouraged them to take on a more active role than before the pandemic.

“I think for us as GMs currently, the communication from bottom up is a lot better, and the MD or CEO will take your call.” P8:11

“I think a lot of us have, and some people may have retracted into their shells because of what's happened with the pandemic. I think I've gone the other way. I've become a lot more vocal than I was before.” R1 2

The combination of enhanced platforms to engage, increased conviction to do so from followers, and more receptive leaders improved the quality of communication between leaders and followers in the healthcare setting.

5.4.1.2. Summary of communication findings

Ultimately, while certain aspects of the communication between leaders and followers deteriorated, a greater number of respondents felt that the communication had improved. Where the deterioration seems greatest was when leaders felt the need to provide directives with limited understanding of the followers' context, this disconnect caused the greatest negative impact on the quality of communication. However, as the leaders shifted to a more inclusive process, potentially required to manage an ever-evolving pandemic, followers felt heard, noted an increase in their voice and thus reported the communication as having improved between themselves and their leaders. With the findings provided above, the following chapter will discuss and interrogate these findings to make sense of the complex context of communication between leaders and followers in healthcare amidst a global crisis.

5.4.2. Followership construction in healthcare during COVID-19

Considering followership construction with a more specific focus on the healthcare context and how the crisis influenced followers in this particular setting led me to consider the positive and negative impacts of the pandemic on followership construction. As seen in Table 11, the participants noted slightly more deterioration of their followership construction during the first data collection point. However, during the second data collection point and reflective interviews, this shifted significantly to a point where the responses indicated that the followership construction had enhanced during the crisis. Subsequent to this, a large number of responses alluded to the aspects the participants felt were requirements for followership construction.

Table 11: Impact on followership construction

	First Data Collection Point (Interview 1)	Second Data Collection Point (Interview 2)	Reflective Interviews	Totals
Co-Construction Deteriorated During Crisis	18	13	10	41
Co-construction Enhanced During Crisis	17	27	23	67
Requirements for Followership Co-construction	61	32	55	148
Totals	96	72	88	256

5.4.2.1. Impact of crisis on followership construction

The COVID-19 crisis impacted almost every facet of life in a variety of different ways over a protracted period of time. However, the nature of that impact could have varied between settings and contexts. As a key area of investigation in this study, the impact of

the crisis on followership construction played a significant role in answering the underlying primary research question.

The study's findings regarding the impact of the crisis on followership construction saw both deterioration and enhancement throughout the data collection. The findings shared here first cover the deterioration of followership construction followed by the enhancement of followership construction.

Deterioration of followership construction

The participants in the study noted two broad areas which led to the deterioration of followership construction. These were the non-inclusive top-down directives where little to no engagement existed and then an increasing disagreement with senior structures' decisions and rejection of their directives based on the follower feeling that they possessed superior knowledge regarding their specific context. In the setting of this study, the followers' specific context refers to a particular hospital or healthcare environment.

The lack of inclusion in decision-making was noted as helpful during the pandemic's early phases. However, as expressed by participant six, as the followers developed insight and understanding of the crisis, their rejection of blanket directives increased, leading to a deterioration of their desire for followership construction and, thus, followership.

"We didn't understand COVID. We all pulled the disaster books out, and that was autocratically done. We were instructed what needs to be practically done. We were instructed what needs to take place... [Later] we could challenge whilst at the beginning we couldn't." P6:I2

However, the participants did not feel that challenging the status quo was without risk in their professional capacities, as seen by the comments of participant 11.

"It can be career-ending if you decide not to follow it." P11:I1

This fear expressed by participant 11 was largely overshadowed by the frustrations which resulted from participants' feeling that they were not being included, as seen in the examples of participants four and seven.

“As Hospital Managers, I almost tend to feel that we do not get included in their decision-making.” P7:11

“No, we are not included [in decision-making] at all.” P4:12

Even where inclusion by leaders was identified, some followers, such as participants five and 11, felt that this may have only been a deception or merely a token inclusion to ensure that leaders' decisions or directives were implemented.

“Well, I think if you are included, you're not really included in making a decision. You are include it in the implementation of the decision. P11:11

“The pandemic has, in actual fact, exacerbated the top-down approach and to the point of frustration...there is an attempt to say, you, the CEO, or the general manager of your facility, you need to take a decision, we're going to allow you to take that decision. But in actual fact, it is not the case. So, there is lip service of you running your establishment, but that is in actual fact not even the case.” P5:12

The findings further suggested that as the knowledge regarding the pandemic grew and, in particular, how this played out in the followers' specific context was better understood, directives were ignored, and followership construction broke down. Participant one's example is that of a polite, contemplated rejection of instructions; participant five's a firmer resistance layered with frustration and participant eight's comment acknowledging that the rejection of directives was not without risk. These slightly different approaches cover the majority of the types of responses which highlighted the thought processes involved in rejecting leaders' instructions and, thus, followership construction.

“So, in that engagement, I had to determine in the back of my mind how am I going to position that, what he is trying to ask of me, how am I politely going to say ‘sorry, I do not think it will work 100% effectively’ ”. P1:11

“What I, we, did not appreciate was the interference from above. And very often, and quite frankly, we would say we do it this way. This will work better. But, the interference from above was just too overwhelming.” P5:11

“So, you take a slightly risky approach to it, and I think over the past 18 months, I have not always agreed with him [the MD], and I have told him that on the calls.” P8:11

The findings about followership deterioration as a result of followership construction deterioration in the early and middle stages of the pandemic were contextualised by some of the reflective interviews, where a more balanced understanding was evident in explaining the followership construction deterioration. However, the reflective interviews also saw respondents, such as in reflective interviews one and three, noting that the damage done to their followership construction may extend beyond the pandemic.

“I do think that there is significantly more animosity between, and certainly I feel it sometimes as well, between those of us who continue to work on the ground putting our lives at risk versus those who sit in offices or at home and didn't put their lives at risk. ...I think there does exist a kind of aggression towards these people [leaders] for wanting to make decisions and express an opinion when they don't know what they're talking about because they really have no experience in it.” RI 1

“There is a part of me that does not always want to follow as a result of decisions made during COVID. ...So, if you look at the relationship from that point of view it is like ‘Are we going to be so accepting of decisions made, or are we going to push back?’.” RI 3

Reflective interview one was indicative of the frank line of thinking, which viewed followers as more exposed to the risks and dangers of the crisis than leaders. The view was that this made leaders unfit to have the appropriate levels of insight or to make decisions. During the reflective interviews regarding followership construction, there was an angry, almost resentful undertone with numerous participants. The non-verbal observations included an increased rate of speaking, angry facial expressions and aggressive references towards leaders.

Reflective interview three highlighted a trend of thoughts questioning leaders' decision-making potential beyond the pandemic due to their decisions during it. This also began the notion of purposefully resisting their leaders and a tangible deterioration of followership construction.

While the deterioration of the followership construction was observed early in the pandemic, with lingering resentment post-pandemic and upon reflection, more participants felt that the pandemic had enhanced their followership construction.

Enhancement of followership construction

The findings that participants experienced an enhancement in their followership construction against the backdrop of chaos and destruction of the COVID-19 pandemic in the healthcare setting may have been one of the more surprising findings. In hoping to understand the followership construction enhancement findings reported here, through discussion in the next chapter, there are valuable insights into the overall followership construction process to be gained.

The overriding theme leading to enhanced followership construction was reported as being the development of familiarity and trust through interaction over the course of the pandemic. As the interactions were frequent, rapport was built between followers and their leaders and between followers and their organisations. This level of interaction within healthcare organisations appeared foreign and not present before the pandemic, as noted by the comments of participant eight.

“They [leaders] are willing to listen. I think maybe three-four years ago, they may not have been able to. I think they've probably evolved their thinking and management style. And the crisis has made them realize that they've got people in key positions that they don't need to babysit all the time.” P8:I2

Statements such as the examples of participants one and 11 and during reflective interview one then indicated that the access of followers to construct followership extended beyond the existing structures immediately above them to include the organisation as a whole. This was noted to extend beyond the individual and actually be realised at an organisational level (P1:I2), be further enhanced by the frequency of contact with the leader (P11:I1) and support notions of inclusion and belonging (RI1).

“I think that line is not only open to my direct manager. It's also open to each and every senior director within the business.” P1:I2

“One thing I've noticed is that if you keep in constant contact with the powers that be, they start to see you in a more positive light.” P11:I1

“I think the added interaction a lot of people had with senior managers made them feel very good because finally, they could actually hear and speak to the people who they've only seen on emails before or notices before.” RI 1

Participants who had been part of their organisations for an extended period before the pandemic felt that while they noted enhancement of their followership construction, this would have been greater, or the relationship building accelerated, for followers who did not have long-standing relationships with their leaders or organisations. Participants five and seven provided particularly clear views on this. Participant seven addressed this perspective in both interviews one and two, highlighting that this had become an established perception.

“Having been in the business for such a long time, I tend to know a lot of the people and tracing their structure as opposed to a new hospital manager coming will not know anybody.” P7:11

“I am aware of how the structures work. I have got the ability to speak to certain people at the head office structure, that I know that if I get stuck, I know whom to call. I think with a new hospital manager. They do not have that capability.” P7:12

“What I have learned is that there is a level of respect and trust and judgment. Not at a regional level, to that extent, but higher than the regional level. And I think it is years of relationships and where you have been able to deliver, where they have seen the results, I pick up that respect and value at that level, rather than the lower level.” P5:12

The inclusivity of leaders, greater access to communicate with leaders' direction and throughout the organisation and accelerated relationship building as a result of the crisis culminated in participants identifying a shared purpose. This shared purpose was created by enhancing their followership construction due to the prevailing crisis. Greater than anything they had experienced prior as business goals or targets, the pandemic and its uncertainties galvanised leaders and followers with a common objective or purpose to survive the crisis. This was particularly identified later in the data collection phases, as highlighted during the second interview with participant 11 and during reflective interview two.

“I think because everybody wanted to make a difference...I don't think any person would actively go out there and put the company at risk. And everybody wanted to do their level best, no matter what, no matter what their level best would be. ...When I sit back and think about it, it was the uncertainty that pulled everybody together.” R1 2

“And then ultimately, you know, it brought an understanding of who we are, both of us [leader and follower], where we are coming from. And, of course, there was a mutual understanding of what we want to do. We all want this hospital to be successful. We understand the challenges of the hospital, and we work together to make sure that we address it.” P11:12

Considering the findings of both a deterioration and enhancement, albeit during subtly different phases of the pandemic, of the followers' followership construction, there existed an undeniable impact of the crisis on the followership construction. The aspect that this was not in a particular direction or a continuous trajectory of either enhancement or deterioration is discussed in the following chapter. While noting that there was a shift in followership construction due to the crisis and that the factors influencing how this occurred are identified with further discussion on these to follow, a further important aspect of the findings were the perspectives of the participants regarding what they felt were requirements for followership construction in the healthcare setting.

5.4.2.2. Requirements for followership construction

Having shared the factors which enhanced and deteriorated their followership construction in healthcare during the pandemic, the participants also identified what they believed to be requirements for followership construction to prosper during and beyond the pandemic. While many different perspectives were offered, these could be loosely grouped as the desire for collaboration, acknowledgement of the role of the follower, engagement opportunities and trust in, and credibility of, leaders.

The desire for collaboration was noted as a key requirement for followership construction. This was expanded upon to indicate that even though the intent to construct followership needed to be present amongst followers, it was even more crucial that leaders and organisations were open to the concept. The experiences of participants four and 14 underscore this general perception among the participants seeking collaboration.

“I think a more open-minded approach and an open floor to air your concerns or suggestions, just to build, as much as we are Hospital Managers for a specific site, there are a lot of ideas and suggestions that we can give throughout, to improve other sites, and the group as well.” P4:11

"I thought, NO, this can't carry on this way. I need to get this guy to understand that there needs to be some interaction. So, the meeting finished, and I boldly said, you know, I really miss those days [with collaborative engagement]. So, my intention was to try to get him to have a little bit of insight into how it was and how it could be." P14:11

Reflective interview two highlighted that participants identified differences in approaches amongst and between leaders and followers but that collaboration, access and transparency can overcome confusion from different interpretations. Different collaborators' need to bring different strengths and perspectives to a scenario was identified as crucial for future followership construction. The crisis created the platform for this level of collaboration through shared experiences creating common ground and comfort in vulnerability with leaders.

"I need a practical situation. And then I can visualize what the image should be. And I think what has happened is, there's almost been this collaboration if I could put it that way, that some people can visualize off a piece of paper or a drawing or a target, or whatever the case may be. And there's others like me who needs the situation to actually visualize them. ... Because of the platform that opened that everybody got a voice." R12

The participants also shared that the role of the follower needed to be acknowledged. Not just by their leaders but by the followers themselves. Participants ten and twelve showcased the importance that participants placed on the acknowledgement of, and perceived safety in communication with, their leaders. Participant twelve's statement, in particular, captures the desire, almost to the point of desperation, to participate and construct followership.

"So even if it is the stupidest thought process in your entire life that you have sent to him [leader], he has always got a balanced and professional response, and that for me is what matters to me is that I do not feel stupid about anything that I communicate to him. I actually feel that he does care about who I am, whether I am emotional or not emotional." P10:11

"I hope my behaviour said that I want to engage, and I am comfortable with you as my leader, and I want to participate. So please do not see me as somebody who is going to sit back and just be grumpy. I want to participate, I understand where you are going, I accept what you are saying, and I am going to do my part." P12:12

Moving beyond the desire to be included, reflective interview three highlighted the need to do more than merely 'exist'. This was an emerging trend in the responses where the participants increasingly identified the importance of active followership as the crisis progressed.

"You need to contribute as a follower, and if you are not contributing as a follower, the relationship is probably not there. You are just existing." RI 3

The degree of accepting or acknowledging responsibility was also linked to the extent to which engagement opportunities existed. It was found that followers particularly sought structured engagement to construct followership, as expressly stated in the examples of participants 11 and 15. The latter also included the view that this was a pertinent point, even when leaders did not believe it to be the case.

"I try to prepare some key points that I actually want to discuss just to give the discussion structure. ...Although my line managers would say 'no it is just a discussion', it has got to have some structure." P15:11

"I think, for me, what was important was that, first of all, it was a structured engagement, and that was important because that directed what we were going to discuss, and how we were going to discuss it." P11:12

Finally, the study found that the participants valued the creation of trust, trustworthiness of leaders and the credibility of their leaders very highly in choosing to construct followership. This trust was noted as both followers trusting their leaders and also leaders making followers feel trusted. While this did appear to some degree during the first and second data collection phases, noted with the first interview of participant six, it required the participants to truly reflect on the pandemic during the reflective interviews, as seen in reflective interviews one, two, four and five, to arrive at these conceptualisations of the requirements for followership construction.

These examples shed light on the subtly different focus areas in the trust relationship, which the participants were able to reflect on. Collectively, the understanding of leaders' evidenced-based knowledge (RI4), trust of followers (RI2 and RI5), leader consistency (P6:11) and the transience of trust and risk of dishonesty (RI1) proved valuable findings of the antecedents of trust relationships in the followership construction dynamic for discussion in the following chapter.

Trust's importance for followers in their followership construction was again identified. The frequent return to trust as a key element in the relationship-building process led to it becoming a cornerstone of the requirements for followership construction.

“So maybe there was a strong element of trust in creating that followership right at the start. You just trust that these people that you are following or are talking, you know. They know their stuff; they know what they are doing. ...I do not follow crap. Yeah, I am not interested in any nonsense and anything that does not seem to be evidence-based, you know. Must be good solid stuff.” RI 4

“I think that to a large extent, the senior executive management have to let go of, I won't call it the reins, I almost want to call it the controls that they had and allow people to do the best they can with what they had. And I can say for myself, personally, that what I've done, and in some cases, admittedly, it was wrong. But at that time, I did not know it was wrong. They trusted me enough that I was doing the right thing.” RI 2

“The collaboration [construction] part in terms of followership actually worked, and I think that the part of that aspect that worked quite well was engaging me, giving me the opportunity to do what I think is best from my side and having the confidence in me as a person to achieve it and I think that those are the qualities I seek.” RI 5

However, isolated experiences of trust were seen as insufficient for sustained followership construction. It was crucial to apply trustworthy behaviour consistently, such that it could be perceived as not feigned and instead be a genuine approach. In addition, the fickle nature of trust was also noted, where the building of trust could be a lengthy and challenging process, while the destruction of trust was seen to be far more rapid and, at times, absolute.

“At that level, consistency is key because decisions cannot be made emotively.” P6:11

“If somebody lies to me, I don't trust them. Once trust is lost, it's lost forever. You can't regain that trust. ...I think people want to know that you're genuine. You are not going to just say stuff and act in a way to make them hear what you want to say. And sometimes I might do it, and sometimes it might land you in trouble. But at least they know where they stand, and they know what your opinion is, and they know, they can trust what you say to them is the truth.” RI 1

The findings related to the requirements for followership construction in healthcare provide a detailed insight into what was desired and necessary to build followership. The discussions to follow in the next chapter will consider these requirements in conjunction with the factors that enhanced and deteriorated followership construction in healthcare during the COVID-19 pandemic. This will ultimately create a detailed understanding of the concept of followership construction in healthcare and how this was impacted by the crisis both during and beyond.

5.4.2.3. Summary of followership construction in healthcare

Followership construction in healthcare during the pandemic represented the second theme in relation to the second research sub-question. First, addressing the impact of the pandemic on followership construction where non-inclusivity and forced directives deteriorated the followership construction in the early phases of the pandemic, followed by an enhanced followership construction due to building trust between followers and leaders during the course of the pandemic.

Identifying and understanding the factors impacting followership construction and the requirements for followership construction would aid this study in determining the mechanisms at play in followership construction in healthcare. In addition, by discussing these findings in conjunction with the relevant and emerging literature in the following chapter, a cohesive understanding of followership construction in healthcare can be developed to answer research sub-question two.

5.4.3. Conclusion of findings pertaining to RSQ2

As with research sub-question one, two dominant themes appeared in the findings pertaining to research sub-question two. Communication and followership construction in healthcare emerged as the dominant concepts identified by the study participants. These themes led to the three broad subthemes discussed in this section.

These findings further supported the perspective that there was a definite progression over the course of the pandemic. This was seen both in the quality of communication between leaders and followers and in the impact of the crisis on followership construction. In these examples, the early, later, and post-pandemic perceptions were indicative of development and ultimately quite different from one another.

First, communication was vital to the followership construction space, particularly its quality. Second, the impact of the crisis on followership construction in healthcare was complex and variable. This section provided insight into the participants' lived experience of the pandemic and the elements they believed have lasting relevance beyond it. The following chapter discusses these findings in detail to build towards answering research sub-question 2.

5.5. The influence of crises on self-perceptions of followers

In conjunction with findings presented in sections 5.3 and 5.4, the participants' trust and voice played a role of particular importance. Consequently, they were identified as the second theme in understanding the participants' responses to the questions and discussions focussed on answering RSQ3.

This exploration formed the core of the research sub-question three, how has the COVID-19 pandemic influenced self-perceptions of followers and their followership? Table 12 shows that 129 codes under the two themes for RSQ3 were identified. While these were fewer than the codes noted for RSQ1 and RSQ2, 10% of all codes identified were viewed as no less important to the study. In the responses to the first interview questions, 52 codes were identified, 32 to the second and 45 to the reflective interview questions. The themes, sub-themes, relevant code groups and key statements made by participants are highlighted in the following sections.

Table 12: Codes per data collection point – RSQ3

	First Data Collection Point (Interview 1)	Second Data Collection Point (Interview 2)	Reflective Interviews	Totals
(RSQ3) Impact of Self-Perceptions of Followers and their Followership	52	32	45	129
Total Codes/Data Collection Point	559	339	364	1262
RSQ % of Total	9%	9%	12%	10%

5.5.1. Perception of self

The questions in the semi-structured interview process pertaining to the participants' perceptions, as followers, of themselves, were almost universally met with a cautious, almost shy response. Noted by a more closed-off body language during the interviews, the participants did not seem to be as comfortable discussing the more personal impact of the crisis or how this shaped their perceptions of themselves, either as followers or in a broader sense.

Despite a more withdrawn, hesitant set of participants, several interesting and important responses were noted regarding the perception of self. These could be loosely grouped to include identified aspects which influence participants' self-perception, the negative and positive impact of self-perception of the pandemic and personal growth experienced. These findings are presented below.

5.5.1.1. Aspects influencing self-perception

The general aspects influencing follower self-perception were not well reported and needed to be carefully identified amongst feedback to various questions and discussions during the first, second and reflective interviews. No references were made regarding the aspects that influenced self-perception during the first interview. The majority were only articulated during the reflective interviews. This was no great surprise, as the ability to articulate aspects influencing one's self-perception is a more reflective exercise.

The findings relating to the influence on self-perceptions saw participants consider their roles and importance in the organisation based on size of their facility (P6:I2), the importance of appreciation over financial incentives as acknowledgement (P4:I2), their ability to reflect (RI3), and the fact that they were at times unable to identify what the factors were despite knowing that the factors existed (RI2).

"During COVID, I think for the most part, because of my large hospital being what it is, that my advice and suggestions from that facility were heard, just because of its complex nature." P6:I2

"I think money is important, but your appreciation factor is more important." P4:I2

"I need to fix that, I need to do a lot more reflection, and I think develop awareness in such a high-pressure situation." RI 3

"[If asked to] write down what you do. I don't think I'd be able to fill a page. But if it happens, I'll be able to do it." RI 2

While the findings on the aspects influencing self-perception were somewhat limited, the crisis's impact on followers' self-perception seemed to be far less difficult for them to articulate.

5.5.1.2. Impact on self-perception

With the pandemic impacting so many facets of life, it was not unexpected that the participants would be affected. In focusing on the impact in the follower and followership spaces, the participants felt a sense of helplessness, loss and frustration in the predominantly negative impact on their self-perception during the pandemic. However, while the negative impact was dominant, the participants also reported positive impacts on their self-perception owing to their role in combating the pandemic and realising the responsibility and importance of their roles.

These positive impacts were particularly noted to be that of the importance and responsibility of the role of the follower, which was poorly understood pre-COVID and then highlighted during the response to the pandemic. This was also found in the followers' realisation that their views and opinions mattered to their organisations and leaders. The reflective interviews were particularly telling in this regard. From the succinct statements in reflective interviews one and three to a lengthy insight into the participants' views and wishes for the future in reflective interview two, the participants' appreciation of their value and importance was a significant finding in relation to the impact on followers' self-perception as a result of crises.

"[The pandemic] has taught you that you have a lot more say than you anticipated or thought you have." RI 1

"I know my opinion counts." RI 3

"I think we as an organisation realize that we could make a monumental difference to the lives of patients, their families, the staff and the doctors during the pandemic. We could have carried on like we always used to, and our head office gave instructions to managers. We gave instructions to the people on the ground. But there was so much doubt, so much uncertainty, that because everybody was almost kind of empowered to actually come up with solutions, think on your feet, make things work. And if it worked in your environment, your region, you had the platform to share it. And somebody, even if it is one person, whether it be senior or from another division, picks up on that you've made a positive impact." RI 2

The crisis and the growing involvement of followers by leaders in addressing it had positive ramifications for the participants' self-perception. As noted by participant one, an acute understanding of the responsibility of the follower developed. At the same time,

reflective interview three showed the thinking that this responsibility was not one that could be ignored. Finally, reflective interview two was indicative of the responses which highlighted a self-discovery amongst followers, moving from self-doubt to acknowledgement of the importance of the follower and the positive impact on self-perception that this created.

"You understand the onus of responsibility that is placed on your shoulders." P1:12

"I am acutely aware of my influence and my worth and my engagement responsibilities and knowing that not engaging is not an option." RI 3

"I've always realized that I tend to think differently. Sometimes I see things differently. What it has made me realize is that there is value in that. I used to doubt that before COVID, I used to doubt that because it may not be the way the company wants to think and wants to do things, but when you start getting calls from senior management or senior executives and saying, listen, here's an idea for you, what do you think? And I would sit back and think, but why didn't they call me previously? Why do they call me now? Why would I need to do this? This is just more work for me. Now it's, oh, they actually value my opinion." RI 2

Interestingly, most of the findings of positive self-perception shifts were only noted in the reflective interviews. This appeared to indicate that while the crisis was underway, the participants could not reflect sufficiently to identify the positives of their contributions.

Conversely, the negative impact on followers' self-perception was seen during the pandemic and noted helplessness, loss and frustration as the primary drivers of the negative self-perception. In addition, the burden of loss in conjunction with an ever-present fear was noted by numerous participants. Participants shared very personal and candid accounts of their experiences. Many were highly traumatic to them. While I have not recorded each of them here, the statements by participants five, 12 and in reflective interview four, in their words, provide an honest insight into deeply painful and personal experiences and adequately convey the overall sentiments towards their fears and the impact of their protracted proximity to death due to the crisis.

"Never as a hospital manager did I think I was going to be burying my own people."
P12:11

"I just really fear going through this again." P5:l2

"I do not think it is something we ever want to live through again." RI 4

These statements were made with a significant degree of emotion on the part of the participants, some had tears in their eyes, and others appeared physically pained. The strain, stress, fear and suffering experienced were noted to have left a lasting negative perception of self among the participants. This was corroborated by statements highlighting that the participants felt that they should have known what to do in their roles in the healthcare environment, as in the examples of participant 12 and reflective interview two. The worry and fear of inadequacy were also seen to potentially impact the participants beyond the crisis.

"I felt like a failure because it felt like and I did not even think about me changing and how I changed as a person, as a leader, as a follower for whoever else was in my space, but I did not realise that such massive trauma had taken place." P12:l1

"I tend to worry on a day-to-day basis of what the day is going to bring. With COVID, we never knew what was going to happen. So, it was always a worry for me. Am I myself managing this place well enough? Although I know what my capabilities are, I always doubted myself. I always doubted, am I doing the right thing?" RI 2

The final trend in the participants' responses regarding their negative self-perception was frustration, frustration in their roles, and not knowing how to overcome these feelings. This was seen to be exacerbated when the directives from their leaders led to followers feeling that they were incapable of making the correct decisions independently. This was particularly prevalent in the first interviews and can be seen in examples of participants two, four, five and six.

"If you have the people up there just barking out orders and not understanding what is happening on the ground, then it can become a bit frustrating." P2:l1

"It became a bit of a challenge from the top because of other factors that we knew where we worked around, but unfortunately, it was dictated. Unfortunately, you do not have this. You cannot do this." P4:l1

“And I understand it was not just a question of guidelines, this is the best, or these are the guidelines, it was very dictatorial.” P5:11

“I was just quite frustrated that the decision was shot down at regional level, and it was an obvious decision to have agreed on it.” P6:11

Despite the significant negativity of the experiences shared above, a positive element, perhaps from a more collective human consciousness perspective, did emerge and bears noting. At an organisational level, greater empathy was noted amidst the loss and pain. In addition, the various people of the organisations were recognised beyond the role of ‘employee’, which led to an enhanced focus on organisational and employee health and wellbeing.

“You have become acutely aware of treating people differently, of being more cognizant of who that person is, and that is not just an employee. This is a mother; this is a father; this is somebody that has lost a child; acutely aware of unit managers that have lost spouses and lost children, and you start looking at your team differently.” P12:11

“I think one thing that I have seen is how the death of employees has had an impact on senior leadership. There is a lot more empathy towards staff. I think a lot more buy-in towards the staff and their wellbeing.” P1:11

While these realisations and acknowledgements provided a slight sense of positivity, a more significant negative influence on the participants' self-perception was observed than positive influences. While the mechanisms at play in both the positive and negative impact on follower self-perception are discussed in the following chapter, identifying the themes and subthemes related to shifts in self-perception established the understanding that the crisis had indeed had an impact.

5.5.1.3. Personal growth

Despite the trauma that was experienced by all exposed to the crisis. A positive, perhaps unanticipated, finding the participants reported was one of personal growth. This personal growth was, however, only identified in the post-pandemic reflective interviews. This suggested that it was impossible to acknowledge personal growth during a crisis.

The participants in reflective interviews one and two shared that their growth was forced rather than sought out. The change, viewed as a forced one, was associated with

personal growth, as stated clearly by the participants in reflective interviews one, two and five.

“So, you kind of you're forced to grow. So, it's a forced change. ...Everyone had forced growth.” RI 1

While this seems to indicate the nature of the growth as forced, in reflective interview five, the participant articulated that the approach before the pandemic needed to be addressed by their leader and that the circumstances of the crisis jarringly accelerated this internal change. In their example referencing the impact of the crisis on who they were as a person.

“So that has changed me quite a bit, but I think that is also something my previous mentor or leader actually told me to tone it down a bit and don't so be impatient. You know things will happen. It will happen in time. Unfortunately, COVID brought me down to almost a grinding halt in terms of who I was a person in terms of pushing.” RI 5

The participant in reflective interview two, in particular, noted the shift in perception and position of importance within their broader organisation, noting how, over the course of the pandemic, they felt and became more included and ultimately acknowledged that their role as a follower was a participatory one in the organisational developments and, essentially, followership construction.

“I'm not just that follower that I was two years ago, two and a half years ago. I'm actually a participant. Yes, I'm still a follower, but I'm a participant in what is being created in the company, which has made a monumental difference in the way I think.” RI 2

Reflective interview one's participant highlighted the insights that vulnerability seemed to be a cause for the personal growth being viewed as uncomfortable and cemented the stance that communication and trust, here stated as honesty, were crucial to the journey of personal growth.

“I think it's the concept of leading with a limp you, you kind of have to acknowledge your own shortcomings and not be scared to acknowledge when you've done something wrong, not be scared to acknowledge your own shortcomings when you get frustrated or upset but be honest with them [Leaders], share your opinions.” RI 1

5.5.1.4. Summary of perceptions of self

In spite of the balance of participants' responses indicating a more negative impact of the crisis on self-perceptions, it may have appeared peculiar to have simultaneously identified personal growth amongst the participants. However, the personal growth noted by participants was not directly associated with a negative or positive impact on their perceptions of self but rather with the fact that there was an impact at all.

The positive impact was the realisation that the participants had inherent value in their roles as followers and within their broader organisations. These realisations seemed only to be brought about by the crisis, and as the crisis progressed, these realisations of self-worth were reinforced. Conversely, the feelings of failure and frustration at not having answers to the questions asked of healthcare professionals during the crisis, the trauma and the ongoing nature of the crisis compounded to leave markedly negative impacts on the participants.

These impacts on the participants' self-perception and associated personal growth are discussed in the following chapter.

5.5.2. Trust and voice

While the participants' perceptions of self may have suffered to a degree, it appeared that they experienced increased autonomy and enhanced voice during the pandemic. Upon initially collating the findings, I found this to be peculiar in light of the previously indicated negative perceptions of self. However, the experience of the participants' enhanced autonomy and voice was found not directly to relate to their self-perceptions. Instead, their increased autonomy and enhanced voice as followers within their organisations seemed to result from the crisis's progression. Even where their self-perceptions were negatively impacted, the participants retained this increased autonomy and enhanced voice.

5.5.2.1. Autonomy

Despite the primary focus of this study being followership, the extent to which followers experience autonomy within their roles is of relevance. With its association with active followership and independent followers, it was interesting to hear the participants' views on their autonomy and how the crisis impacted this.

As was alluded to in sections 5.3.2.3 and 5.4.2.1 the progression of the pandemic saw varied influences among the participants throughout the study. However, the participants' reports of the impact on their autonomy were no different.

Participant four took the loss of autonomy during the early phases of the autonomy to heart, as seen by the statement made during their first interview.

“The autonomy we had previously, it was kind of limited, has become non-existent. I think there is no autonomy anymore. I think we have basically become pawns to the bigger chess game.” P4:11

In their statement, from the early phase of the pandemic, participant four focused more on the negative experiences of loss of autonomy due to a more dictatorial approach applied at the time. This view was also noted in 5.3.2.2, where participants noted their welcoming of a more passive approach in the early phases of the pandemic in light of their ‘passive followership’.

In contrast to participant four's views, a greater number of participants indicated that they felt that the pandemic had increased their autonomy. The participants saw this as necessary as the pandemic progressed, and a degree of equilibrium in the knowledge about the crisis was achieved. As a result of the decreased ‘top-down’ approach, participants felt encouraged by taking greater ownership of their environments and relationships. The feelings of autonomy grew over the course of the pandemic, as noted by some key excerpts from the first and second interviews. This is seen by the below progression, both by various participants over the periods of the first and second interviews, such as participants seven and eight and within individual participants over the course of the pandemic, such as the examples of participant one.

“There is definitely a bit more autonomy and a little bit more leeway where you know, I can even take it back as a short period with the first wave.” P1:11

“A simple thing like, previously, it was very hard on our electives [surgeries], where you were not able to make the decision for your specific hospital. I think now it is your hospital. You manage it the way you feel, you know your visiting policy, you open up your wards the way you want to, you open up your electives because, at the end of the day, you are going to be ultimately responsible for your bottom line as well. So, I have enjoyed that part.” P8:11

"I almost like this methodology more. [Previously] it was almost a form of policing. While now, I do not present it upwards. But the work does happen. And it does flow across all systems." P1:12

"It is almost as if you are given autonomy to run your facility. Rather than just give feedback. That's basically what we're sitting at the moment." P7:12

The enhanced autonomy was also widely seen as a rejection of the centralised responses preferred by the participants' organisations in the earlier phases of the pandemic. As highlighted in the following statements, multiple participants appreciated the understanding that they needed to function autonomously in their various settings. This momentum in terms of a line of thinking increased as the pandemic progressed.

"You need to leave a little autonomy onsite to say you guys know how to manage a hospital, manage that hospital appropriately, and not just force down things." P4:11

"I think what this has taught us as well is our hospitals cannot be managed from a central space." P8:11

"Definitely a positive because you are allowed, suddenly, to do what you do best, which is deal with doctors, deal with patients, and get your facility up and running." P7:12

At first glance, the increased autonomy of the followers from their leaders and organisations may seem to indicate a disconnect from the concept of followership construction. However, the increase in autonomy is more indicative of independent or active followership. This was noted as the participants were not deviating from their organisations or role-specific ambitions but merely doing so without the need for direct involvement by their senior structures. This was well articulated by the comments of participant 13 in their second interview as well as during reflective interview one.

"I think it comes back to what I was saying that, prior, I would not really engage a lot with them. I just accepted whatever was being given down to us. And subsequently, since COVID, I mean, you can see in reality, what is working and what's not working." P13:12

"I think it has given you a voice. It has given you, you know, a full understanding of your responsibility, full understanding of your power that you have at a very local level." R1 1

This comment by the participant in reflective interview one leads to the following presentation of results pertaining to the enhanced voice experienced by followers.

5.5.2.2. Enhanced voice

Aside from the greater degree of independence noted in the participants' responses, a further finding was that they also experienced an enhanced voice or gained the confidence to believe that their views, thoughts and opinions were important. This was associated by many of them with an increased level of trust that they experienced from their leaders and organisations. The theme of trust was raised from the followers' perspective towards their leaders in the findings reported in sections 5.3.1.1 and 5.3.1.3. However, the perceived trust felt by followers, perhaps in response to the increased autonomy displayed, was a further notable finding.

This enhanced voice of followers grew over the course of the pandemic. Furthermore, it was associated with an increase in the followers' confidence in their responses and roles in relation to their leaders and organisations. Almost all participants noted this development and how it gained momentum throughout the pandemic. This was seen starting in the early phases of the pandemic, as highlighted during the first interview by participants one, eight and 11, then reinforced during the later stages and evidenced in the second interview by participants seven and 11 and finally validated after the pandemic by reflective interviews one, two and three.

In the early phase of the pandemic, there was already an element of learning from the pandemic noted, which was seen to have enhanced the participants' capabilities. In particular, after the third wave of COVID-19 in South Africa, a feeling of understanding was fostered.

"Now they leave you to make the decision, but obviously, we have the understanding and the acumen, and we have learned from the pandemic." P1:I1

"I think they are more in tune with our capabilities now than previously." P8:I1

"I must say, you know, with the second and the third wave, the fact that we've managed the first wave in a manner that showed them [leaders] that there was some form of, you know, structure to our madness, there was something informing what we were doing. I think, to a large extent, the second and the third wave was much better." P11:I1

The selected responses to the second interviews reinforced these trends identified during the earlier stages of the pandemic. Trust was again noted here and directly correlated with the perception of followers having an enhanced voice within the organisation and followership construction relationship.

“The one change has been, and it has actually caught me by surprise, is that I think that leadership feels, to a large extent that they can trust me to make the right decision.”

P7:I2

“So, there was no interaction helping you to do this, helping you to do that, there was that trust, that you will do what you need to do, you will submit by the time you need to submit, and then you will then see that it gets done, as you promised it will be done.”

P11:I2

Finally, the reflective interviews cemented this view of enhanced follower voice stemming from an increased trust developing throughout the pandemic. The trust was noted to have improved relationships, even where these were already noted to have been good.

“It has taught you that you have a lot more say than you anticipated or thought you have.”

RI 1

“I think that to a large extent, the senior executive management have to let go of, I won't call it the reins, I almost want to call it the controls that they had and allow people to do the best they can with what they had. And I can say for myself, personally, is that what I've done, and in some cases, admittedly, it was wrong. But at that time, I did not know it was wrong. They trusted me enough that I was doing the right thing.” RI 2

“...and where I thought I had a good trust relationship, it got better... .” RI 3

5.5.2.3. Summary of trust and voice

The increase in trust manifested as the followers reporting greater autonomy and enhanced voice within the organisation played out over the course of the pandemic. As leaders and organisations identified that their followers were not merely available to execute mandates or instructions but had valuable inputs and information, they allowed ever greater degrees of autonomy to their followers. This increased trust in followers was repaid by their gaining in confidence and, as such, voice, leading to greater degrees of

ownership of their environments and accountability for the success of the implementation of their various pandemic response plans.

5.5.3. Conclusion of findings pertaining to RSQ3

The dominant themes identified regarding the influence of crises on self-perceptions were those of personal growth despite the harm followers suffered in terms of their self-perceptions. Further, increased follower autonomy from leaders and organisations and the enhancement of followers' voices within the followership construction discussion as well as organisations were driven both by the increased trust of leaders and organisations in their followers and the confidence which grew amongst the followers. Trust, and shifts in its application, once again played a central role in the influence crisis had on followers, in this case pertaining to their self-perception.

The self-worth of participants seemed to be harmed by their feelings of failure in contending with the complexities of a healthcare system in the midst of a global crisis; however, these trials and tribulations simultaneously stimulated personal growth and resilience amongst the followers which enhanced the trust that leaders and organisations had in them. As a result, the increased autonomy was accepted, and the opportunity presented to hear and engage with a follower base with a greater voice.

These nuances and differing responses to the same crisis, and how this relates to the underpinning theoretical components of implicit followership theories, will be discussed in detail in the following chapter.

5.6. Novel observations

An important theme in studies with a qualitative methodology utilising semi-structured interviews is the potential for data to be collected, which, while not explicitly sought to answer the research question or sub-questions, may add to the study's theoretical, practical or methodological contributions. This study was no different, and several concepts, identified as subthemes, were grouped under the themes of communication during COVID and the impact on the business of healthcare.

The findings relating to these themes will be presented here and are used to corroborate or expand upon the discussions relating to the research question and sub-questions in the next chapter. These findings also introduce data determined during the research

interviews which occurred too frequently to be seen as anomalies and became stand-alone trends, and thus, findings of this study worthy of presentation and discussion.

5.6.1. Communication during COVID

The presentation of the findings of communication in relation to the research sub-question two has already been presented in section 5.4.1. However, recurrent trends in responses pertaining to communication during the crisis led to this being noted as a pertinent additional finding in the study.

While still relevant to the discussions in the following chapter regarding followership construction as a result of communication being a central theme, the shifts in the direction of communication, type of communication and quality of communication during crisis formed the basis of their contributions to the extant literature and commentary on the setting of the study.

Beginning with a review of participants' perceptions as to whether or not they felt that they or their leaders drove communication before moving on to how followers viewed the quality of communication during a crisis, this section seeks to provide further detailed information on the critical element of communication.

5.6.1.1. Shifts in direction of communication

Followership construction alludes to the fact that while both leader and follower are required to construct the process, the follower may play a more active role than previously thought. With this in mind, it was of interest to identify which role, leader or follower, was perceived to be the initiator of communication during the pandemic.

While there was a slightly greater perception that the initiation or direction of communication was leader-dominated, this was not without several important statements which highlighted the mindset of some of the followers interviewed during this study.

Numerous participants indicated that the leader-driven communication was due to a 'top-down' culture in their organisations and that their relationship was historically driven by their leaders and the structures above them. The examples of participants four, nine and 11 refer.

"[Communication] Driven by them [leaders] completely." P4:I1

"[Communication] Driven by their side [leaders] for the moment, very much." P9:I1

"I think to a large extent they [leaders] are driving from their side, and they are influenced by the people that they are also reporting to." P11:I1

The leader-driven communication was noted to be the case during the early phases of the pandemic, as seen by the previous examples of responses from the first set of interviews. However, this view was seen to have already shifted due to the pandemic, with participant one suggesting quite early on in the pandemic that the crisis has reduced this historical 'top-down' approach of their organisation.

"Pre-COVID, potentially there was a lot more top-down type of communication, but COVID and the pandemic has really, I think, turned people's hearts." P1:I1

This view was reinforced and enhanced as the pandemic progressed, with the majority of responses pertaining to the direction of communication during the second interviews indicating that this was shifting towards or had already become a follower-driven process, as seen in examples by participants nine, 11, 14 and 15.

"In many cases, I would say it is me [communicating up]. But it all depends on the context of the need at the time. Sometimes it is top-down, and sometimes, it is from me up. By and large, I would say it is driven by me." P14:I2

"I think there is a bit more proactive communication at the moment because there's fear of missing out. I also find that within our structure, that the guys upstairs don't really communicate that well down. So, you kind of have to always ask, rather than wait to be told." P9:I2

"Direct Line [leader] I would say, mostly driven by myself." P15:I2

"I would say that it [communication] is more driven by myself. I find that there is not as much, let me say micromanagement, in that sense." P11:I2

The statement made by participant 11 in their second interview regarding taking ownership of the communication and perceiving this as a reduction in "micromanagement" was seen as a growing trend, expanded on further in examples of

participants seven, ten and in reflective interview one to acknowledge that their adopting a proactive stance to driving communication was with the intention to manipulate their leaders, their situation or their circumstances.

"I think more than anything else it [follower-driven communication] is manipulation of the situation." P7:11

"[It is] very important to know how to manipulate and what you use. I mean, I know who to tell something to if I want something spread in the company, good or bad. I know who to go to, and I need a little bit of a slap to say calm down you have been ridiculous."

P10:12

"My impression is just that a lot of people pretend to, to do a good thing or to do their jobs and lie a lot upwards. And I think a lot of the senior structures believe the lies they are fed, and I don't necessarily know whether that's trust or whether it's just a need to want to look good." RI 1

While the comment made in reflective interview one may have indicated a more sinister intention, other followers, such as noted by participants one, three and eight below, suggested that their focus was to achieve desired results and portray matters more positively.

"What is important for me is that he [leader] got a broader understanding of what I am trying to say to him." P1:12

"Let me say that I communicate upward and with the guys down there. It means that I manage both sides, my line manager as well as with my subordinates." P3:12

"So, as a GM, I have learned fight for your hospital, let the guys [leaders] know what your priorities are." P8:12

These findings highlighted the priorities of the followers' communication. Further, the findings corroborated the progression through the pandemic with regard to the transition of the balance of power or influence from leader to follower. In considering these findings, the type of communication yielded interesting results.

5.6.1.2. In-person and virtual communication

Noting both in the participants' responses and in the data collection for this study by the researcher, the shift towards virtual communication, initially necessitated by COVID-19, was not without impact on the followers or the study.

As discussed in chapter four, COVID-19 safety protocols at all participants' organisations initially delayed the data collection process and filled it with complexity. However, this complexity was not limited to the data collection process for this study but instead played out daily in the participants' working environments, where meetings shifted from in-person, face-to-face engagements to daily virtual meetings quite literally overnight.

Participants continuously weighed the pros and cons of in-person versus virtual meetings; their comments and thoughts are reflected here as findings. The participants noted few downsides to in-person meetings while almost all sought their benefit. While most participants could see value in aspects of virtual communication, the majority noted a variety of disadvantages to the form of communication and work that has extended beyond the pandemic. The view of a preference for in-person meetings over virtual ones grew as the pandemic progressed. These findings are discussed in the following chapter.

Advantages of virtual meetings

Quite a few responses from the participants highlighted the benefits of virtual meetings. Set against the backdrop of the fears and unknowns of the early phases of the pandemic, the participants acknowledged that rapid responses and national alignments were necessary to maintain health services delivery during the pandemic. Participant ten highlighted that virtual meetings showed how organisations could communicate, while Participant 12 shared their personal bias in favour of using technology. Participant six indicated that they felt that virtual communication was a sign of how things could be done in future. These examples highlighted a general view that virtual meetings were inevitable and made engagement possible where it otherwise would have been constrained.

"I think what it has shown is that you can actually communicate quite efficiently with a large number of people using a social media platform, much to the disgust of the POPI people in the company. This has shown that they will never be able to stop people communicating with each other through these platforms." P10:11

“I think technology plays a huge role and plays an even bigger role now in the pandemic than what it did before. I am a bit of a technology freak, so I like my devices. I like using technology, I am quick to use my technology to make a decision, to look up something, so it is the space that I play. Not everybody is on that page.” P12:11

“And it's strange because we're using virtual platforms to engage. What it means for me is that this is the future [of how to engage].” P6:12

While these positives were noted, the converse findings of participants highlighting the disadvantages of virtual meetings and communication were far more prevalent. This statement from participant ten, which they shared as a positive aspect of virtual meetings, highlights the participants' different perspectives as numerous participants identified similar reasons as disadvantages.

“You know what is nice about this [virtual] communication is it has also taken a lot of the emotion out of things. So, whereas previously, where you talk to people on the phone or face-to-face, you could sort of almost see their faces, their disappointment, their rolling of their eyes, their anger and whatnot. But I think that the [virtual] platforms have taken it to a different level, it has become emotionless, and if it is emotional or if somebody says something, you can also keep record of it.” P10:11

Disadvantages of virtual meetings

In stark contrast to the statement made by participant ten, many participants felt that the 'emotionless' nature of virtual meetings was the problem. This was noted by participants seven, 14 and 15 immediately at the first interviews, where they highlighted the loss of emotion and visual cues as elements which led to great difficulty in discussing matters, in particular where these were of a complex or sensitive nature.

“You do not see the emotion anymore in the environment, as a lot of this is done on Skype [virtual platform].” P7:11

“Comparing to how we used to meet, pre-COVID, to what we are experiencing. Part of me is really struggling there.” P14:11

“I think face-to-face I prefer because then what I am saying, especially when we are discussing a sensitive matter, it does not get lost in translation, that you hear my

intention, and you see, you know, my body language and you can read that it is not attacking.” P15:11

As the pandemic progressed, trends highlighted that an increasing burden of emotional distance was developing and being perceived, as suggested in the statements of participants five, six and 12, became ever more present. At this stage, the thinking had progressed to see virtual communication as associated with a loss of understanding and further erosion of connection between parties communicating.

“It’s felt that people don’t really understand us. I still believe that face-to-face is better. Because I, the way I see it is you can see facial expressions, you can read body language. It’s gone, we’ve lost all of that.” P6:12

“Electronic communication, very digitally orientated, became a lot more impersonal in terms of the way we communicate, especially during the last two years.” P12:12

“There needs to be more engagement with GMs face-to-face. I think we are over the phase of Skype and Zoom, which is, to a large degree, very impersonal. You need to engage more. And that seems to be lacking.” P5:12

The negativity expressed by the previous statements gained momentum as the pandemic progressed, and the disadvantages of virtual meetings were bluntly stated during reflective interviews three and four. The imagery of a “wall” (RI3) and “cold” (RI4) to describe virtual communication supported the trend that it was becoming an increasingly disliked form of communication.

“It is almost like there is a wall [in terms of communication].” RI 3

“I think the digital, or whatever you want to call it, it is just cold, impersonal and was not conducive to anyone giving of themselves.” RI 4

The growing disdain for virtual communication was also identified in the non-verbal cues, with increasingly aggressive or frustrated responses in the tone of voice and facial expressions. For example, during reflective interview four, the “or whatever you want to call it” statement was accompanied by a dismissive hand gesture.

While the disadvantages of virtual communication expressed by the participants were noted, this was not taken as the sole indication that in-person meetings were viewed as advantageous. This was interrogated independently of the virtual meeting discussion.

Advantages of in-person meetings

By the end of the pandemic, during the reflective interviews, most participants had identified a preference for in-person meetings, citing their importance and accuracy in conveying information as superior to virtual meetings. This was noted to particularly be the case where sensitive matters were discussed or strategic cohesion imperative.

However, even in the earlier stages of the pandemic, some felt that in-person communication was advantageous, as highlighted by participants four, 14 and 15 statements during their first interviews. The view being that in-person meetings and interactions led to more honest, accurate and better communication.

“You get your point of view across a lot easier and a lot better face to face. You can hear me, and you can understand me when I am saying something is important.” P4:l1

“Does it matter that it was in person? Yes! I would not have had the same conversation on the phone.” P14:l1

“I definitely see value in the face-to-face because I think sometimes the intention is lost if we are not face-to-face.” P15:l1

These findings continued through the second interview phase and concluded with some telling statements during the reflective interviews. Participant four maintained their stance of the first interview during the second interview, adding that relationship building, free of distractions, made in-person meetings vastly superior. Further key statements by Participant 12 highlighted the trends in thinking that supported in-person meetings as superior in fostering engagement.

“The impact that you have on the electronic meeting with people is decreased, and they are sidetracked, and you know having a face-to-face meeting is different to having it on Skype. You have people’s attention; your presentation skills are different. Having face-to-face meetings, you are building up the relationships with one one-on-one people asking the questions that they would not just ask you on the Skype meeting or platform. They would probably shy away from asking questions.” P4:l2

“I actually mentioned to my secretary after we had finished [a virtual meeting] that it is the one thing I do miss the interaction because we have grown more silent over time, and is that just because you are absorbing? Is it because you really do not have anything to say? Why is it that let us use this meeting from this morning? I was the only person that made two comments about two matters that were raised. Everybody else had complete and utter stony silence.” P12:12

Finally, reflective interview four provided a bookend to the advantages of in-person communication findings by expressing that in-person interactions provided a “richer context” than other forms of interaction and that this was superior in addressing complex tasks and scenarios.

“Face-to-face or in-person interactions are exactly that. You get such a richer context when you are with someone that it just then opens up the door for further conversation, further analysis, further unpacking...” RI 4

Disadvantages of in-person meetings

Most participants identified the advantages of in-person meetings and shared their preference for them over virtual meetings. The only disadvantage of in-person meetings noted was the risk of contracting COVID.

“Unfortunately, with the risk of COVID, your face-to-face interactions are limited.” P4:11

The fear associated with the pandemic and the risks of COVID-19, shared in greater detail in section 5.6.2.1, drove the participants to abandon the in-person meetings, which they knew to be of superior benefit to virtual ones. However, outside of this risk and the associated fear, the participants noted no further disadvantages of in-person meetings.

5.6.1.3. Quality of communication

The quality of the participants' communication during the pandemic was closely associated with the type of communication. This was highlighted by almost every participant multiple times during the various interviews. Over the course of the data collection processes, the participants made 134 statements which were later coded concerning an improvement or deterioration of the quality of their communication with their senior structures. In addition, every participant interviewed shared their insights on the impact of the pandemic on the quality of the communication between themselves and their leaders. Through each data collection phase, first, second and reflective

interviews, there was a view that the pandemic had improved the quality of communication more than it had harmed it. This was seen by 57% of the statements across all data collection points, indicating an improvement and only 43% noting a deterioration in the quality of communication between leader and follower.

Amongst the reasons for the deterioration of the quality of communication, three dominant sub-themes emerged. Insufficient time to communicate, the perception that leaders failed to understand the followers' context, and the followers' view that their contributions were not valued.

Multiple participants felt that the pace of the pandemic, and the high volume of tasks which needed to be performed to counter it, led to a reduction in available time to communicate with one another. As expressed by participants one and four and succinctly put by participant six earlier in the study, during the first interviews, there was no time to communicate.

"People do not have the time anymore to listen, and what you say the first time is the thing that will last." P1:I1

"We are not afforded the time with the senior structures to actually, to present strategies or strategic initiatives." P4:I1

"You do not have the luxury of time anymore." P6:I1

The identification of the absence of adequate time to communicate, seen during the first interviews, matured into a learning by the latter stages of the pandemic. This can be seen by the learnings applied by participants eight and 14, who stated how their approaches had changed to accommodate the decrease in time to communicate.

"I have probably come to realize is I've had to time manage a lot better." P8:I2

"I think COVID has taught us that there is no time. There is not always time to think, analyse, scrutinise, rethink, over-analyse again etc. So, I think my own response is a lot quicker and faster than it might have been in the past." P14:I2

Building on the limited time to communicate, and perhaps due to it, a perception that leaders failed to understand the specific context of the followers was formed. As with the examples of participants 11, 13 and 15 below, the void between senior-level strategy

and operational realities was a growing one which hampered the relatability of the parties attempting to communicate and ultimately adversely impacted the quality of the communication.

"I want to say I think there is still a bit of disconnect of what is happening in senior level versus operationally on the floor." P13:11

"While we're fully cognizant that there's always a national structure that will, that will almost take an aggregated decision, where there are glaring gaps within your facility, it's important that you advocate so that we, we find a sweet spot, if I can call it that. It's not always possible, in a pandemic, to maintain it, but at least you need to have felt that, you know, really advocated." P15:12

"I think for me, initially, was to try and bring across the challenges that a hospital has and to make sure that there is that understanding. Because to a large extent, if you are not in the hospital itself, you cannot understand the culture." P11:12

Having noted the participants' stance that there was a significant difference between senior strategy and operational, or hospital, level realities, an area of heightened frustration and deterioration of the quality of communication was identified where followers felt that their contributions were not valued. Beyond the selected statements below, there was also a trend of unhappiness, hurt and anger conveyed by facial expressions, body language and tone of voice. This was particularly noted with participants four and nine.

The common trend among participants was that where they felt that their contributions were not valued, as seen in the statements of participants four and nine, this called forth feelings of isolation and placed strain on relationship building.

"No, I do not think the contributions are actually valued because in the surge, I mean, put this way, I always said it, I said we need assistance, we need support, we need people to start taking action, come and help out when needed and unfortunately, I felt like [...] my hospital was a lone ranger or a partner to a lone ranger." P4:11

"I value my role and position and influence a lot more than the management values it."
P9:11

“If communication is one way, it makes it extremely difficult to build a relationship.” P4:12

These aspects, which negatively impacted the quality of the communication between the followers and their leaders, were countered by a greater number of responses suggesting that the pandemic positively impacted the quality of communication. The major sub-themes indicating an improved quality of communication were in line with the enhancement of follower voice as identified in section 5.5.2 but also included the acknowledgement that the improvement was a tangible progression over the course of the pandemic and led to a shift in the top-down nature of communication in the participants' organisations.

The identification of the participants' enhanced voice in their organisations was specifically noted by the participants in the reflective interviews, with reflective interviews one, two and three identifying this trend.

“I think I did find my voice in a different way.” RI 1

“I think a lot of us have, and some people may have retracted into their shells because of what's happened with the pandemic. I think I've gone the other way. I've become a lot more vocal than I was before.” RI 2

“People were given the platform and asked their opinion, and never have we had such an intense platform and an intense opinion [seeking] process plus never ever have we acted as hospital X goes in an open forum with the entire country all commenting, all participating, everybody had their turn on the red carpet for good and for bad.” RI 3

The stance of improvement in the quality of communication was not only noted in the reflective process, but it was also specifically identified by numerous participants to have been a progressive process over the course of the pandemic. The examples by participants one, increased understanding associated with increased autonomy; three, acknowledging a change in approaches to communication; and 15, the importance of the management of emotions, made references during their first interviews identifying the progression of communication based on insights gained during the early phases of the pandemic.

“The less you knew, the more dictatorial it was. Now the more you know, the more autonomous it becomes.” P1:11

“It means that you changed in the style of working in terms of communication, yes.” P3:11

“I think initially it [was] very noisy, lots of communication, lots of information needing to be passed, lots of, not just factual management but also emotional management, and as we settle and we have a way forward, then it becomes a bit better structured.” P15:11

The number of responses indicating that the pandemic had seen a progressively improving, rather than a deteriorating, quality of communication between followers and leaders suggested that the overall impact of the pandemic on the quality of communication was a positive one. While the merits and various other facets of this finding will be discussed in the next chapter, a statement made by participant eight seemed to reinforce this view that not only had the quality of communication improved during the course of the pandemic, but that the improvement had enhanced the quality of communication beyond pre-pandemic levels.

“I joined my current organisation in 2017. COVID happened, call it 2020, last year and the two years prior to that I would never have a conversation with our MD or our CEO... Prior to COVID, the interaction with Head Office was almost non-existent if you can put it that way. Now it is better.” P8:11

5.6.1.4. Summary of communication during COVID

In considering the crucial element in followership construction of communication and how this was impacted during the COVID-19 pandemic, findings pertaining to the driving force behind communication, the type of communication and the quality of communication were presented. While participants shared that their respective organisations had maintained a largely top-down, leader-driven communication process and that this was significantly reduced as the pandemic progressed. They noted a tangible shift towards a more inclusive communication process.

With the heightened reliance on virtual communication during the pandemic, participants shared their views on the benefits and challenges of virtual communication compared to in-person communication. While most participants indicated a preference for in-person communication, indicating the emotionless and distant nature of virtual meetings as a significant reason, the participants acknowledged the benefits and sometimes necessity of virtual communication to bridge geographical and isolation-induced gaps.

Finally, the participants suggested that the quality of their communication with their leaders and senior structures had improved over the course of the pandemic. Some even highlighted that the quality had improved beyond pre-pandemic levels. The findings on communication during the COVID pandemic proved vast and fascinating. These will be interrogated and discussed in the following chapter.

5.6.2. Impact on the business of healthcare

The final theme in the findings of this study addressed the impact on the business of healthcare by the COVID-19 pandemic. While many commercial elements fell by the wayside during the response to a global crisis, the organisations for whom the participants worked remained businesses in the private healthcare sector. While these findings were peripheral to the research question and research sub-questions, they provide further context to the situation under which to understand the findings more directly linked to the study aims.

The two sub-themes noted here were the impact of COVID-19 and managing in healthcare during crisis. The findings noted in this section were specifically those that seemed to suggest a lasting impact with the potential to exist beyond the crisis. These are discussed in the following chapter to understand their importance to the research setting and questions.

5.6.2.1. COVID-19

The impact of the COVID-19 pandemic could be viewed through a wide variety of different lenses. In the context of this section, it was the impact on the business of healthcare which was sought. This was not an interrogation of the financial impact on businesses or business strategies during the pandemic, but rather at the micro- (individual) and Meso-level of organisational structures and relationships and how these were impacted.

The participants reported positive and negative influences on their organisations due to the COVID-19 pandemic. While negative impacts were noted, the balance of the responses were weighted moderately in favour of a positive impact. The reasons why this may have been the case are discussed in the next chapter.

The pandemic's negative impact on the business of healthcare was seen largely in the effect on its key members. At an individual level, participants indicated anxiety, isolation,

fear and exhaustion as impacting their ability to perform. In addition, at the organisational level, some participants felt that an erosion between colleagues had transpired. Conversely, the positive impacts were seen to be enhanced cohesion and trust as an organisation targeting a common goal by many participants. Most participants also identified increased freedom from organisational constraints, greater flexibility, and a resultant increase in the rate of decision-making.

Accompanied by substantial emotion, numerous participants shared their experiences of the COVID-19 pandemic, ranging from personal loss to professional turmoil. These negative experiences led to challenges in executing their roles optimally. Participant eight made a poignant statement which summed up the sentiments of many participants, with responses from participants ten and 15 corroborating the psychological impact.

"I remember sitting in around April last year, getting to work, it was about three in the morning, and sort of having a mini panic attack, just looking at the day and what the day was going to bring, and phoning a friend at that time in the morning to say, listen, I do not know what to do." P8:11

"The psychological impact has been quite hard." P10:12

"The task on some days feels insurmountable." P15:12

Participant six commented on the exhaustion factor and how this further negatively impacted emotional resilience.

"I think that COVID also, you know, it has really heightened people's emotions, [they are] more out of kilter than what we used to know, you know, people haven't taken breaks for a long time. So, people do, unfortunately, get more emotional quicker. And now I'm very mindful around that I can see it with lots of engagement with lots of people that those things seems to, unfortunately, flare up." P6:12

During the reflective interviews, the participants could reflect on the pandemic's negative elements. The reflections presented a picture of unrelenting waves of fear which were crippling to effectively running a business or organisation.

"And everybody was nervous. It was not just me or a group of hospital managers or senior Exco level. Doctors were scared, and staff was scared. Everybody was scared because they were scared of the unknown. ...Look, after having gone through the

trauma of wave one and wave two. Every time we came through this wave, we actually felt like we've got to breathe. And before you know it we were into the next wave. And I kind of felt like there were times where we can't go on like this. It's got to end somewhere.” RI 2

“Because we literally did live in fear for 2 1/2 years, everybody thought it was the end of the world, never mind anything else.” RI 3

“I think obviously in the beginning it was fear, it was concern for our own safety and obviously as a parent trying to make sure that my children were always safe.” RI 4

Despite the immensely negative impact of the previous statements, the findings were that, to a greater degree, the crisis had a positive impact on the business of healthcare. While not diminishing the fact that the adverse experiences expressed above were extremely negative, participants felt that it may have been precisely these trying circumstances which elevated the cohesion within their organisations. Participants five identified this with their colleagues and stakeholders, while reflective interviews two and three identified how this also extended to the senior structures within their organisations. They noted this through enhanced trust and inclusivity between the various parties built during the pandemic.

“We shared the difficulties, the relationships. We were just transparent. And, we used to get flack, particularly from the doctors, and I would really challenge them, and we would bond, we would connect and implement.” P5:11

“I can honestly say, there is almost a feeling like everybody on the ground is now inclusive, there is no senior executive structure versus hospitals versus any of the other departments, whatever the case may be, the reality is we all had to work together, we would not have survived if we didn't. And that included the senior structures because they couldn't have done this without us. And we couldn't have done it without them. So, we, whether we liked it or not, we were forced to trust each other. And it was a good thing.” RI 2

“I think if we were tight before, we [are] even tighter now because the interaction from hospital to head office was escalated out of proportion.” RI 3

The trust that was felt also translated to greater degrees of freedom and independence from the parent organisations of the participants. Particularly in their decision-making and the speed and agility with which decisions could be made. This was seen as a substantially beneficial aspect.

“And to the point that I think that there is an understanding that flexibility is needed. You cannot rigidly enforce something and expect it to work from day one. And if you look at every site, we are probably doing eighty to ninety percent of the same processes. But we are flexible with what we can do to adapt to our environment.” P7:12

“I think it's probably made us a lot more confident that you don't have always need to always abide strictly to how prescriptive the guys at head office level are. There's lots of nuances to an individual organisation.” P8:12

“I think it might have been a good thing actually that it exercised and sharpened those skills. Think on your toes, make good solid decisions that you can discuss and defend afterwards and that you do not regret either.” RI 4

A finding in the trends noted by reflective interviews two and three positions the positivity experienced by the business during the pandemic well, with participant two's statement bemoaning the loss of the camaraderie of the pandemic and participant three questioning, with exasperation, if all the good would just be forgotten and alluding to their view that it was better during the pandemic than before it.

“I think people forget very quickly that we had this wonderful communication platform between all parties. We were all fighting this thing together that two and a half years later, we have forgotten about that camaraderie.” RI 2

“Is this collaboration now going to change? Are we going to go back to pre-COVID?” RI3

This question will be a departure point for the discussions in the following chapter.

5.6.2.2. Managing in healthcare during crisis

While the participants of this study were investigated for their experiences as followers during a global crisis, the role of 'follower' by no means denoted them to be junior members of their organisations. As general managers and heads of healthcare establishments, their experiences during the pandemic were those of followers of their

senior structures or leaders within their organisations. However, they also performed various other functions during the pandemic.

These functions, such as managing hospitals, could not be removed entirely from an in-depth interview process. As a result, several interesting findings were made under the banner of managing in healthcare during a crisis. These are shared as supporting information in considering the impact of the pandemic on the business of healthcare.

Participants felt, almost exclusively, that healthcare would never be the same as pre-COVID again. The findings were that they experienced such a significant shift in the healthcare setting that the impact of the pandemic was irreversible.

“But will things ever be the same? I don't think so because the good stuff I hope we have kept it and will be adapted into, you know, good practice going forward.” P14:11

“If I think pre-COVID where we were, and I don't want to use the word COVID. You were just coasting along, and this is our business. And this is what we do. And this is how we manage things, then suddenly, this thing comes and shakes our world upside down. And now we've got to go back to what everybody's calling the 'new normal' because there is no 'new normal' because we don't know what that is.” RI 2

“I think it has opened my mind to the possibility of change, doesn't matter how experienced you are. It does not matter what you think. You know, the pandemic did it in two phases. The pandemic has made me realize that the world is a different place. The world will never be the same.” P7:12

“And, after the second wave, we tried to go back to the roles we had for the first wave, and we only got it right, I would say, by about forty percent. So, the relationship never was the same again. It never went back to what it was because we had all changed so much.” P12:11

Participant 12's statement indicates the participants' view that the major irreversible change was not only in their organisations and working environments but in themselves too. A statement in reflective interview three best encapsulates this.

“I underestimated how COVID was going to change our world of work. And me.” RI3

5.6.2.3. Summary of the impact on the business of healthcare

The discussions of the following chapter will interrogate the findings to a far greater degree. However, it appeared from the participants' experiences that the pandemic had impacted the healthcare sector and the people working within it far beyond merely contending with the medical aspects of the crisis.

Significantly traumatic experiences permeated the participants and their organisations, with fear, anxiety and loss highlighted as having lasting effects. However, these trying experiences were also associated with the resilience of all parties and identified as the building blocks for greater cohesion and unity amongst and within businesses in healthcare. Participants sought this cohesion beyond the pandemic and saw it as a positive to emerge from the tragedy.

Finally, the pandemic's organisational impact was significant and permanent, with participants highlighting that their setting would never be the same again. This was noted not only for the organisations but also for the participants themselves, who acknowledged that none escaped the pandemic unchanged as people.

5.6.3. Conclusion of the novel observations of the study

While the study's novel observations were not directly associated with the central research question or research sub-questions, they were important supporting facets. The significant aspect of communication and the impact of the pandemic on the business of healthcare both provided valuable content to broaden the understanding of the findings of the research sub-questions and context of the study.

The nature of the change in the method of communication towards virtual engagement, necessitated by the pandemic, was identified, as was the rejection of this in favour of in-person communication. These concepts in communication may have practical implications extending beyond the pandemic. Despite this, the pandemic was also seen to have improved the quality of communication, challenged the leader-driven communication flows, and enhanced organisational cohesion. In the context of a changed healthcare setting, these shifts were significant and meaningful to the broader study.

Ultimately, the discussions on the novel observations will not form stand-alone areas of discussion in the following chapter but will provide important content and context to the

broader discussions of the findings relating to and answering the research questions and sub-questions.

5.7. Conclusion

This findings chapter has illustrated the participants' journey and lived experiences through the COVID-19 pandemic. Their aggregated perspectives, insights and understanding provide the content for the discussion in the following chapter, building towards answering the research question and sub-questions. In keeping with the methodological underpinnings of the study, close contact was maintained with the transcribed data in an immersive process, which required significant engagement with and between the findings, is carried into the discussions of the following chapter.

While each circumstance, statement and revelation shared by the individual participants is of immense value, the aggregated findings of their lived experiences allow for this multifaceted and complex phenomenon under investigation to be addressed. The association of the findings with specific research sub-questions provides the structure required for the cohesive and organised discussion and interrogation in the following chapter.

The findings of this study identified varied responses across the elements impacting followers' perceptions, values, construction and behaviours towards their followership during different phases of the crisis. Trust in their leaders and the followers' identification of their own approaches to followership shifted from the early stages of the crisis to the latter and ultimate post-crisis phase. Trust was seen to reach its highest point before steadily deteriorating and only starting to recover in the post-crisis phases. Similarly, followers gravitated towards a more passive approach to their followership early on in the crisis before becoming increasingly more active and even independent in how they expressed and constructed their followership.

The uncertainty of the early phases of the crisis seemed to cause these results. The findings indicated that followers were more comfortable accepting instruction where their own expertise or experience was at its lowest. As the followers gained insights and understanding of the crisis, their reliance on leaders decreased, as did their tolerance for top-down communication strategies. In terms of the communication and collaboration between followers and leaders, the early tolerance of top-down communication was

replaced with a desire for collaboration and, ultimately, followers' rejection of top-down communication.

The findings revealed that the participants found the desire to collaborate, acknowledgement of the follower's responsibility and the creation of trust and trustworthiness in credible leaders to be the antecedents of followership construction and, thus, the requirements for future followership construction in their context. These findings appeared to coincide with the followers' perceptions of self shifting. While the early phases of the crisis saw a deterioration of the followers' perception of self, as these perceptions improved, their autonomy and identification of what they felt were required to construct and enhance followership did too.

The following chapters' discussions will craft the findings into functional knowledge and conclude by identifying this study's theoretical, practical and methodological value and contributions.

Chapter 6: Discussion

6. Discussion

The previous chapter presented the results of the study. This discussion chapter interprets and describes the significance of the findings in the context of extant literature and emerging theory. The approach to this chapter was to discuss the research findings considering both similar and opposing academic points of view, considering the confirmation of, or diversion from, current literature and theory. The sections of the chapter relate to the findings of the three research sub-questions and unanticipated findings outside of the initial set of questions. In answering and discussing the research sub-questions, this chapter answers the central research question of 'How do crises influence followership?'. The chapter concludes with a summary of the discussion of the findings and sets the tone for the conclusion of the study in the final chapter.

In relation to the impact of crises on followers' perceptions, behaviour and values towards followership, this study found that trust had deteriorated and the rate of communication increased as the factors impacted followers' perception of their leaders. It also found that followers' strategic intent and style of communication towards their leaders had shifted during the crisis. The findings and potential impact of leaders' actions, and inactions, and how these shifted from the early to later and post-pandemic phases formed the basis of an exploration of what the crisis meant for followership in future. The resistance to the status quo, seen as having increased as the crisis wore on, related to the periodic appreciation of passive followership behaviours during times of elevated uncertainty. These findings were discussed, and all elements of the first research sub-question were considered, culminating in developing an understanding of the followers' perceptions of followership through the lens of the crisis.

Similarly, the second research sub-question was answered by discussing the findings relating to the experiences of followership in healthcare during a crisis. These included the improvement of the quality of communication between leaders and followers, where inclusivity in the construction of followership was noted where there was an increase in knowledge and understanding of a setting or situation. In addition, an examination of the construction of followership in healthcare, deteriorating where leaders failed to include followers with superior context-specific insights and enhancing as the familiarity and trust over decisions made during the crisis increased, further benefited the response. This discussion culminated with a review of the identified requirements for followership

construction and how these aligned with extant literature and followership theory, implicit followership theory or supporting considerations.

The resolution of the third research sub-question concluded the response to the central research question of how crises influence followership. The discussions of the facets influencing the self-perception of followers, what impacts these self-perceptions positively and, as was more prevalent in this study, negatively, play a crucial role. Investigation of the forced personal and organisational growth and the impact on trust and enhanced voice of followers, both with their leaders and their broader organisations, concluded the discussions of the third research sub-question.

The concept of crises as the setting for the study was based on the understanding that crises, as complex contexts, result in an 'adapt or die' situation which is primed for adaptation, development and, as in the case of this study, research. Complexity can exist as business challenges or pressure where the situation exceeds the known solutions, unique organisational collaborations are required, or there are differing opinions or perspectives in the organisational structures (Uhl-Bien & Arena, 2017). The COVID-19 pandemic was associated with a rapid proliferation of complexity and organisational, societal and emotional pressure. In particular, healthcare systems faced resourcing crises ranging from the availability of healthy healthcare workers to vital medication, ventilatory support and personal protective equipment (Uhl-Bien, 2021). This understanding of the COVID-19 crisis as the setting for the study was crucial to the discussions on followership contained in this chapter.

6.1. Introduction

The structure of this chapter follows the structure of the findings in chapter five by using the research question and sub-questions as a framework for the discussions. The research sub-questions are segmented into sections aligned with the identified themes as per Figure 4 in section 5.2. Then, the discussions interrogate the findings considering the current literature, their theoretical convergence or divergence and practical implications.

The sections relate to the three research sub-questions. First, the research sub-questions are discussed and answered: The impact of crises on followers' experiences of their perceptions, behaviours and values towards followership (RSQ1) as identified in section 1.2.1, followers' experiences of followership in healthcare during crises (RSQ2)

as per section 1.2.2 and the influence of crises on self-perceptions of followers (RSQ3) as noted in section 1.2.3. The chapter concludes with a summary of the discussion of the findings.

6.2. The impact of crises on followers' experiences of their perceptions, behaviours and values towards followership (RSQ1)

As introduced in section 1.2.1, this study's central focus was the view of the followers' construction of their followership, perceptions, behaviours, and values towards followership. Further, with an interest in the influence of crises as catalysts for change, the first research sub-question sought to answer: **How has the crisis changed followers' experience of their perceptions, behaviours and values towards followership?**

The themes of 'perceptions and behaviours in followership construction' and 'the nature' of followership were established in this study in response to research sub-question one. The theme of 'perceptions and behaviours in followership construction' consisted of three subthemes addressing the specific concepts of the followers' perceptions of their leaders, the followers' focus and intent and the followers' views on followership beyond the crisis of COVID-19. The theme of 'the nature of followership' consisted of the subthemes of active followership, passive followership, and perceptions of followership.

6.2.1. Perceptions and behaviours in followership construction

This study's results determined that the followers' perceptions developed during the pandemic with tangible shifts between the early, later and post-pandemic phases. As identified in section 5.3.1, this saw increasing perceptions and behaviours of independence of the followers from their leaders in determining their own, or constructing their, followership. While the earlier phases of the pandemic saw a greater focus on the role of leaders, as the pandemic progressed, this was steadily de-emphasised and shifted to the followers' focus and intent in followership construction. During the reflective interviews, this progression was further reinforced by the participants showing increasing interest and consideration for a 'post-COVID' context.

These shifts in perception were principally seen as a result of fluctuations in the followers' trust in their leaders. The early phases of the crisis, with heightened levels of uncertainty

and the unknown, led to followers trusting that their leaders had superior insight into addressing the situation. In this situation, with greater uncertainty than before the pandemic, trust and followers' perceptions of their leaders peaked. However, as the pandemic progressed and followers gained insights and experiences of the crisis and approaches to addressing it, a rift between followers and leaders began to develop. This was particularly true with references to any changes or instructions from the leader regarding the followers' specific context or setting. This divide grew over the course of the pandemic. As this distance increased, the trust in leaders decreased, and accordingly, the followers' perceptions of their leaders deteriorated.

This deterioration was congruent with the understanding of followership behaviours being constructed by followers towards leaders rather than colleagues or within themselves (Carsten et al., 2010), and also that this study was correctly positioned to assess the phenomena it had set out to. Further, a significant association between trust and communication was prevalent. Observed from the leader to the followers, where the rate and volume of communication were seen to increase during elevated crises within the crisis, also noted as waves of COVID. This was also observed from the perspective of the follower to the leader, where the followers' intent and focus in communication were seen as often strategic and not always benevolent.

6.2.1.1. Perceptions of leaders

In constructing followership with their leaders, the followers' perception of them was pivotal. This was in congruence with the identification of the importance of followers' perception by Chiu et al. (2017). In particular, the creation and maintenance of trust was a central concept. Trust was noted to be specifically driven by the actions or inactions of leaders. During the early stages of the pandemic, a perception of leaders possessing superior insight or knowledge was noted as the driving force behind the creation of trust and, thus, willingness to construct followership. However, both extremes of over-involvement and lack of involvement rapidly eroded followers' trust in their leaders and led to breaking away from followership construction. In cases where cynicism towards their leaders, or mistrust, formed, the followership construction process deteriorated and saw followers independently seeking direction and relationships with alternate structures or with the concept of their organisations directly.

These findings corroborated those discussed by Beckley (2020), who addresses the situation of midlevel leaders, which Beckley (2020) describes as parties who present with both leader and follower identities, as also noted by DeRue and Ashford (2010),

and were precisely the roles held by the participants, as healthcare facility managers and executives, of the study. Beckley (2020) argues that those (followers for this study) who behaved in keeping with their moral belief system supported relationship building where trust and integrity were vital. While the findings of this study indicated that followers identified trust as a primary source of followership construction, they also indicated that the trust was eroded due to a divide between the demands of the leaders and the realities of the followers and the lack of inclusion of followers by leaders.

However, considering that leaders were noted to be more likely to encourage engagement and constructive criticism where followers shared authentic validation (Beckley, 2020), it did appear that the followers' cynicism and independence may have exacerbated the deterioration of followership construction. This view was supported by the foundational statement of this study that followers have an equal, if not greater, role to play in the leader-follower dynamic (Carsten, 2017; M. K. Carsten et al., 2010; Epitropaki et al., 2017; Uhl-Bien et al., 2014). It stood to reason that this could also hold true in the erosion of followership construction.

Branson et al. (2016), referring to leadership relationships, further suggest that establishing trust and credibility in conjunction with sufficient time for relationships to develop is vital to negotiating hierarchical relationships similar to those of the follower-leader dynamic. The context of the crisis placed this situation at odds with the literature, where it was found that all communication and other engagements were markedly accelerated. The finding that time, seen as a luxury, was unavailable made recommendations such as those by Branson et al. (2016) unattainable.

The aspects of follower resistance and a shortage of time partially explained the challenges experienced in constructing followership. With the creation of trust as a cornerstone of followership construction negatively impacted by crises, alternate factors needed to be considered in understanding this process. Beckley (2020) considers contexts or settings categorised as highly hierarchical, autocratic, and rigid where trust is not part of organisational culture as requiring supportive relationships to foster productive leader-follower relationships and identities. This description of contexts is comparable to the findings of healthcare organisations' 'top-down' and 'dictatorial' styles in their response to the crisis (Rosen & Holmes, 2023). However, supportive relationships were seen to be lacking in assessing the responses in this study. This further compounded the situation and explained why followership deteriorated as it did.

The failures of leadership in their response to the COVID-19 crisis noted in this study were thus also failures of followership (Uhl-Bien, 2021).

While this may appear critical of the followers in the study, it has previously been noted that crises cause a reduction in the importance of trust in leadership (Markus, 2013). This was contrary to the study's findings, where trust was highlighted as the most crucial element. This difference may have been due to the setting and context. While Markus (2013) made his determination based on a financial and organisational crisis, the extent of the impact that the global crisis in this study (COVID-19) may have contributed to the conflicting findings. As such, an argument could be made that the severity of the crisis may alter the nature of the critical components of followership construction.

Eberly et al. (2017) and Hannah et al. (2009) support the view that the severity of a crisis alters the perception of relationships and the affinity for relationship construction amongst followers. Though similar, they approach this with subtly different stances. While both agree that extreme contexts can result in followers gravitating towards leaders and seeking to enact follower behaviours, Hannah et al. (2009) found this drive stronger where followers lacked resources and 'needed' assistance from leaders. In contrast, Eberly et al. (2017) argue that followers gravitate towards leaders who have been present and embedded with their followers during the crisis. The findings of this study indicated that the early phases of the crisis resulted in behaviours similar to those described by Hannah et al. (2009), while the "absence" of leaders identified in the findings of this study led to the rejection of the positive relationship construction described by Eberly et al. (2017) in response to leaders who had maintained a close 'proximity' to their followers.

The shift in followers' perceptions of their leaders based on the crisis suggests that crises can, and in the case of the current study did, fundamentally alter the perceptions and beliefs held concerning followership. Shondrick and Lord (2010) identified that in the creation of perceptions, it is the implicit leadership theories (ILTs) and implicit followership theories (IFTs) that guide the perceptions and beliefs and that the theories themselves are not beyond influence. They further highlighted that these theories could shift to align with particular contexts. However, their position that once the ILTs or ILFs had been used to make sense of a situation that they were less likely to alter (Shondrick & Lord, 2010) is challenged by the findings of the study. The findings of this study suggested that the participants, as followers, perceptions and beliefs shifted on multiple occasions as the crisis wore on. These shifts were seen in the followers' perception

changes throughout the crisis. First, their acceptance of the actions of leaders as supportive during the follower's vacuum of knowledge regarding the crisis and then a rejection of the leaders' involvement as followers' knowledge of the crisis increased. This fluidity suggested that the implicit theories may be less rigid than Shondrick and Lord (2010) suggested, especially during a protracted crisis or extreme context.

This position was corroborated by the findings of Lau et al. (2022), who, concerning the same crisis as that in this study, found that in times of crisis, followers looked to leaders for calm, a discussion picked up again in the passive followership argument, and that rapid-fire requests for information, as found in this study, were not conducive to calm. They further argued that when followers deviated from leaders, rather than this being delinquent behaviour, that it signified a courageous followership, necessary in response to crises (Lau et al., 2022).

While the elements of blame for failure in followership construction being placed with the follower was in keeping with the narrative of their importance in the relationship, the conduct of leaders remained a vital aspect to consider. The followers' perceptions also highlighted undesirable leaders and leadership behaviours. They identified these as having failed to communicate appropriately, behaved inconsistently, and demonstrated a perceived unwillingness to assist. This study found that these damaged the trust between follower and leader and, thus, followership construction. This was congruent with the view that followers' perceptions of abandonment or apathy from their leaders are directly associated with follower resistance (Bligh et al., 2007).

Bligh et al. (2007) further suggested that followers' perceptions of disinterested or absent leadership may be "more constructed than real" (Bligh et al., 2007, p. 529). Their arguments further supported the view that while perceptions were vital in identifying the impact of the crisis, these perceptions may also have tended to attribute blame in the disruption of followership construction to leadership in isolation, even where this was not entirely factual (Bligh et al., 2007).

The followers' perceptions of their leaders significantly influenced followership construction. How followers engaged with these perceptions, and thus followership construction, was partially guided by their beliefs and values but extensively by their experiences of the crisis, their leaders' response to the crisis and engagement, or lack thereof, between the leader and their followers.

While various aspects of the followers' perceptions towards their leaders in this study concurred with existing literature, a departure was noted in the particular context of a drawn-out, all-encompassing crisis. The literature discussing previous crises, such as financial or macro-economic crises, organisational and cultural crises at the individual and organisational levels, did not adequately account for the extent of the impact seen during the COVID-19 crisis nor the variability in facets such as the implicit values or foundations of the perceptions of leaders.

Perceptions shifted tangibly based on leaders' actions or inactions in response to the crisis but also due to the crisis's impact on followers. In the context of followership, the underlying premise was that followers played an equal role in constructing the relationship with their leaders. However, the deterioration of trust and followership construction was attributed to followers' shortcomings in encouraging engagement and providing adequate support to leaders grappling with a unique crisis scenario that they had never encountered before. While this extended the view of followers' influence on followership construction, their role in adversely affecting it due to the impact of a crisis had not been discussed in prior literature.

In extending this understanding, the crisis highlighted that where leaders were overwhelmed by the situation or context and followers failed to act in a supportive manner to their leaders, trust, communication, and, ultimately, followership failed. This was specifically seen with the followers' trust in leaders initially exceeding that of pre-crisis conditions and then progressively deteriorating over the course of the pandemic, both due to the leaders' actions or inactions but also compounded by the followers' exposure and response to the crisis. While this was largely due to the leaders' actions or inactions, the more withdrawn or passive stance of followership in the early phases of the pandemic exacerbated this change. The more passive stance of followers early in the pandemic was an appropriate departure point for the discussion of the findings as they related to the followers' focus and intent.

Follower focus and intent

While the perception of their leaders is crucial to followership construction, the followers' intent and focus are equally important. These played a significant role in determining their behaviours in the followership construction process. Owing to the rapidly evolving nature of the pandemic, both the speed and strategic intent of communication were highlighted as vital. While rapid communication was both expected and required by leaders for informed decision-making, followers strategically shared communication to

align with their intent to achieve the desired nature of followership construction or outcomes.

The negative perception of the frequency of communication noted in this study deviated from literature, where it was noted that an elevated frequency of communication was associated with improved leader-follower relationships (Walthall & Dent, 2016). Walthall and Dent (2016) identified that increased communication from leaders to followers enhanced the relationship quality in relation to work performance. The contrary findings in this study may have had less to do with a difference in the context of this study and others and more due to the quality of the communication. It was found that much of the communication was repetitive, adding little value and in rapid succession with immediate responses expected. This study found that where followers perceived communication to merely be for the sake of communicating rather than for a particular purpose, the negative impact was elevated.

The fact that this disconnected form of communication led to negative perceptions was in accordance with various studies which noted that the content, delivery, action and pace of communication were vital in the setting of a crisis (Boin et al., 2010; Bundy et al., 2017; Collins et al., 2022; Stam et al., 2018). They found that immediate communication acknowledged the severity of the crisis (Boin et al., 2010; Collins et al., 2022), called the relevant parties to action (Bundy et al., 2017; van Knippenberg et al., 2004) and enhanced followership construction (Collins et al., 2022; Stam et al., 2018). However, an additional element that was apparent was a fluctuation in the relationship between followers and their communication. This fluctuation in communication behaviour, where at times followers desired more communication and at other times shunned it, could not solely be attributed to the leaders' communication style and competence. Where followers chose to vacillate between seeking communication and avoiding communication, the ambiguity confused leaders and hampered the construction of followership (van der Velde & Gerpott, 2023).

With heightened time pressures and limited availability or opportunity to engage, followers became increasingly strategic in their communication. It was noted that followers felt that inaction while waiting for confirmation of facts or certainty was more harmful than partially informed action. The views identified in this study are reinforced by the stance that it was identified that during crises, strategic decision-making requires a more intuitive, less analytical and less consultative approach (Bonn & Rundle-Thiele, 2007), failure to do so may lead to an analysis paralysis scenario (Talbert, 2017).

Decision-making during and following a crisis tends to be simplified and fast, whereas decision-making in a stable environment tends to be comprehensive and slow (Bonn & Rundle-Thiele, 2007; Talbert, 2017). This was seen to be additionally problematic where the repair of trust from leaders was required, as was the case in this study, as the nature of communication was identified as key to achieving this (Collins et al., 2022). The nature of communication expressed by Collins et al. (2022) relates to the quality of information and the rate at which it is provided, thus supporting the followers' view that this is crucial to their followership construction.

In some instances, the strategic intent of followers shifted to the point of guiding their leaders by sharing targeted communication which they realised would elicit a particular response or course of action. While this indicated a shift in the locus of control in the followership construction process, driven more by the follower than the leader, it was also congruent with the discussions of Schyns et al. (2019). The followers' drive to control a particular narrative and achieve their desired outcomes was noted to be in line with their views of the appropriate response to the crisis. However, it was also identified that followers would strategically share information with their leaders, resulting in outcomes that might benefit the followers' standing within the organisation or in the view of their leaders. While not as malicious, this was subtly congruent with Machiavellian followership behaviours, as discussed by Schyns et al. (2019). Rather than financial gain, followers' strategic sharing of information during the crisis was found to be with an intent to be viewed positively by their leaders.

In studies on the effects of the dark triad traits, Machiavellianism was most often associated with strategic intent. By assessing the situation or context, followers enacting this behaviour would identify the communication, engagements or actions which would most likely benefit them (Schyns et al., 2019). While this was primarily discussed from the perspective of financial benefit or organisational power, an additional element from this study, in keeping with the theme of Machiavellianism in followers, was the intent to be heard, understood, involved or supported. While these were arguably less "dark" than the descriptions by Schyns et al. (2019), the approach of communicating selected information strategically remained in keeping with this narrative. "Machiavellians are not impulsive and are likely to methodically engage in the process of reflecting on strategic opportunities and the consequences of potential response options." (Schyns et al., 2019, p. 239). This statement aligned directly with several statements made during the study. A further corroboration of, or association between, the findings in this study and the Machiavellian approach was that followers regard their leaders as untrustworthy. The

reduced trust element further supported the coherence between the findings and earlier discussions and the perspectives of Schyns et al. (2019).

While the followers often shifted the dial of the controlling force of the followership construction, there was also an acknowledgement that agreement in these engagements was unnecessary and that simply having a platform to engage or communicate was crucial in developing followership. Furthermore, the fact that leaders agreeing with followers was not necessary for followers to form positive followership connections was supported in literature where it was seen that at times of crises, agreeableness was associated with negative responses towards followership and followership construction (Ishaq et al., 2021).

Considering the substantial impact of the crisis on followers' perceptions of leaders, behaviours towards followership construction, communication and their strategic intent, amongst others, one would be hard-pressed to assume that there would be no lasting impact on followership beyond the crisis.

Followership beyond the crisis

In considering the lasting impact of the crisis on followership, it was found that the perceptions of leaders, particularly a perceived 'absence' or 'presence' persisted beyond the crisis. This indicated that while the crisis was a significant force in changing perceptions and beliefs, it was also not a transient one. The role of leaders in the followership construction process was actively questioned and appeared to have not escaped the pandemic unscathed. These findings were in line with Wu et al. (2022), who identified that the actions of leaders during a crisis correlated with followers' perceptions beyond a crisis. The more severe the crisis, or the impact of the crisis, the greater influence the leaders' actions or inactions had on followers seeking to construct followership (Eberly et al., 2017; Wu et al., 2022).

This phenomenon was not only noted at the leader and followers or individual level but also at an organisational and country level. The actions and their resultant impact on trust were key areas requiring focus and repair beyond the crisis to return to a modicum of normality (Lucero-Prisno III et al., 2023; Owen & Currie, 2022). These views validated the findings of this study that trust was a crucial element of the construction of the followership relationship and that this was significantly negatively impacted by the crisis.

In suggesting what followership may look like or how followership may need to be constructed beyond a crisis, extensive repair, catharsis, and engagement would be required where trust was adversely influenced by the actions or inactions of leaders during crises, as was the case in this study. The significance of the importance of the perceptions of leaders to followership construction cannot be overstated. However, the followers' position towards their followership is equally vital. The discussion of the nature of followership, specifically from the followers' perspective, considers this aspect.

6.2.1.2. *The nature of followership*

Carsten et al. (2010) discuss the various dimensions of followers, which they class as passive, active and proactive based on the degree to which they pursued roles in the followership construction dynamic. While they found that typically 39% of followers held to the stereotypical follower-as-subordinate role, noted in 5.3.2.2, which is characterised by taking orders, listening and performing tasks accordingly without asking any questions, lacking creativity and innovation (Carsten et al., 2010; Mehnaz et al., 2018; Uhl-Bien et al., 2014), this left the majority in the active and even proactive categories (Carsten et al., 2010). Amongst active followers, sharing their opinions and acknowledging their role in the leadership process as a conscious decision lead to seeking out challenges, questioning the status quo and being aware of the influence which they could exert on leadership (Carsten et al., 2010; Uhl-Bien et al., 2014).

This study found that the majority of participants viewed themselves as active followers. However, this fluctuated depending on the phase of the crisis. The earlier phases of the crisis, specifically those characterised by high levels of uncertainty regarding the COVID-19 pandemic, how to respond to the situation, what the implications of responses were and generally what to do, saw the participants gravitate towards passive followership behaviours. Later in the crisis, as their understanding of the crisis and specifically their site or context-specific understanding of it developed, the participants gravitated towards a more active approach to followership.

The flexibility or dynamic nature of followership determined in this study was in keeping with existing literature on the implicit theories and followership and leadership construction (Beckley, 2020; Coyle & Foti, 2022; Kean et al., 2011; Lord et al., 2020; Matshoba-Ramuedzisi et al., 2022; Oc et al., 2023; Shondrick & Lord, 2010). However, while numerous authors discussed the dynamic nature of followership in relation to specific contexts, few assessed the impact of crises on followers' determination of the nature of their followership. This study extended this area of knowledge by focussing on

followers' passive and active applications of followership and how these were shifted over the course of the crisis.

Passive followership

Carsten et al. (2010), Mehnaz et al. (2018) and Uhl-Bien et al. (2014) noted that passive followers were characterised by behaviours such as taking orders, listening and performing tasks accordingly without asking any questions and lacking creativity and innovation. However, Beckley (2020) notes that leaders do not typically appreciate followers who do not engage with challenges and merely escalate them to their leader. This may be partially explained by the discussions of Güntner et al. (2020), who noted that the behaviours of followers have an equal degree of impact on their leaders and vice versa. In a crisis context, the outcomes would be catastrophic if leaders and followers enact problem-avoidance behaviours.

The adoption of passive followership behaviours in the early phases of the crisis was seen to be a result of uncertainty, fear and exposure to an unknown situation. This is strongly supported by literature which noted that during periods of crisis, followers look to their leaders for support, guidance, and direction (Bundy et al., 2017; Collins et al., 2022; Guzman & Fu, 2022; Stam et al., 2018; Wu et al., 2022). These are essentially the behaviours of passive followership.

Numerous authors have identified contextual aspects influencing followership or leadership (Alipour et al., 2017a; Blair & Bligh, 2018; Oc, 2018; Tee et al., 2013; Uhl-Bien & Arena, 2017). However, these have focused on the leaders' perspective or on contexts such as culture, gender and race. The literature does not cover how or why these followers would transition to active followership in the case of prolonged crises, such as experienced in this study.

Active followership

Among active followers, sharing their opinions and acknowledging their role in the leadership process as a conscious decision while also questioning the status quo set them apart from the more passive approach (Carsten et al., 2010; Uhl-Bien et al., 2014). This study found that followers who felt that they were active in their approach extended beyond questioning the status quo and actually resisted it.

While van der Velde and Gerpott (2023) discuss follower resistance, they do so from a leader-centric perspective. However, their identification of types of resistance is helpful

in the discussion of the findings of this study. They highlight that follower resistance is perceived by leaders as followers acting entitled, seeking or avoiding contact, minimizing effort, emotionally fluctuating communication, and undermining team cohesion (van der Velde & Gerpott, 2023).

Based on followers' feedback, this study's findings suggested a degree of inherent bias in the leaders' perception of follower resistance. While this was understood purely from the followers' perspective, the findings were important in the debate regarding follower resistance. In this study, followers identified avoiding contact and possible fluctuations in the emotional nature of their communication. However, they rejected the view that their resistance would undermine team cohesion, signal entitlement or minimize effort. Further, followers' resistance during the crisis mainly aimed at achieving better, or more practical, site-specific outcomes.

An additional area of congruence between the findings of this study and the work of van der Velde and Gerpott (2023) was that the followers in the study highlighted leader competence and behaviour as a significant contributor to their resistance. This was a subtle departure from the resistance noted in response to unethical behaviour of leaders (Aghaei et al., 2021). While there was no mention of unethical instructions in this study, Aghaei et al. (2021) discuss the mediating effect of organisational citizenship on follower resistance.

The stance on organisational citizenship was supported by the findings in creating an independent approach to followership; various participants specifically identified a preference for organisational values ahead of followership constructed with particular leaders. This type of resistance of a follower in favour of the organisational values was positively associated with a reduction in unethical and undesirable leadership behaviour (Aghaei et al., 2021; Matshoba-Ramuedzisi et al., 2022).

As highlighted earlier in this discussion, the shift in follower responses and behaviour time was identified as an important finding. This suggested that the influence of crises on followers and followership construction shifted over time. Appelgren (2022) identified the differing responses during different phases of the COVID-19 crisis, though predominantly from a leadership perspective, but highlighted a limitation in their study as being that they had only assessed this at a point in time, calling for further study on the impact of crises as these progressed. Haslam et al. (2021) noted that the demands on leadership increased as crises progressed, though again, not explicitly addressing

the impact this would have on followership. With the extensive debate in this document regarding the influence on leader and leadership also impacting followers and followership, the literature (Appelgren, 2022; Haslam et al., 2021) can be used to corroborate the findings that the progression of crises elevated demands on followers. The demand on followers manifested as an added responsibility for them to actively pursue followership, thus explaining the shift from passive to active followership as the crisis progressed.

Upon closer investigation, this study discovered that followers faced a growing demand to take the initiative in driving communication with their leaders to foster followership. Furthermore, they were expected to act as context or site-specific experts and counteract uncertainty or fear within the organisation. The study also observed that some leaders, unable to cope with uncertainty, either became paralysed in analysis or made rapid, sometimes conflicting requests for action, highlighting the complex dynamics at play.

Independent followership

While perhaps slightly contradictory to the concept of being a follower, an aspect of follower behaviour identified in this study would best be termed 'independent' followership. Whether due to a strong affinity for the organisation and its values, a strong rejection of their direct, person-specific leader or a combination of both, some followers seemed to adopt a form of followership with the organisation rather than with a particular leader. Followers expressed this as their perceptions of themselves identifying more as 'participants' than 'followers' per se in the leader-follower relationship. While it was initially thought that this could be deemed proactive followership as described by Carsten et al. (2010) and extensively discussed by other authors (Benson et al., 2016; Blair & Bligh, 2018; Epitropaki et al., 2013; Oc & Bashshur, 2013), the affinity for organisations over leaders did not match with the discussions. Only Epitropaki et al. (2013) highlight that proactive followership was characterised by advancing the organisation's goals. However, they stopped short of expanding beyond this and in their description, followers advanced the organisation's goals through engagement with leaders (Epitropaki et al., 2013).

Blair and Bligh (2018) identify that proactive followership does require resistance against leaders but still frames the concept in light of followers engaging via their leaders, unlike the findings of this study, where the followers, at times, appeared to be referring to a complete disruption of the relationship between themselves and their leaders, and their

conducting of independent actions, in keeping with the organisations aims, ambitions and values but with no connection to their leaders. To understand this finding, the closest example in literature was the work on courageous followership, pioneered by Ira Chaleff in 1995 (Carsten et al., 2018; Uhl-Bien et al., 2014). Again though, followers were seen to robustly support leaders in the execution of the organisation's mandates (Uhl-Bien et al., 2014). While the views expressed by Chaleff in Carsten et al. (2018) and Uhl-Bien et al. (2014), and other authors (Benson et al., 2016; Blair & Bligh, 2018; Epitropaki et al., 2013; Oc & Bashshur, 2013) highlight the extreme end of proactive or courageous followership, none considering a 'leaderless' scenario in the discussions.

This study introduced the concept of 'independent followership,' a term derived from various participant approximations of the phenomenon. It represented a departure from the traditional followership research, offering insights into the behaviour of followers who established their followership with their organisations rather than their immediate leaders. This shift seemed to have occurred due to having lost trust in leaders or followers' perceptions that leaders had become disconnected from the organisational goals. This represented a potentially fascinating area for further research to understand the concept of 'independent followership'.

Perceptions of followership

The findings of the study noted that the majority of the participants were unfamiliar with the concept of followership and acknowledged their exposure to, and at times bias for, the leader-centric doctrine which has dominated this domain. The almost exclusive exposure to the leader-centric perspectives is in line with the criticisms of historical research and approaches to the leader-follower dynamic in practice and academia (Aghaei et al., 2021; Carsten et al., 2010; Thoroughgood et al., 2018; Uhl-Bien et al., 2014; Uhl-Bien & Carsten, 2018). As such, the participants' relative naivety towards the concept of followership was not altogether unanticipated.

6.2.2. Theoretical impact and considerations of RSQ1

This study contributed to existing theory by applying a follower-centric perspective of a crisis-based lens to followership theory and implicit followership theories. Situated within a healthcare context already facing significant complexity, the further pressures of a global crisis placed followers, their beliefs, perceptions and behaviours in relation to followership, their leaders and followership construction under immense strain. The protracted nature of this strain and the pressure resulting from a drawn-out crisis led to a shift which, in certain regards, corroborated existing understanding of followership and

crisis but saw a deviation from, and thus an extension of, the understanding of the current theoretical perspectives.

Uhl-Bien et al. (2014) noted that “A follower’s behavior is likely to be influenced by how they are treated by the leader (e.g., follower development, follower repression), whether the leader perceives them as effective, or whether they advance within the organization.” (Uhl-Bien et al., 2014, p. 99). This appeared to detract from the follower's role in determining their followership and obscured which behaviours and traits followers valued. However, while Uhl-Bien et al. (2014) indicated that external forces could influence follower behaviours, they only viewed this from the position of leader influence and not the influence that the setting or context may have. Uhl-Bien (2021) further commented on this in their work on complexity leadership theory during COVID-19, calling for specific investigations and a greater understanding of follower behaviours in complex or crisis settings.

This study, situated in a complex context during a global crisis, found that followers’ trust in their leaders was significantly shifted by the leaders' actions and inactions in response to the crisis while also noting that the crisis itself shifted followers' behaviours and intent to be more self-serving than before the crisis. This represented both heeding the calls for further study on the antecedents of followership construction, particularly in complex contexts, and an extension of the current understanding of followership theory from the followers’ perspective.

Rather than responding to the leaders' conduct or actions towards followers, the followers adjusted their perceptions of their leaders, and thus perceptions of their followership construction, based on their leader's response to the crisis. This saw the leaders’ actions or inactions and perceived competence in responding to a crisis as congruent with their followers' trust in them (Harms et al., 2017; S. A. Newman & Ford, 2021; Wang et al., 2014).

Further, it was identified that this shift in followers' trust in leadership was not fixed, as suggested that it may have been when considering the view espoused in the implicit theories that once a position or perspective had been established in relation to a particular context, that it was less likely to be altered (Shondrick & Lord, 2010). This study showed that the different phases of the pandemic saw followers alter their application of values, beliefs and implicit followership behaviours. The global uncertainties of the early phases of the pandemic coincided with followers’ gravitating to

subordinate or passive approaches and readily trusting leaders. The latter phases of the pandemic noted the opposite. In the latter phases of the pandemic, followers exhibited significantly more critical and suspicious stances towards their leaders, choosing more active and even independent approaches to their followership with substantial reductions in trust in their leaders and an increase in quasi-Machiavellian (Schyns et al., 2019, 2022) foci in their intent.

When asked to reflect on their trust relationships in a post-pandemic setting or with a view to a post-pandemic context, followers acknowledged that a 'correction' had taken place with greater forgiveness for leader responses to the pandemic and that healing and an improved trust relationship, though still lesser than in a pre-pandemic context, was observed.

These fluctuations in the critical element of trust suggested that the context, at least in equal measure to the leaders themselves, had impacted follower perceptions and adoption of implicit followership theories. The adoptions were not constant as previously suggested and perhaps alluded to the fact that the nature of protracted crises are not homogeneous, but rather that there are distinct phases associated with the learnings and variability of extreme uncertainty. While the within-context variability of contexts with extreme uncertainty was not the focus of the study, their impact on various facets of the theories underpinning this study makes them an area for potential future research.

6.2.3. Practical implications of RSQ 1

The identified variability in follower behaviours, perceptions and beliefs during protracted crises, as a result of the crises themselves, had important practical implications in the leader-follower dynamic and in understanding how to enhance followership construction. While the premise that 'great leadership' could solve all challenges has been further disproven, the spotlight shifted to the influence of crises on followers in their followership adoption and construction. Leaders, followers and organisations must be aware of the variability to harness the positive and mitigate the negative impact of these responses to crises.

Leaders need to be cognizant that their actions, and particularly inactions, have the greatest influence after the initial phases of the crisis. A degree of understanding and even lenience existed in the early phases, where the extended nature of uncertainty was present, and trust became almost inherent due to the gravitation of followers towards the subordinate mindset. However, once the initial phases of uncertainty had passed,

followers became increasingly critical of perceived poor responses to the crisis. The variability thus highlighted the need for leaders to remain adaptive and receptive to change rather than needing to show adherence to, or consistency with, a single direction or response.

Similarly, followers would be best served by understanding their responses to leaders' actions and the impact of the context, here crises, on their values and behaviours. It is crucial that followers accept their responsibility in response to crises rather than merely being critical of their leaders. The view that “failed leadership is also failed followership” (Uhl-Bien, 2021, p. 1404) must be acknowledged and incorporated into followers' responses to crises and the manner in which they construct followership. By understanding the influences of crises on their trust of leaders and in the selection of the nature of their followership, followers may be able to mitigate the impact of crises and proactively contribute to rewarding followership construction and aid in successfully overcoming crises.

At an organisational level, it must also be understood that where followers gravitate towards an independent association with the organisations' values or beliefs, either due to failed followership construction with a particular leader or by the adoption of an independent follower approach, that there is an opportunity to retain the benefit of an engaged or active follower. The awareness of the impact of crises on the leader-follower dynamic and consideration of structural interventions to support followership construction or mitigate the erosion of the leader-follower relationship could aid organisations in better navigating the uncertainty and complexity of crises.

6.3. Followers' experience of followership in healthcare during crisis

How have followers experienced their followership in healthcare, and how has this shifted due to the COVID-19 pandemic?

In response to research sub-question two, two themes emerged. The first theme, specific to how followers experienced their followership in healthcare during COVID-19, was the quality of communication between leaders and followers. The second theme focused on the impact of the crisis on followership construction in healthcare and the requirements for followership construction.

6.3.1. Quality of communication

For any relationship to exist, some degree of communication must be present, irrespective of quality. However, in assessing the dynamic between follower and leader, essentially followership construction, the quality of the communication was one of the best indicators of a functioning relationship (Balasubramanian & Fernandes, 2022; Dirani et al., 2020; Fairhurst & Uhl-Bien, 2012; Martínez-Córcoles et al., 2020; Walthall & Dent, 2016). Seeking to understand the impact of the crisis on follower communication with their leaders was thus an important data point in the broader context of the research questions regarding followership construction.

Effective communication during a crisis, or effective crisis communication, was noted as one of the key elements in effectively managing, resisting, and overcoming the effects of crises (Balasubramanian & Fernandes, 2022; Martínez-Córcoles et al., 2020; Stam et al., 2018). Similarly, in extreme contexts (Stam et al., 2018), healthcare (Abdi et al., 2022; McKimm & Mannion, 2015; Wardman, 2020) and specifically healthcare in southern Africa (Fusheini et al., 2017; Zoogah & Abugre, 2020) the lack of effective communication has been associated with poor organisational, political and health outcomes.

In applying the followership lens, it was also noted that communication was vital to facilitate the leader-follower relationship, with failures to communicate well associated with the deterioration of the relationship and followership construction (Balasubramanian & Fernandes, 2022; Boardman et al., 2021; Fairhurst & Uhl-Bien, 2012; Hannah et al., 2009; Uhl-Bien & Arena, 2018; Walthall & Dent, 2016; Zoogah & Abugre, 2020).

The findings of this study acknowledged that while a deterioration in the quality of communication between leader and follower had been identified, the overall perception of followers was that the communication had improved over the course of the crisis. Furthermore, it was noted that where the quality of communication was seen to deteriorate, it was specifically in instances where leaders failed to accept or realise situational differences between their desired reality and the reality that the followers were facing in their particular hospitals or contexts.

This deterioration of communication in instances of disconnect between leaders and organisational views and followers' site-specific realities was in keeping with the findings of Stam et al. (2018) and Martínez-Córcoles et al. (2020), who identified that uncertainty and negativity are elevated by crises and that poor leader-driven communication serves

to intensify the uncertainty and negativity experienced by followers. They further noted that poor communication reduces followership construction and leader endorsement (Martínez-Córcoles et al., 2020; Stam et al., 2018). In a synthesis of available literature, Balasubramanian and Fernandes (2022) further support the view of this study that the disconnect between site and organisation was detrimental by highlighting that honesty and transparency in communication were imperative during crises. Finally, they found that for communication during crises to resonate with followers, it must be “factual, frequent, iterative, clear and direct” (Balasubramanian & Fernandes, 2022, p. 7).

The perceived failings of leaders to achieve the criteria for communication as set out by Balasubramanian and Fernandes (2022) was a further area of identified deterioration in communication that was expressed by followers who felt that the crisis and their leaders' conduct during the crisis, did not allow for adequate time to communication. Without frequent communication by leaders to followers regarding the situation of the organisation, followers were seen to experience an elevated sense of discomfort and uncertainty due to being unable to orientate themselves and their response to the crisis and specific requirements of their setting (Dirani et al., 2020). This was precisely what occurred towards the end of the early stages of the pandemic and saw followers withdraw from followership construction and seek alternative, independent means of understanding their settings and the best approach to responding to the crisis in them.

Conversely, later in the pandemic, an enhanced degree of transparency and frequency in communication and inclusivity and acceptance of the contributions of followers was experienced. This was associated with leaders acknowledging an increase in follower insights and knowledge of dealing with the crisis based on their experiences over the earlier phases of the pandemic. The shift away from the top-down communication style was also seen as a realisation by leaders and the organisation that followers were important data points to inform strategies in combating the crisis and hospital or context-specific experts in managing a protracted crisis. This shift in approach was consistent with Balasubramanian and Fernandes's (2022) determination that adaptability in style and approach was also vital to leaders' effective communication.

It is possible that the poor communication experienced by followers was not exclusively due to crises. Communication was noted as a weakness in healthcare and healthcare management both globally (Boardman et al., 2021; Wardman, 2020) and in South Africa (Fusheini et al., 2017). While this may have marginally exacerbated the situation in the healthcare setting during the global pandemic, it would not have played nearly the same

role as the global crisis. However, this highlights that the findings of this study and the practical implications are of particular relevance to improving communication, leader-follower relations and organisational performance.

6.3.2. Followership construction in healthcare

In considering how followers experienced their followership in healthcare and how this shifted due to the COVID-19 pandemic, two subthemes of the impact on and requirements for followership construction were identified. The impact on followership construction in healthcare provided insight into the changes that took place amongst followers in their conceptualisation of followership construction as a result of the COVID-19 crisis, while the requirements for followership construction, which were identified during the crisis, provided a starting point for the discussion on how these may have shifted as a result of the crisis.

6.3.2.1. Impact on followership construction

Confirmation that there was an impact on followership construction in healthcare due to the crisis was found based on both improvements and deterioration being reported. These shifts transpired due to different responses to the crisis by followers and leaders, and as neither of the two were seen to be superior to one another in the findings, both bare discussions. The elements involved in the deterioration of followership construction were closely aligned to communication between leaders and followers, as discussed in section 6.3.1, while the aspects influencing the improvement in followership construction were aligned to trust and familiarity, as partially discussed in section 6.2.1.

A deterioration in followership construction in healthcare was identified in response to a lack of inclusivity by leaders in decision-making activities and in instances where followers felt that they possessed superior insight or knowledge on a particular topic or response. This deterioration was particularly relevant where this pertained to an instruction or process to be implemented at the follower's hospital or in their specific context.

The findings of a lack of inclusivity in communication and decision-making leading to a deterioration of followership construction were in keeping with a variety of authors' discussions on leadership competencies during crises (Abdi et al., 2022; Balasubramanian & Fernandes, 2022; Dirani et al., 2020), in follower-centric constructions of the leader-follower dynamic (Haslam et al., 2021; Minelgaite et al., 2019;

Shondrick & Lord, 2010), on followership as a concept (Carsten et al., 2010; Malakyan, 2014; Uhl-Bien, 2021; Uhl-Bien et al., 2014; Uhl-Bien & Carsten, 2018; Uhl-Bien & Pillai, 2007) and in healthcare in response to crises in particular (Abdi et al., 2022; Smithson, 2022).

The findings of this study identified that while followers accepted the initial top-down approaches to followership construction in the early phases of the crisis, this was replaced with resistance to such approaches as the pandemic wore on and followers' levels of insight and understanding into combating the crisis increased. This was in keeping with the findings of Balasubramanian and Fernandes (2022), who noted that it was common for leaders and organisations to make decisions rapidly and without the input of others during crises. However, in reflecting on these approaches concerning the COVID-19 pandemic and crises of significant complexity, this siloed decision-making process was acknowledged to be insufficient in rapidly restructuring processes and strategies and, crucially, implementing the appropriate action (Balasubramanian & Fernandes, 2022; Dirani et al., 2020). Further, when leaders' actions actively pursued a top-down philosophy at the expense of an inclusive, socially constructed one with their followers over a protracted period, the results were unsatisfactory (Haslam et al., 2021).

Interestingly, the top-down approach in engagement, which was noted to be, and was, deleterious to followership construction, was initially well tolerated, accepted and even sought by followers in this study. This was likely due to the passive approaches adopted by followers in response to highly uncertain and novel contexts (Bundy et al., 2017; Collins et al., 2022; Guzman & Fu, 2022; Stam et al., 2018; Wu et al., 2022), as discussed in section 6.2.1.3. However, the setting of this study in healthcare may also have played a role in accepting these approaches. Various authors have indicated that the highly hierarchical nature of healthcare education (Calhoun et al., 2008; Gordon et al., 2015; E. Lee et al., 2018), disaster management and crisis response (Henry & Foss, 2015; Kalina, 2020; Zhuravsky, 2015) concepts resulted in higher tolerance for an almost 'dictatorial' approach in the crisis response in healthcare. While some noted this as necessary, numerous criticisms of this approach in both training and practice pre-, during, and after crises abound (Barrow et al., 2011; Boardman et al., 2021; Mannion et al., 2015; McKimm & Mannion, 2015; McKimm & Vogan, 2020).

These perspectives aid in understanding the initial acceptance of the deterioration of followership deterioration while mitigating the apparent apathy on the part of the followers, as may have been the case if considering Uhl-Bien's (2021) stance on failed

leadership being failed followership. Finally, it was also noted that leaders who chose not to actively pursue an inclusive and collaborative approach or were unable or unmotivated to do so exacerbated the deterioration of followership construction and led to divisions between leaders and followers during the crisis (Dirani et al., 2020; Haslam et al., 2021).

The other key aspect contributing to the deterioration of followership construction in healthcare during the COVID-19 crisis, identified in this study, was when followers felt that they possessed context or site-specific knowledge superior to that of the central decision-making of leaders and the organisation. This was also seen to be in keeping with existing literature where it was advocated that leaders should be aware of their followers with relevant knowledge and expertise. These followers were advised to be consulted and even sought to achieve consensus with before making decisions, specifically in the context of a global crisis (Balasubramanian & Fernandes, 2022; Dirani et al., 2020).

These behaviours were associated with improved handling of the COVID-19 crisis and were expressed as recommendations for responding to future crises (Balasubramanian & Fernandes, 2022; Dirani et al., 2020; Haslam et al., 2021). In the healthcare-specific context, Smithson (2022) found that decisions around rationalising non-emergency healthcare, such as cancelling surgeries or outsourcing procedures in the interests of the COVID-19 response, had to be determined more by healthcare management teams than clinical specialists. Much like what was heard in this study, followers withdrew extensively, where this decision-making was attempted to be centralised by leaders. It was further expressed that this reflected a command-and-control approach contrary to the recommended inclusive decision-making processes (Kalina, 2020; Smithson, 2022). As the behaviours contrary to those recommended for sustained and effective crisis response continued beyond the early phases of the pandemic, a decrease in followership construction was seen. This decrease resulted from followers resisting the top-down approach once they began acknowledging their own expertise and understanding of their sites, hospitals and contexts.

However, with the improved inclusivity noted during the latter stages of the pandemic, as discussed in 6.3.1, an associated improvement in followership construction in healthcare was observed. Therefore, the preceding discussion as reference, where the inverse of the behaviours of leaders and organisations transpired, leading to elevated inclusivity and acknowledgement of the followers' expertise in their contexts, followership

construction was seen to be enhanced (Abdi et al., 2022; Balasubramanian & Fernandes, 2022; Dirani et al., 2020; Haslam et al., 2021).

An increase in the frequency of engagement between leaders and followers was observed during the crisis. This continuous engagement in addressing the multitude of facets of the crisis led to an increased degree of familiarity between leaders and followers, which was expressed to have exceeded that which existed before the pandemic. The elevated inclusivity over the course of the crisis was congruent with the identification by Haslam et al. (2021) that a common goal or, in the case of this study, a common threat was identified in the COVID-19 crisis. Moreover, the unifying effect which grew out of the shared understanding of the need to combat the crisis extended beyond the roles or positions of followers and leaders and aided in the understanding that followership construction was vital to successfully overcoming and surviving the crisis (Haslam et al., 2021).

Unlike the further discussions of Haslam et al. (2021), which noted that as crises become protracted, coalitions and relationships break down, this study found that the trust and relationships between leaders and followers in healthcare strengthened to almost match the erosion experienced during the earlier phases of the crisis. This was perhaps unique to the healthcare setting as the frontline to confronting the COVID-19 crisis, where the common purpose may have been strongly embedded. This was supported by the followers' views, who drew a distinction between leaders who were 'present' during the crisis and those who were perceived not to have been as involved. It was seen that this differentiation was significant for future followership construction in healthcare as it was noted that leaders perceived as absent during the crisis would struggle to engage with followers effectively and thus not be easily able to construct followership beyond the crisis.

In considering the aspects which followers experienced and internalised as vital for followership construction in healthcare during crises, their reflections and subsequent discussions on their requirements for followership construction in healthcare were crucial to unpacking the overall experience of followership in healthcare during and beyond crises.

6.3.2.2. Requirements for followership construction

The findings, which led to understanding the followers' views on the requirements for followership construction in healthcare, provided a follower-centric perspective on an

area of substantial value for future research, organisational adaptation and leader-follower relations. Influenced by the crisis, these findings set the stage for some of this study's most valuable practical contributions to the broader leader-follower debate and improvement in its real-world application. The study found that the desire for collaboration, acknowledgement of the role of the follower, engagement opportunities and trust in and credibility of leaders were the primary requirements for followership construction expressed by followers. These are represented visually as the antecedents to followership construction during crises in Figure 5 below.

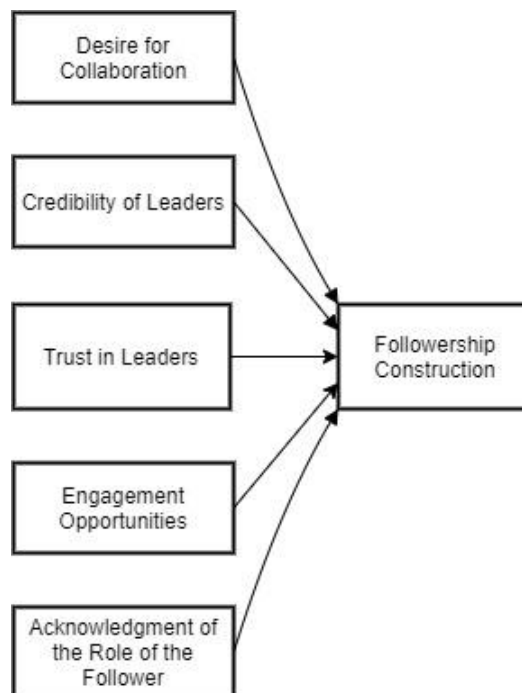


Figure 5: Antecedents to Followership Construction during Crises

The desire for collaboration was the key requirement for followership construction, as identified by followers in this study. This was expanded upon to indicate that even though the intent to construct followership needed to be present amongst followers, it was even more crucial that leaders and organisations were open to the concept. The collaborative approach to followership construction was acknowledged to aid in achieving organisational goals, creating sustained success and achieving such through non-coercive means of leader involvement (Carsten et al., 2021; Hurwitz, 2015; Jiang et al., 2021; Koçak, 2019; McKimm & Vogan, 2020; Read, 2020).

In acknowledgement of the importance of leaders collaborating with their followers, but also in congruence with the findings that failings to do so led to a decrease in followership construction, Balasubramanian and Fernandes (2022) found that despite its importance, consultation and collaboration were noted to be the most poorly applied attributes of

crisis leadership. The competitive advantage in responding to crises of collaboration was noted to develop over time in leaders, as they progress from novice to expert in their approaches, but this was also largely guided by lessons learnt while collaborating (Day et al., 2014; Read, 2020). This appeared challenging as leaders learning to collaborate was seen to require collaboration. However, it was also stated that the collaboration itself could result in leader emergence or follower acceptance of leaders (Jiang et al., 2021).

While no less complex in its process than the crisis itself, the development and application of collaboration were also seen to, at times in the crisis, be rejected by followers in the interests of more independent approaches to followership (Carsten et al., 2021). This was interesting in the context of followers highlighting a desire for collaboration as a crucial requirement for followership construction. The requirement was perhaps best explained by followers needing a near-perfect storm of an internal desire to collaborate, which was largely present during this study, while also feeling that leaders wished to engage them in collaboration. As such, two elements, or sides of the equation, would need to be in sync for effective collaboration and, thus, followership construction to transpire. However, it was noted that there was no particular model response in countering the crisis. Flexibility in approach by leaders was necessary in addressing varied challenges and rapidly changing needs of their organisations and followers at different times in the crisis. The only way for leaders to consistently achieve this was seen to be through engagement with their followers (Balasubramanian & Fernandes, 2022; Read, 2020).

It was thus vital for leaders and organisations to provide adequate engagement opportunities, and followers had to acknowledge their roles as followers while trusting in their leaders (Balasubramanian & Fernandes, 2022; Jiang et al., 2021; Owen & Currie, 2022). Beyond merely creating opportunities, it was also crucial for leaders to actively encourage and support followers in the collaboration and followership construction. This study found that followers did not wish this to occur in a haphazard or informal fashion but rather craved structured engagement to actively construct followership. Contrasting this, however, Carsten et al. (2021) suggest that during crises, followers seek independence, which may not require high levels of interaction or collaboration. While this perspective is acknowledged, it was not in keeping with the findings of this study, where followers almost universally expressed a desire for formal opportunities to collaborate.

A significant departure from the literature, and finding of this study situated in crises, was that extant literature discusses the followership construction process from a static or fixed definition of follower roles (Manning & Robertson, 2016; Uhl-Bien et al., 2014) or in a particular context or at a particular point in time (Carsten et al., 2021; McKimm & Vogan, 2020). While these are important considerations, the protracted nature of the COVID-19 crisis led to a more dynamic or flexible understanding of followership construction. Rather than taking a fixed stance on their followership identities, the followers in this study displayed a degree of flux in determining their antecedents to followership construction. This was identified due to the longitudinal nature of this research, where particular followers were seen to highlight different priorities at different stages in the pandemic. This was likely due to the significant impact that the experiences of the crisis had on the followers' beliefs, values and perceptions of leaders, organisations and their own follower identities. These impacts, discussed further in section 6.4, resulted in varied responses at earlier, later, and post-pandemic stages where sentiments reflecting passive, active and even independent approaches to followership and followership construction were noted.

Carsten et al. (2021) offered that in response to followers' active and passive approaches, leaders required different responses to actively engage them and functionally construct followership. This study extended this to indicate that these different approaches needed to be applied to the same followers but at different times in a crisis, as the followers adopt different views on their followership based on experiences of the crisis or their interactions with their leaders.

The leaders' actions or responses were also crucial in ensuring the requisite trust was developed or preserved, as discussed extensively in section 6.2.1.2. This trust was found to be closely associated with the requirement of credibility of leaders in the construction of followership. Not surprising as many authors agree that the trust and credibility of leaders are inextricably linked to one another (Bastardoz & Day, 2022; Beckley, 2020; Branson et al., 2016; Chreim et al., 2010; Collins et al., 2022; Ete et al., 2022; Walumbwa et al., 2008).

As the importance of credibility to the leader-follower dynamic was not disputed, it was useful to unpack the means of achieving the 'credibility of leaders' as a requirement for followership construction. The investment of time and building shared meaning was a recurrent theme (Beckley, 2020; Chreim et al., 2010; Owen & Currie, 2022), as was the quality of decision-making, especially under high-pressure situations (Bastardoz & Day,

2022; Collins et al., 2022). Transparency also featured highly as a required quality in developing credibility as a leader (Branson et al., 2016; Ete et al., 2022; Walumbwa et al., 2008). These facets were very much in keeping with the study's findings, where followers highlighted these as sought-after behaviours of leaders, leading them to gravitate towards wishing to construct followership.

However, a difficulty with these in the context of crises was acknowledged in that the calls for time and building shared meaning were impeded by the rapid nature of a crisis where time was expressed as a luxury in this study. The quality of decision-making in an environment of global uncertainty was very subjective, so applying a universal approach to followership construction was difficult. While this did not counter the findings, nor the perspectives in literature, it did require consideration when contemplating the practical implications of aiming to move towards followership construction during crises. Branson et al. (2016) suggest that this may be beyond the individual follower or leader to influence and must be created at an organisational level. It was further noted that this process might benefit heavily from a precise alignment between the leaders' statements and actions (Ete et al., 2022).

Finally, it was also recognised that credibility in isolation would not mitigate the challenges arising from a complex and frequently changing setting (Beckley, 2020). This further compounded the situation in the healthcare setting during the crisis, as the frequency of changing mandates and understanding in response to the COVID-19 pandemic changed almost daily in the early phases and maintained a rapid rate of information flow and required response throughout. This saw information shared as fact on one day being completely rescinded or changed on the next. Irrespective of the leaders' or organisations' best efforts, this eroded trust and credibility with the lack of time and opportunity to engage, let alone collaborate, further hampering the ability to meet followers' expectations in their requirements for followership construction.

However, McKimm and Vogan (2020) and Varpio and Teunissen (2020), with specific reference to the healthcare setting, identified that followers could aid their resilience to crises or extreme uncertainty by asserting a collective power outside the follower-leader collaboration. This was akin to the independent followership behaviours identified in this study and highlighted in section 6.2.1.3. It was seen that these could be particularly useful in supporting followers exposed to abusive leader relations or contexts deemed to be psychologically harmful to the follower (McKimm & Vogan, 2020; Varpio & Teunissen, 2020). In this example, the collective followership approach enables an

enhanced voice in the interaction with leaders in followership construction (Varpio & Teunissen, 2020). While this was not identified during this study, its absence highlighted a gap which could provide a potentially important contribution to the practical understanding of followership construction in the context of crises in a healthcare setting.

While the collective followership perspective was not explicitly identified in this study, the requirement for followers to acknowledge their role in followership construction was. Followers also expressed that it was critical to contribute as a follower rather than merely participate. This was an important distinction which, in conjunction with the shift towards active followership discussed in section 6.2.1.3, highlighted important understandings necessary for organisations and their leaders in constructing followership in future.

6.3.3. Theoretical impact and considerations of RSQ2

This study, situated in healthcare during a global crisis, provided valuable contributions to leadership, management and organisational academia and practice by highlighting findings and lessons from an industry at the forefront of the COVID-19 response. With the existing healthcare pressures and complexities acknowledged, the COVID-19 pandemic was arguably most directly faced by the healthcare industry. Where healthcare organisations and leaders had to react and respond to the crisis, their actions and the impact that these had on followers provided a unique insight into followership construction during crises. While these findings and followers' responses may have been based in healthcare during a crisis, their impact and applicability to contexts of complexity, uncertainty and chaos reached beyond the healthcare setting.

One of the earlier cautions in this study pertained to the definition of followership theory and the abstract nature of the relationship between leaders and followers. As stated by Meindl (1995) and by Uhl-Bien and Pillai (2007), the challenge that the concept of leadership or followership construction presents is one of creating focus, as the influencer and influenced, or leader and follower, status becomes increasingly blurred during their engagement (Carsten et al., 2010; Epitropaki et al., 2017; Foti et al., 2017; Uhl-Bien et al., 2014). Surprisingly, while there were indeed areas of overlap, the crisis generally served to define the function of leaders and followers in the followership construction process. In particular when considering the phases of the crisis. The early phases, with top-down, autocratic directives being sent from leaders or organisations to followers who largely accepted this due to their uncertainties, saw the lines of communication clearly defined under the guise of disaster management, with the successes and failures evident. However, later in the pandemic, when followers resisted

the top-down communication style, became more insistent on collaboration and became acknowledged for their site-specific expertise, followership construction improved, and, again, the causes for this were more apparent as a result of the extreme nature of the crisis.

The more precise definitions of leaders and followers due to crisis communication and disaster management also allowed for closer observation of the specific phenomena involved in the followership construction process. Where deterioration of the quality of communication between leaders and followers occurred due to time pressures and a disconnect between the site and central organisational perspectives, followership construction was also seen to suffer. Conversely, improved quality in communication associated with elevated followership construction was observed where inclusivity and trust, built through follower expertise development, were experienced.

This allowed for a greater understanding of the antecedents to followership construction as sought by this study. The antecedents were then corroborated and expanded upon in the assessment of the followers' requirements of followership construction in healthcare during crises. While it is highly likely that these are more broadly applicable than to crises in isolation, further study would need to confirm this. However, the context-specific, healthcare during crisis, extension of the understanding of followership is an important further step in the legitimisation of followership theory and the extension of its understanding and application.

6.3.4. Practical implications of RSQ2

The premise of the leader-follower relationship is ultimately that certain objectives are achieved. It has been shown that where the leader-follower relationship is functional, and followership is ably constructed, organisational outcomes and performance are enhanced (Carsten et al., 2010; Epitropaki et al., 2020; Notgrass, 2014; Uhl-Bien et al., 2014). In considering the follower-centric lens applied in this study, the requirements for followership construction as identified by the followers are a significant contribution of the study.

Recognising the place and requirement for leaders and organisations who desire collaboration with followers, followers who acknowledge the role that they play in the relationship, the need for leaders and organisations to foster formal engagement opportunities with followers and the need to develop trust and credibility in leaders, a roadmap to followership construction starts to come into focus. While these were findings

from healthcare management during a global crisis, given the human experience which led to them, they are likely applicable beyond this setting and context.

Highlighting communication as a key element in followership construction, the quality of the communication is one of the best indicators of functional followership (Balasubramanian & Fernandes, 2022; Dirani et al., 2020; Fairhurst & Uhl-Bien, 2012; Martínez-Córcoles et al., 2020; Walthall & Dent, 2016). The findings of this level of importance, corroborated by literature, support the recommendation that leaders and organisations must do more to encourage these engagements. In hearing the insights of followers on their followership construction requirements, this study identified that proactively and formally creating settings in which inclusivity (Abdi et al., 2022; Balasubramanian & Fernandes, 2022; Dirani et al., 2020) and a desire for collaboration with followers (Carsten et al., 2021; Hurwitz, 2015; Jiang et al., 2021; Koçak, 2019; McKimm & Vogan, 2020; Read, 2020) can thrive were solutions to this challenge.

This would also allow for the crucial element of the expertise of the follower to be realised by leaders in constructing followership from a more equal footing. By actively acknowledging the followers' expertise, leaders and their organisations would be far better positioned to harness these strengths while enabling and encouraging an active workforce.

Finally, while organisations can harness the collective power of 'independent followers' (McKimm & Mannion, 2015; Varpio & Teunissen, 2020), crises' dynamic nature must be understood (Broos et al., 2023). By identifying that crises, in particular crises over a protracted period of time, do not result in stagnant follower behaviours but rather ones in a continuous state of flux as their internal and external contexts are continuously changing, leaders and organisations can look to position themselves to be both supportive and also enhance followership construction.

6.4. Self-perceptions of followers and their followership

Though perhaps seeming similar at first glance, research sub-question three distinctly differed from research sub-question one. Where RSQ1 sought to understand the participants' experience of followership and key elements thereof during the extreme context of a global crisis, RSQ3 was specifically focused on the perception of self and their identity as followers. The sub-parts of self-concepts, the self-schemas as discussed by Epitropaki et al. (2017), were vital in gaining insight into the specific views about

oneself and how they develop and shift regarding a particular domain or external influence. The specific focus on self-perception of this study was based on the understanding that while self-schemas are determined to be the active structures that mould and shape perceptions and, crucially, behavioural responses, these perceptions and responses are noted to be implicit and often occur automatically (Epitropaki et al., 2017). This was the departure point for this study's interaction with implicit followership theories. Noting that the potential change in self-perception was enhanced where the external factor is substantial, as in the cases of crises (Combe & Carrington, 2015), the context for this study of a global crisis posed a valuable opportunity to explore the impact on followers' perceptions of themselves and their followership (Epitropaki et al., 2017).

Van Knippenberg, van Knippenberg, De Cremer and Hogg (2004) stated that self-concept, or the way in which one perceives oneself, or one's knowledge of self, has significant ramifications for one's thinking and behaviour and has a direct relationship with one's goals and efforts to achieve such. The sub-parts of self-concepts, the self-schemas as discussed by Epitropaki et al. (2017), are vital in gaining insight into the specific views about oneself and how they develop and shift regarding a particular domain or external influence.

It was seen that the greater the external force, the greater the potential for change to the self-schema. Noting that the potential change is enhanced where the external factor is substantial, situations such as disasters, trauma or major crises were noted to have a high probability of significant effects on the perceptions of self (Combe & Carrington, 2015). As such, the frame of reference, or context (Epitropaki et al., 2017), for this study of a global crisis posed a valuable opportunity to explore the impact on followers' perceptions of their followership. This informed the data collection process and led to the 'perception of self' being identified as the primary theme in response to RSQ3.

How has the COVID-19 pandemic influenced self-perceptions of followers and their followership?

In response to research sub-question three, the themes of 'perceptions of self' and 'trust and voice' emerged. The first theme, specific to how followers' perceptions of self were affected, highlighted the aspects that influenced self-perception and then considered the impact of the crisis on self-perception. The theme of 'trust and voice' again emphasized the importance of trust to this study and also further identified how follower autonomy and the development of their enhanced voice transpired.

6.4.1. Perceptions of self

In the study, the perceptions of self as a focal point for follower self-schemas (Epitropaki et al., 2013, 2017) represented an area which was met with slight resistance in the discussion by followers. They did not seem to be as comfortable discussing the more personal impact of the crisis or how this shaped their perceptions of themselves, either as followers or in a broader sense. Despite this more withdrawn approach, several interesting and important responses were noted regarding the perception of self. These could be loosely grouped to include identified aspects which influence participants' self-perception, the negative and positive impact of self-perception of the pandemic and personal growth experienced.

Not dissimilar to some of the foundational literature of this study, leadership and followership identity studies experience ambiguity and overlap. Multiple terms have been used to describe the concept of self in leader-follower dynamics, ranging from 'self', 'self-perceptions', 'identity' and 'self-concept' to more specific applications such as 'self-schema' (Epitropaki et al., 2017). For this discussion, any reference to these elements was deemed associated with the broader context of the followers' perceptions of self. Epitropaki et al. (2017, p. 107) suggested repeatedly posing the questions "Who am I in this situation?" and "What should I do?" for followers to construct a self-identity or perception of self. This both highlighted that the creation of self-schemas, or fragments of self-concepts, have the potential to be continuously evolving and, under extreme circumstances or contexts, are even more likely to do so (Carrington et al., 2019; Combe & Carrington, 2015; Epitropaki et al., 2017). This first section of the discussion of the findings in response to research sub-question three relates to the aspects that followers identified to influence their self-perceptions and the impact the crisis had on them.

6.4.1.1. Aspects influencing self-perception

In considering the aspects that influenced followers' self-perception, it was important to identify that this referred to self-schemas, or fragments of self-perceptions, rather than the followers' self-concepts. A shift as significant as one to the individual's self-concept would exceed the focus of this study as it may border on, or enter into, the domains of mental health, trauma and abnormal psychology. While not discrediting the potential of severe trauma or crises to extend to that degree, this discussion focused on the elements the followers felt comfortable sharing and associated with their relationship with themselves, their leaders and their followership construction.

Epitropaki et al. (2017) identified follower identity as an element of the followership schemas, which led to the followers' self-perceptions. The first element influencing follower identity was their role in their respective organisations. This 'role' was not to be mistaken for a role-based application of followership but rather signified that their 'role' influenced their perceptions of value and importance. This was particularly noted when participants were involved with large hospitals or contexts with increased significance in the COVID-19 response. In the uncertainty and complexity of crises, this knowledge and insight were invaluable and, as a result, granted followers significant 'power' in their relationship with leaders and followership construction. It was found that this power was specifically based on the knowledge created in large hospitals in response to the crisis. In these settings, followers gained immense, first-hand insight that their leaders and organisations would not have had and thus needed to rely on them to provide.

This was congruent with the findings of Oc and Bashshur (2013), who highlighted that leaders who depend on followers for information would give up an element of control in the followership construction process. This was also identified in this study and highlighted the ability of crises to shift the dynamic between followers and leaders.

A further external locus of influence on follower self-perception was their stance on incentivisation during the crisis. The followers highlighted that affirmation and appreciation were perceived to be more important to them than financial compensation. This was in line with views that the desire to work was often associated with a desire to contribute to society. Some argue even more so in healthcare that these contributions, irrespective of the role being fulfilled, are best rewarded intrinsically by the followers for themselves through appreciation or praise from leaders or organisations (Gheaus & Herzog, 2016).

The view that financial compensation was rarely commensurate with efforts for significant social good added to the understanding that followers in the study craved appreciation more than financial reward (Gheaus & Herzog, 2016). In adopting a follower identity and actively pursuing followership construction, it was seen to be crucial that followers perceived their efforts to have meaning. This corresponded with the findings of Gheaus and Herzog's (2016) work, who found that determining meaning and significance in one's effort was the greatest indicator of job satisfaction, engagement, and organisational retention.

These realisations were only possible due to the followers' ability to reflect on their environment, experiences, and contexts. However, the followers identified that they needed further work on this element and felt that they were often caught up in the chaos of the crisis and too busy to reflect. Carsten (2017) shares these sentiments and even calls for specific education and interventions to enhance followers' ability to reflect, while Hannah et al. (2009) identified that such reflection could only take place in a supportive environment. However, with the recognition that extreme contexts or crises may induce terror, stress and other emotions which are contrary to rational reflection processes, a concern noted is that self-reflection in these contexts can be debilitating and, if not appropriately managed, lead to psychological breakdown (Hannah et al., 2009).

This led to caution being required when considering followers' desires for deeper reflection and opportunities to reflect. In the context of crises, this was not without risk. Thus, it made for an important deliberation when reviewing practical means of encouraging follower self-reflection in understanding their construction of self-schemas and the implications for followership construction.

In further acknowledging the complexity of the crisis and self-perceptions, followers highlighted that while they were aware that influences on their self-perceptions existed, they could not confirm what these were. The result was a mix of emotions, incomplete conceptualisations and partial understanding of their context, which could harm their emotional well-being and approach to followership. This is where leaders and organisational structure were seen to be of added importance, both to create a stable environment and provide additional context, where possible, to complete the gaps in the followers' understanding. An advantage here was the understanding of self-schema, where they accept that self-knowledge and self-perceptions are dynamic (Epitropaki et al., 2017) and thus, at times, will be incomplete without this having a negative reflection on the follower aiming to understand them.

Noting that the crisis negatively impacted the followers' ability to realise, conceptualise and interpret their experiences of the areas they highlighted as influencing their self-perception, the areas they could identify were seen to have been of an extreme or very important nature. Those that stood out are discussed here.

6.4.1.2. *Impact of the crisis on self-perception*

While a slight sense of positive impact on the followers' self-perception was observed, a more significant negative influence was experienced by followers as a result of the crisis.

This was not unexpected as globally, levels of depression, anxiety and post-traumatic stress disorders have escalated to unprecedented levels due to the COVID-19 crisis (Broos et al., 2023; Vindegaard & Benros, 2020). This was seen to an extreme degree amongst those involved in healthcare. Not only doctors, nurses, paramedics, and clinical staff but also administrators, managers, leaders and other structures faced with very direct and real threats to their lives and livelihoods and those of their families (Khan et al., 2022).

Followers reported these negative emotions and responses as manifesting as feelings of helplessness, loss and frustration. Helplessness was a particularly noted impact on the feelings of self-worth of the followers as with their roles in healthcare, being so globally unsure of the next step or how to aid in the responses, in particular in the early phases of the pandemic, was very harmful to their perception of self. Not dissimilar to the experiences of clinical healthcare workers, the followers held a core self-schema of care and healing as part of their self-concepts or who they felt they were. This aligned with the study of Broos et al. (2023), who described how persons' fear for self or health-related fears and work-related fears differed between the early and later phases of the COVID-19 pandemic. While health and work fears combined in the healthcare space, it was noted that fears for self and family (health fears) contributed significantly to stress, anxiety and even depression; however, work stresses, job security, and similar only minimally influenced the stresses. This was noted to specifically be the case in the early phases of the pandemic, with only the anxiety, no longer depression, remaining in the later phases. This was attributed to greater understanding, availability of vaccination initiatives and a decreased perception of the clinical risk or severity of the disease (Broos et al., 2023).

It was important to note that the helplessness, to a large degree, was a global one. Decision-making capacity and autonomy were essentially removed from a spatial perspective with lockdowns, restrictions of movement, travel restrictions, and similar, from interpersonal perspectives with restrictions of social, religious and other gatherings, and in the work environment, specifically healthcare, where a multitude of restrictions, protocols, policies and procedures were enforced in response to the crisis (Broos et al., 2023; A. Newman et al., 2022; Smithson, 2022; Usher et al., 2020).

Outside of the feelings of helplessness, this also highlighted an overwhelming sense of loss, personal and collective. Followers had lost friends and family to the crisis yet were still required to engage and perform tasks in the organisational functions, which exposed

them to death, dying and despair daily. The feelings of physical loss, coupled with feelings of loss of control, led to an elevated degree of personal uncertainty. Along with the uncertainty of the crisis, this negatively impacted the emotional, psychological, and mental well-being and created a negative perception of self to those in healthcare used to providing answers to those in need (Usher et al., 2020).

These experiences compounded their own losses and, beyond helplessness, formed the basis for substantial frustration amongst the followers. Frustration at not knowing what to do, not knowing how to help, being isolated from organisational structures and being unable to improve their context led to substantial negative emotions and frustrations resulting from the crisis. The findings of this study offered a unique perspective in that the followers who were engaged experienced both health and work stresses throughout the pandemic due to their setting being healthcare and healthcare facilities. Here, the negative impact of the crisis in the sense of helplessness, particularly in the early phases of the pandemic, threatened to overwhelm at times. Collins et al. (2022) noted that this was a particular area where leaders needed to counsel, comfort and guide followers while not allowing themselves to be influenced by negative emotions. This stance reinforced the leader-centric perspective on followership and painted the follower as a helpless victim rather than acknowledging the global trauma experienced. Supportive environments could be fostered without leader intervention or involvement and, as noted in this study, often were.

These responses, steeped in resilience, led to findings, contrary to those expected, of a positive impact on self-perceptions. Followers expressed that being part of a solution and combating the global pandemic filled them with a great sense of pride and purpose. This was in keeping with various authors who identified collective effort and resilience as crucial countermeasures to the harmful effects of crises on self-perceptions (Andres & Heo, 2023; Bundy et al., 2017; Dirani et al., 2020; Maitlis, 2020; A. Newman et al., 2022). This shared purpose was seen as more significant than that which any leader or organisation could instil as it was driven by a sense of global unity in combating a common enemy (Barreto et al., 2022; Collins et al., 2022; Haslam et al., 2021). The followers' various roles in this had a markedly positive impact on their self-perception. While the overall impact was still predominantly negative, it provided them with a modicum of hope and positivity to cling to and revisit for possible future challenges.

6.4.1.3. Personal growth

A positive, perhaps unanticipated, finding was that of followers experiencing personal growth. This personal growth was, however, only identified in the post-pandemic reflective interviews. This suggested that it was impossible to acknowledge personal growth during a crisis. This was expressed as having been a 'forced' growth of having to deal with a protracted crisis and periods of extreme uncertainty. Newman et al. (2022) briefly discuss that this should be fostered in responses to crises but place the emphasis and requirement for creating settings to encourage these realisations on the leader and organisations. However, the greater body of literature addressing the type of growth identified in this study would fall into the posttraumatic growth category (Maitlis, 2020).

Maitlis (2020) synthesises a considerable volume of work in the posttraumatic growth context to identify that it symbolises a process of positive transformative changes due to crises. Neimeyer (2006), in earlier work, captures this process succinctly as "a form of meaning reconstruction in the wake of crisis and loss" (Neimeyer, 2006, p. 69). In congruence with the fact that this was primarily identified during the reflective processes in this study, this form of growth predominantly manifested in persons who have survived trauma and then begun to assess themselves as better prepared to manage or more resilient against future crises. It could even be seen as shifts in philosophical positions on what was important to them, leading to professional and personal reprioritisation (Maitlis, 2020). While posttraumatic growth was not a focus area of this study, its potential for significant impact on followers' construction of followership and self-concept made it an attractive area for further research, especially in the post-COVID setting.

A further finding was that followers became experts in their particular context or setting due to the crisis and extensive periods of uncertainty. As discussed in section 6.3.2, later in the crisis, organisations and leaders acknowledged the unique expertise that followers could provide. As such, leaders and organisations relied more on their followers due to the pandemic than before. This elevated reliance also encouraged followers to take on added responsibility and thus represented personal growth.

6.4.2. Trust and voice

Trust and voice represent important areas of follower experience and behaviour in considering their own identities (Beckley, 2020; Dirani et al., 2020; Guzman & Fu, 2022; McKimm & Vogan, 2020; Oc et al., 2023; Uhl-Bien & Carsten, 2018). During the crisis, it was found that followers experienced increased autonomy and enhanced voice. This

initially appeared to be at odds with the identified negative perceptions of self. However, the experience of the followers' enhanced autonomy and voice did not directly relate to their self-perceptions. Instead, their increased autonomy and enhanced voice as followers within their organisations resulted from the crisis's progression. Even where their self-perceptions were negatively impacted, the participants retained this increased autonomy and enhanced voice.

6.4.2.1. Autonomy

As highlighted in section 6.2.1.3, where followers adopted a greater degree of independence, specifically independence from a particular leader, they adopted a greater affinity for the organisation. This was also realised in the followers' perceptions of self, where they identified that during the early phases of the pandemic, a decrease in their autonomy was experienced. In contrast, later in the pandemic, the followers felt they had earned the 'right' to autonomy. Thus, they adopted a much more autonomous approach characterised by rejecting top-down directives and an increased demand for consultation with leaders was enacted in their followership construction. This further resulted in followers noting that a change in how leaders engaged with followers was necessary in the post-pandemic times.

The call for a change in the post-pandemic engagements between leaders and followers was aligned with the recommendations associated with recovery after the crisis. Restoration of, and even an increase in, follower autonomy was seen to counteract the hopelessness discussed in section 6.4.1. Followers were also seen to be particularly motivated to pursue this autonomy when the crisis had placed significant strain on their work, personal and professional relationships (Matshoba-Ramuedzisi et al., 2022; A. Newman et al., 2022). The desired or actual autonomy of followers was associated with their desire to construct relationships (Coyle & Foti, 2022) or, as determined in this study, followership construction.

The study found limited opportunities for followers to express autonomy in the early stages of the crisis. However, with the shift in approach by both followers and leaders as the crisis progressed, elevated levels of follower autonomy were possible. At an organisational level, this introduced a potentially interesting structural development. As hierarchical structures were noted to be more rigid and flat organisational structures seen to allow more autonomy (Carsten et al., 2010; Matshoba-Ramuedzisi et al., 2022), the crisis might have fundamentally shifted the experience of the structure of the organisation. This could have been due to a shift in the leader's behaviour or application

of the structures, as it was also noted that leaders who viewed followers as productive were more likely to afford them more autonomy than micromanaging them (Lord et al., 2020). While not impossible, this view by Lord et al. (2020) tended to be a more leader-centric perspective than that of this study. Leaders play a role in followers' ability to express their autonomy. However, in keeping with earlier views on an independent approach to followership and the findings of followers seizing their autonomy rather than allowing it to be granted to them by leaders would support a more follower-centric view on adopting autonomy by followers during crises.

6.4.2.2. Enhanced voice

The elevated independence and autonomy reported by followers were associated by many of them with an increased level of trust that they experienced from their leaders and organisations. The theme of trust was raised from the followers' perspective towards their leaders in section 6.2.1.2. However, the perceived trust felt by followers, perhaps in response to the increased autonomy displayed, was a further notable finding.

This enhanced voice of followers grew over the course of the pandemic. Furthermore, it was associated with an increase in the followers' confidence in their responses and enhanced ownership of their roles in relation to their leaders and organisations. The growth in confidence was a necessary antecedent to embracing an enhanced level of voice towards their leaders or organisations. It may have been borne out of the challenges, and the resulting growth of the crises, as Guzman and Fu (2022) note that enacting elevated levels of voice can be perceived as risky. Followers would continuously weigh the benefits of enacting enhanced voice against the risks of backlash from their leader or organisations, specifically where these are hierarchical. Their decision to take up their voice and express it speaks to their feeling of safety, which was largely influenced by the trust that they experienced (Guzman & Fu, 2022). As the levels of trust were noted to increase over the course of the crisis, followers were seen to enact a greater degree of voice.

However, this comfort and expression of voice could be perceived as resistance to leaders' instructions or organisational goals (Güntner et al., 2020; Guzman & Fu, 2022). As a result of this perceived risk, followers could have been inclined to withhold their ideas and contributions, ultimately decreasing followership construction (Guzman & Fu, 2022). To moderate this risk feared or experienced by followers, Beckley (2020) suggested that organisations and leaders actively encourage constructing followership to challenge the status quo. This call for collaboration or the construction of followership

to aid individual followers in airing their views, or finding their voice, was echoed by McKimm and Vogan (2020) as a means of addressing challenging and long-standing issues such as crises or systemic organisational difficulties.

In considering the circumstances and approaches organisations or leaders could utilise to facilitate enhancing followers' voice, Uhl-Bien and Carsten (2018) also point out that the followers played a vital role in adopting a stance in which they chose to take up an enhanced voice. Furthermore, referencing discussions of the nature of followership in section 6.2.1.3, followers who seek more active followership, as noted towards the latter part of the crisis, engaged in more voice and constructive resistance (Uhl-Bien & Carsten, 2018). This was precisely what was found in this study. However, where the findings of this study differed was in the followers' motivations.

The constructive resistance and resistance to leaders' actions or decisions were not the result of engaging and comfortable circumstances but rather a result of frustration, anger and, in some cases, bitterness towards leaders based on their actions or inactions. It was a case of breaking free from leaders' perceptions or resistance to followership construction. Unlike in the discussions of Uhl-Bien and Carsten (2018) and even more directly those of Oc et al. (2023), where heightened follower voice and resistance were viewed as tenets of constructive, high-quality leader-follower relationships, in this study, the resistance and enhanced voice were seen as a necessary response in combating the crisis where followers accepted risk in their relationship with leaders and, at times, their organisation in the interests of a greater good and combating the global pandemic.

6.4.3. Theoretical impact and considerations of RSQ3

The theoretical contributions of this study found in the responses to and discussion of research sub-question three were specifically related to the contextual application of the implicit followership theories. Epitropaki et al. (2017) addressed how followers could construct future perspectives of themselves and their implicit followership theories. These 'future selves' were seemingly set to develop in a linear fashion as various influences interact with the followers to shift or alter their views, beliefs or values through consensus and agreements in the leader-follower dynamic of followership construction (Carrington et al., 2019).

This study contributes to the theoretical understanding of implicit followership theories and their development during crises to suggest that these do not form in a linear fashion and, in contrast to the views of Shondrick and Lord (2010), may shift, perhaps even

repeatedly, where the external influence, such as experienced in this study with the global COVID-19 crisis, was sufficiently strong.

Carrington et al. (2019) argued that convergence towards follower teams rather than leadership teams occurs based on follower insights. This study supported that perspective and extended it by highlighting the potency of posttraumatic growth, during and in the aftermath of crises, as an accelerated form of change to followers' underlying beliefs regarding followership construction. Equally important was the finding that followers construct followership based on organisational values rather than with specificity leaders. This finding was in addition to that of leaders' actions or inactions influencing followership construction behaviours (Hannah et al., 2009; Tee et al., 2013). Further, organisations' collective application of their values and behaviours significantly impacted followers' perceptions of self and thus self-schemas as building blocks towards their implicit followership theories (Epitropaki et al., 2017). Here, it was also seen that hopelessness, fear and, conversely, resilience were powerful forces at play in determining follower perceptions and behaviours in relation to underlying beliefs and values during crises and in relation to followership construction decisions.

This added to the understanding of implicit followership theories, their adoption and some of the mechanics in the approach of followers towards them during crises. The theoretical extension alludes to the practical implications that leaders, followers and organisations could heed to improve their understanding of followership construction, its importance and how to build resilience against losing it during times of crisis.

6.4.4. Practical implications of RSQ3

As the development and understanding of self-perceptions, self-schema and ultimately, self-concepts were deeply personal to each follower (Carrington et al., 2019; Combe & Carrington, 2015; Epitropaki et al., 2017; van Knippenberg et al., 2004), the overriding premise of the practical implications of the findings of the third research sub-question was that of education and creating a supportive context. Highlighting followership, its mechanisms, antecedents, and theory to followers, leaders, and organisations was identified as a crucial requirement for future successes in creating environments which are geared for the development of the leader-follower relationship beyond one that is conceptualised by the role which any party holds.

The awareness of influences on self, the organisation leader and followers alike may act like a vaccine to future crises, preparing the various parties and structures by exposure

to lessons learnt during and after an active protracted crisis. Liu et al. (2022) found that in organizations that encouraged self-leadership and collaborative decision-making, the self-perceptions of followers gravitated towards proactive stances. They further identified that their individual and organisational performance was enhanced when the implicit followership of followers' self-perception vested in a proactive stance, no matter what leadership they encountered (Liu et al., 2022). Where it was found that the organisation and its leaders acted with suitable integrity, this positive association with, or affinity for, the collective approach, or followership construction, was identified to transfer to followers (Ete et al., 2022). In addition, the organisation's integrity also positively influenced follower behaviour and their intent to maintain the organisation's integrity, fostering their own positive self-perceptions.

Concurring with Liu et al. (2022) and Ete et al. (2022), this study found that recruiting and cultivating engaged followers would be vital to organisational success in light of crises and beyond. Therefore, establishing stable, transparent, and open relationships between followers and leaders must be pursued to achieve the self-improvement of followers, leaders and organisations.

6.5. Discussion of novel observations

As peripheral findings of this study, the novel observations are not discussed in as great a detail as those core to the research sub-questions and central research question. However, aspects of these novel observations introduce data determined during the research interviews which occurred too frequently to be seen as anomalies and became stand-alone trends, and thus, findings of this study worthy of presentation and discussion. Three broad groups of novel observations were identified, the driving force in leader engagement, virtual communication and the distance of COVID and the impact of the crisis on healthcare as a business.

6.5.1. Driving force in leader-follower engagements

Followership construction alludes to the fact that while both leader and follower are required to construct the process, the follower may play a more active role than previously thought. With this in mind, it was of interest to identify which party, leader or follower, was perceived to be the initiator of communication during the pandemic. While there was a slightly greater perception that the initiation or direction of communication remained leader-dominated, followers felt this was mainly due to organisational culture.

Without denying the presence of push and pull elements, where one must consider to what degree driving engagement must be matched with acceptance of the engagements from or between either party, perhaps an interesting admission was of the manipulative nature of communication when driven by followers. It was noted that where followers drove the engagement, it was often to advance their agenda or portray themselves positively to the leader or organisation. This was in keeping with the discussions of Schyns et al. (2019) and their conversations on the dark triad of followership, specifically, the approach likened to Machiavellianism. While it may have been convenient to shy away from acknowledging this type of behaviour on the part of the followers when pursuing a follower-centric approach, it was nonetheless an element admitted to by followers and identified in this study.

While Machiavellians, both leaders and followers (Schyns et al., 2019, 2022), can be associated with a heightened degree of cynicism and an “enthusiastic willingness to deceive and manipulate others” (Harms, 2022, p. 281), the attachment of this label to the followers in this study would be excessive. There were manipulative elements and a degree of cynicism towards their leaders and the overall context of crises, but not to the extent described by Schyns et al. (2019, 2022) and Harms (2022). This study found that the followers’ decisions to become stronger in the leader-follower relationship were largely based on taking ownership of their unique contexts, hospitals or settings and standing against their perceived micromanagement. This again spoke to the independent view followers took of their followership, as discussed earlier and again highlighted the importance of communication. However, their choices in communication were not always within their control, as the COVID-19 crisis and resulting restrictions shifted how this communication, either from leader or follower, could take place.

6.5.2. *Virtual communication and the distance of COVID*

A considerable body of literature regarding virtual communication, decentralised and offsite work teams, virtual offices and other non-traditional settings that were spawned by the necessity to continue being economically active during the global crises was produced (Andres & Heo, 2023; Carsten et al., 2021; Collins et al., 2022; Dirani et al., 2020; Kalina, 2020; A. Newman et al., 2022; Uhl-Bien, 2021; Venz & Boettcher, 2022). These resulted from the various political and illness-induced “lockdown” periods and general disease transmission restriction practices that were implemented. However, with this rapid acceleration into the virtual working world, many followers identified that this was not without impact.

Even in the data collection for this study, COVID-19 safety protocols at all participants' organisations initially delayed the process and filled it with complexity, as discussed in chapter four. However, this complexity was not limited to the data collection process for this study but instead played out daily in the participants' working environments, where meetings shifted from in-person, face-to-face engagements to daily virtual meetings quite literally overnight. This caused the followers in this study to continuously weigh the pros and cons of in-person versus virtual meetings. They noted few downsides to in-person meetings while almost all sought their benefit. While most participants could see value in aspects of virtual communication, the majority noted a variety of disadvantages to the form of communication and work that has extended beyond the pandemic.

The rejection of virtual meetings was an interesting finding contrary to some COVID-19-specific literature, perhaps again highlighting the focus on independent followership-type connections. For example, Dirani et al. (2020) discussed the importance of leaders utilising virtual communication to engage with their employees, break down the distance and for them to do so frequently. However, it was also expressed that virtual communication was weaker at influencing team dynamics and outcomes (A. Newman et al., 2022), building relationships with followers (Venz & Boettcher, 2022) and elevated followers' workloads to unproductive levels (Stein et al., 2020). These shortcomings of virtual communication may have partially clarified the followers' dislike of virtual engagements with their leaders during the crisis.

While a shift to virtual teams was well-established and increasingly prevalent prior to the pandemic, it was dramatically accelerated as a result of the crisis (Davidaviciene et al., 2020; Gibson & Grushina, 2021; H. Lee, 2021; S. A. Newman & Ford, 2021). This shift towards virtual teams and engagements contradicted long-standing views that leaders and followers require close physical proximity to reach adequate levels of influence, support, development, and collaboration (Carsten et al., 2021). Carsten et al. (2021) contend that active and passive followership identities may cause some followers to express significant impact from leader-follower distance while others seem unaffected. They identified that followers who identified their followership as active did not require as direct proximity to their leaders as followers who were more passive in their followership identification (Carsten et al., 2021).

This position was again interesting as the rejection of virtual communication in this study was seen to gain momentum as the crisis progressed. At the same time, the progression also saw increasing levels of active followership. This would be at odds with the findings

of Carsten et al. (2021). A possible explanation for this is that of context and setting. These findings were not based on research conducted in healthcare settings, and it is possible that face-to-face engagement, still favoured in clinical settings (Smithson, 2022), influenced the organisational stance on engagement. This study found greater resistance to virtual teams and virtual engagement of followers with their leaders than was suggested in studies conducted in other settings. While the challenges of virtual meetings are acknowledged, the resistance is an important consideration for leaders, followers and their organisations when considering engaging in processes building to followership construction and aiming to ensure clear, concise, and high-quality communication.

6.5.3. Impact on healthcare as a business

The final theme in the findings of this study addressed the impact on the business of healthcare by the COVID-19 pandemic. While many commercial elements fell by the wayside during the response to a global crisis, the organisations for whom the followers in this study worked remained businesses in the private healthcare sector. While these findings were peripheral to the research question and research sub-questions, they provided further context to the situation under which to understand the findings more directly linked to the study aims. It was important to note that this was not an assessment of the financial impact on businesses or business strategies during the pandemic, but rather at the micro- (individual) and meso-level of organisational structures and relationships and how these were impacted.

The followers reported positive and negative influences on their organisations due to the COVID-19 pandemic. While negative impacts were noted, the balance of the responses were weighted moderately in favour of a positive impact. The pandemic's negative impact on the business of healthcare was seen largely in the effect on its key members. At an individual level, followers indicated anxiety, isolation, fear and exhaustion as impacting their ability to perform. This was congruent with Maitlis's (2020) discussions on traumatic experiences in the workplace as antecedents of the personal growth discussed in section 6.4.1.4. An expectation to address the uncertainty and fear described by the followers was placed on their leaders and organisations but also fell to the followers themselves. This was particularly the case in the healthcare sector and hospital environments, where an expectation existed that safety and well-being should be guaranteed while emotional support should be offered to those struggling with the realities of a global crisis (Abdi et al., 2022).

It was of interest to note that the positive impact of posttraumatic growth, suggested by Maitlis (2020), seemed to manifest prior to the conclusion of the COVID-19 crisis. However, this growth was not explicitly identified by followers, who chose instead to address these changes from the organisational perspective, where they identified a move away from the organisational rigidity to which they had previously become accustomed. In addition, at the organisational level, some followers felt that an erosion between colleagues (fellow followers) had transpired. However, this was not seen as a result of knowledge hiding or job insecurity as seen in many other contexts due to economic factors, organisational downsizing and similar as a result of the pandemic (Nguyen et al., 2022). Instead, the distance between colleagues manifested as reduced face-to-face contact or opportunity and time to engage. This was acknowledged to lead to poor outcomes and performance at the decision-making, innovation, and organisational level (Gerpott et al., 2020).

Conversely, the positive impacts enhanced cohesion and trust as an organisation targeting a common goal by many followers (Barreto et al., 2022; Collins et al., 2022; Haslam et al., 2021). The study's findings signified that most followers also identified increased freedom from organisational constraints, greater flexibility and a resultant increase in the rate of decision-making as positive elements of the crisis. This impact on the organisational structure of healthcare businesses was possibly one of the most significant findings as the long-standing view that healthcare management needed to follow clinical management, signified by top-down, autocratic decision-making and 'leadership' (Smithson, 2022), was questioned, challenged, and ultimately rejected by followers.

6.6. Summary of discussions

Followers stated that they had experienced such a significant shift in the healthcare setting that the impact of the pandemic was substantial and irreversible. The discussion of the findings of this study probed the results of the research sub-questions against existing literature and theory. The convergence and divergence of the findings were contrasted against the literature and discussed and determined both the corroboratory and unique findings, what these could mean and how they may have arisen. These discussions identified a fluctuation in the nature of the impact and influence of crises on

followers and their followership over the course of the COVID-19 pandemic, which acted as the context for this study and as an allegory for protracted crises in general.

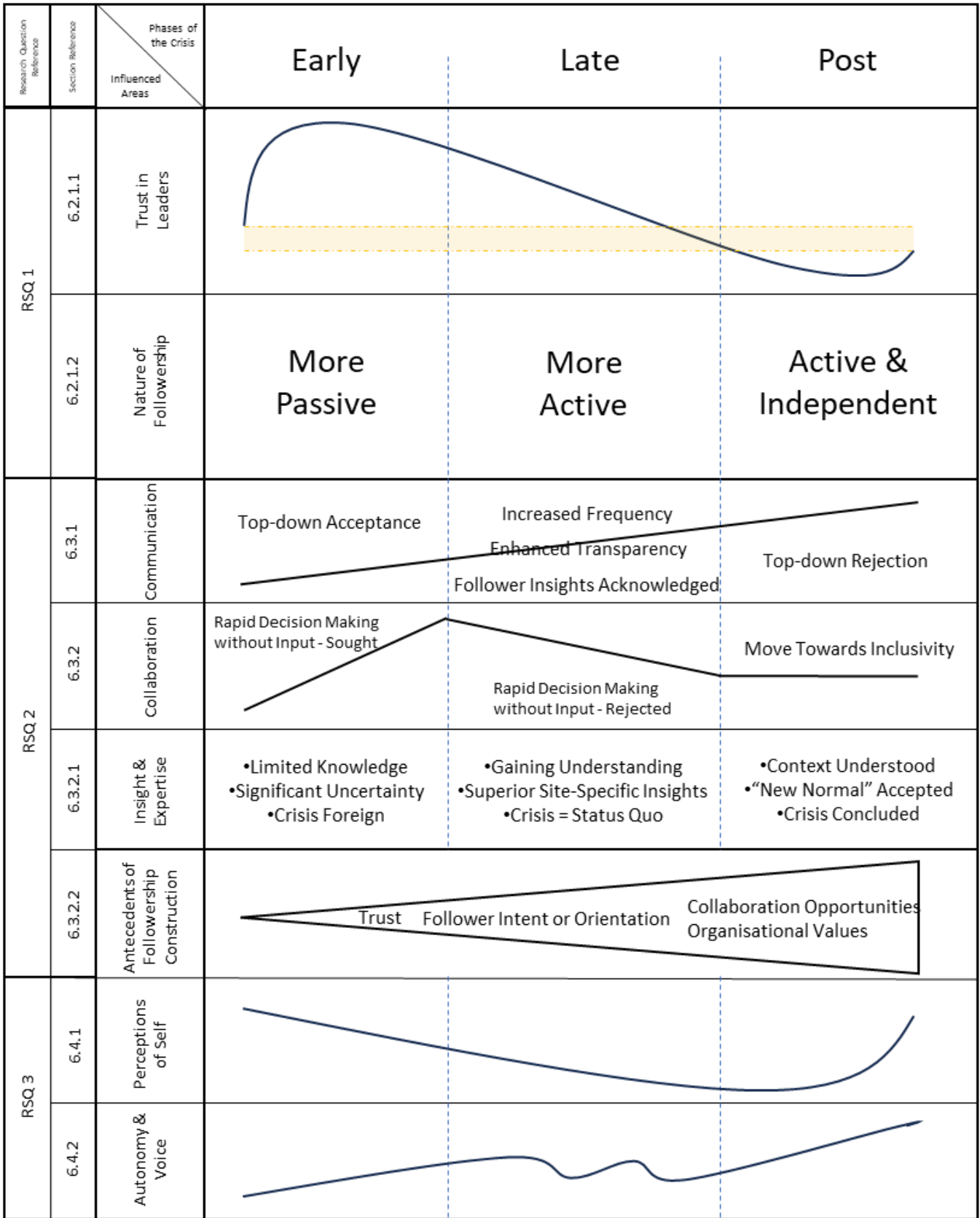


Figure 6 – Summary of Crises Influence

Previous discussions on crises in pre-COVID crisis literature had rarely addressed the impact of drawn-out crises on behaviours and perceptions, specifically from a follower-centric perspective of followership in the leader-follower dynamic. This resulted in this study elucidating various elements of the followership and followership construction process in the context of different times during crises in a novel manner. The influence of the crisis on the followers' perception of their leaders (6.2.1.1), communication (6.3.1) and self (6.4.1) had a substantial influence on their views of their followership and followership construction behaviours, desires and pursuits. Some of the findings could be reviewed in the context of the extant literature, while others added to existing discussions. However, even where there were congruences with prevailing theoretical directions, this study highlighted how a protracted crisis led these not to be static but instead dynamic and altering as aspects such as trust, knowledge and personal growth ebbed and flowed within followers and between followers and their leaders. These changing responses, perspectives and beliefs, assessed in the flow of the research sub-questions across the duration of the study and crisis, are represented in Figure 6.

The findings and discussions associated with research sub-question one, illustrated in Figure 6 alongside section RSQ1, identified that the followers' trust in their leaders (6.2.1.1) and the nature of followership (6.2.1.2) shifted between the early, late and post-pandemic phases. The early phases of the pandemic saw an increase in trust in leaders and an associated preference for more passive followership behaviours. As the followers' trust in their leaders decreased during the later and into the post-pandemic phases, they sought more active and even independent followership. While the start of a recovery in trust towards their leaders was seen in the post-pandemic phase, this was not seen to recover to pre-pandemic levels. At the same time, the followers' active and independent followership pursuits remained.

Research sub-question two's information determined that the quality of communication (6.3.1) between followers and leaders increased progressively over the course of the crisis. Where followers initially accepted the top-down communication approach during the early phases of the crisis, this was replaced with a desire and expectation of increased frequency, enhanced transparency and acknowledgement of the followers' insights later in the pandemic. This culminated in a rejection of top-down communication in the post-pandemic phase. How collaboration with leaders (6.3.2) was facilitated during the crisis also shifted in followers' minds. In the early phases, followers sought rapid decision-making without input, in line with passive followership behaviours.

In contrast, later in the crisis, the same pace of decision-making was sought but rejected when followers were not consulted or engaged. This played out in the post-pandemic phase, with followers insisting on inclusivity in collaboration. Figure 6 visually represents these inflections, overlaid with key focus points, alongside section RSQ2.

The shifts in the followers' intent to collaborate or construct followership were marked by fluctuations in their own insights and experiences of the crisis (6.3.2.1). The early phases of the crisis were dominated by significant uncertainty and limited knowledge as the crisis was a foreign concept. As the crisis established itself as the 'status quo' later in the pandemic, followers' understanding grew, and, in particular, they developed site, or setting, specific expertise which exceeded that of their leaders. This development curve culminated in the post-pandemic phases, where followers understood their context, accepted their 'new normal' and prepared to conclude the crisis. As discussed in section 6.3.2.2 and seen in Figure 5, these phases and the understanding they yielded led to the identification of trust, follower intent, collaboration opportunities and organisational values as the primary antecedents to followership construction.

Demonstrated alongside section RSQ3 of Figure 6, the impact of the crisis on the followers' perceptions of self (6.4.1) and their autonomy and voice (6.4.2) discussed in response to the findings of research sub-question three rounded out the summary of the discussions. During the COVID-19 crisis, a steady deterioration of the followers' perception of self was identified in the early and later stages. This deterioration only began to resolve, albeit noticeably, in the post-pandemic phase, where followers began to reflect on their role in overcoming the crisis and post-traumatic growth set in. The followers' autonomy and voice steadily increased over the course of the crisis, rising to substantially above pre-pandemic levels. However, this was not noted to have been a linear progression, with various fluctuations, particularly in the later stages of the crisis, taking place in response to individual and organisational developments in dealing with the crisis and the engagement with followers.

The discussion of this study provided the content, understanding and situation of the findings of this study in preparation for the conclusion and recommendations of the final chapter. The theoretical, practical, and methodological contributions of this study, limitations and recommendations for further study are shared in the following conclusion chapter.

Chapter 7: Conclusion and Recommendations

7. Conclusion and Recommendations

7.1. Introduction

The purpose of this study was to understand how crises influence followership. The study was conducted via semi-structured interviews with senior healthcare executives, in their roles as followers of various healthcare organisations, in hospitals across South Africa during and shortly after the COVID-19 crisis. The study followed the qualitative methodology of hermeneutic phenomenology, which was ontologically and epistemologically congruent with the research question. The study was longitudinal, with three key data collection phases: first, second, and reflective interviews. The data collection yielded a total of 1,262 data points that were coded into code groups, which were combined to determine the subthemes. The subthemes were then aggregated into the themes which directly addressed the research sub-questions.

In Chapter 2, the literature review explored the theoretical domains of implicit followership theories, the approach to followership theory and specifically the constructionist approaches to followership. This study utilised these three areas to investigate and advance the body of knowledge pertaining to followership, followership during crises and followership in the organisational elements of the healthcare industry. Predominantly focussing on the theoretical perspectives of Epitropaki considering self-schemas and self-concepts with a view to implicit followership theories (Epitropaki et al., 2013, 2017; Ete et al., 2022; Foti et al., 2017; Junker et al., 2016; Junker & Van Dick, 2014; Lord et al., 2020), Uhl-Bien and Carsten in line with building towards followership theory and specifically the constructionist view of followership (Carsten, 2017; Carsten et al., 2010, 2018, 2021; Carsten & Uhl-Bien, 2013; Uhl-Bien, 2021; Uhl-Bien et al., 2014; Uhl-Bien & Carsten, 2018; Uhl-Bien & Pillai, 2007) and briefly on the criticisms of Gottfredson et al. (2020) as it concerns LMX theory.

The specific emphasis of this study was the lived experience of followers understanding their followership during a crisis and reflection on the inputs and transformative mechanisms of such on their assumptions, beliefs, and values. The nature of the participants' perceptions of self and leaders was explored in light of the influence that these have on followership and, in particular, followership construction. The study offered a crisis context-specific response to the observations of both Uhl-Bien and

Carsten about the need for more scholarly work on followership as a whole, constructionist approaches to followership and the discussion on the need for further interrogation of implicit followership theory in light of the criticisms of views on the follower perspectives and antecedents of the foundational elements of LMX theory.

This chapter presents the conclusions of the research. It begins by presenting conclusions related to the study's research question and three research sub-questions before presenting an outline of the study's contributions from a theoretical, practical and methodological perspective. Finally, it discusses limitations and recommendations for future research.

7.2. Research questions

The central research question of **'How do crises influence followership?'** was born out of the proposed confusion and misunderstanding which existed regarding followership (Carsten et al., 2010; Oc & Bashshur, 2013) and how it had thus far been defined in literature (Carsten et al., 2010; Ford & Harding, 2018; Sy, 2010; Tee et al., 2013). This confusion presented a challenge in its current understanding.

At the same time, while the various authors agreed on the existence of the phenomenon of followership, its meaning and its relation to the context of global crises needed further explanation. Noting this, the central research question was conceptualised by the calls for further research into followership and followership in the context of crises (Avolio et al., 2009; Zhu et al., 2019) and how they related to one another.

In acknowledgement of the complex and, at times, abstract nature of followership, the approach to answering the central research question was to address it by means of three subparts as identified in literature. The subparts addressed the impact of crises on followers' perceptions and behaviours towards their followership, their experience of their followership and their self-perceptions. These were seen as three separate research sub-questions.

7.2.1. Research sub-question one

How has the crisis changed followers' experience of their perceptions, behaviours and values towards followership?

The first research sub-question assessed the impact of the crisis on followers' perceptions, behaviours and values towards followership. Situated within a healthcare context already fraught with complexity, the further pressures of a global crisis placed followers, their beliefs, perceptions, and behaviours in relation to followership, their leaders and followership construction under immense strain. The protracted nature of this strain and the pressure resulting from a drawn-out crisis led to a shift which, in certain regards, corroborated existing understanding of followership and crisis but saw a deviation from, and thus an extension of, the understanding of the current theoretical perspectives.

It was found that followers' trust in their leaders was significantly shifted by the leaders' actions and inactions in response to the crisis while also noting that the crisis itself shifted followers' behaviours and intent to be more self-serving than before the crisis. This represented both heeding the calls for further study on the antecedents of followership construction, particularly in complex contexts, and an extension of the current understanding of followership theory from the followers' perspective. Moreover, rather than responding to the leaders' conduct or actions towards followers, the followers adjusted their perceptions of their leaders, and thus perceptions of their followership construction, based on their leader's response to the crisis. This saw the leaders' actions or inactions and perceived competence in responding to a crisis correlating with their followers' trust in them.

Further, it was identified that this shift in followers' trust in leadership was not fixed, as previously suggested. The study showed that the different phases of the pandemic saw followers alter their application of values, beliefs, and implicit followership behaviours. Where the global uncertainties of the early phases of the pandemic coincided with followers' gravitating to subordinate or passive approaches and readily trusting leaders, the latter phases of the pandemic noted the opposite. In the latter phases of the pandemic, followers exhibited significantly more critical and suspicious stances towards their leaders, choosing more active and even independent approaches to their followership with substantial reductions in trust in their leaders. When revisiting this in a post-pandemic context, it was acknowledged that a 'correction' had taken place with

greater forgiveness for leader responses to the pandemic and that healing and an improved trust relationship, though still lesser than in a pre-pandemic context.

In answering research sub-question one, this study showed that the crisis impacted followers' trust, intent, and behaviours in their perceptions of their followership by forcing them to critically assess their relationship with leaders and themselves. A crucial finding was that these influences were not static and shifted in severity and positive or negative inflexion as the pandemic progressed from early to later and, ultimately, post-pandemic understandings.

These fluctuations in the critical element of trust suggested that the context, at least in equal measure to the leaders themselves, had impacted follower perceptions and adoption of implicit followership theories. The adoptions were not constant as previously suggested and perhaps alluded to the fact that the nature of protracted crises are not homogeneous, but rather that there are distinct phases associated with the learnings and variability of extreme uncertainty.

7.2.2. Research sub-question two

How have followers experienced their followership in healthcare, and how has this shifted due to the COVID-19 pandemic?

With the second research sub-question, the study investigated the followers' experiences of followership with a specific focus on the setting of the study. Situated in healthcare during a global crisis, the study provided valuable contributions to leadership, management and organisational academia and practice by highlighting findings and lessons from an industry at the forefront of the COVID-19 response.

As healthcare organisations and leaders were at the forefront of the reactions and responses to the crisis, their actions and the impact that these had on followers provided a unique insight into followership construction during crises. While these findings and followers' responses may have been based in healthcare during a crisis, they have farther reaching impact and applicability to contexts of complexity, uncertainty and chaos beyond the healthcare setting. Again, the differing phases of the crisis were noted to be important, with leader actions and follower perceptions impacted and adapted differently at different times. The earlier phases of the pandemic saw responses in keeping with the acute responses seen in shorter-lived crises described in literature. In comparison,

the latter phases were signified by a shift away from the perceptions and actions of the earlier phases as followers' insight and understanding of the crisis developed.

Contrary to earlier cautions in this study regarding the definition of followership theory and the abstract nature of the relationship between leaders and followers, the crisis served to define the roles of leaders and followers in the followership construction process. This was particularly relevant in the separate phases identified where communication and collaboration between and expertise of leaders and followers vacillated, resulting in followers adopting greater or lesser degrees of followership construction.

This allowed for a greater understanding of the antecedents to followership construction as sought by this study. The antecedents were then corroborated and expanded upon in the assessment of the followers' requirements of followership construction in healthcare during crises. The context-specific, healthcare during crisis, extension of the understanding of followership was an important further step in the legitimisation of followership theory and the extension of its understanding and application.

7.2.3. Research sub-question three

How has the COVID-19 pandemic influenced self-perceptions of followers and their followership?

The final research sub-question sought to understand the impact of the crisis on followers' self-perceptions and how these influenced their followership. The study found that the responses to and discussion of research sub-question three related explicitly to the contextual application of the implicit followership theories. Deviating from existing understanding, it seemed that the reconceptualization or impact on followers' self-perceptions, and subparts thereof, do not transpire linearly. It was found that these may repeatedly shift where the external influence, such as experienced in this study with the global COVID-19 crisis, is sufficiently compelling.

Posttraumatic growth, during and in the aftermath of crises, accelerated changes to followers' underlying beliefs regarding followership construction and behaviours. As followers displayed enhanced autonomy and adopted an increased voice, organisational values rather than specific leaders emerged as the focal point for followers choosing to construct followership. Here, it was also seen that hopelessness, fear and, conversely, resilience were powerful forces at play in determining follower perceptions and

behaviours in relation to underlying beliefs and values during crises and in relation to followership construction decisions.

7.2.4. Answer to the central research question

In aggregating the responses and answers to the three research sub-questions, it was possible to provide an understanding in response to the central research question. The COVID-19 crisis, as a representative for crises in general, showed that they influence followership in a number of ways. Crises fundamentally influence followers' perceptions, behaviours, values, and actions. Followers' perceptions of their leaders, perceptions of themselves, their nature of followership, patterns of engagement and collaboration and very approach to constructing followership were altered, not just once, but multiple times over a protracted crisis.

The study identified that the antecedents to followership construction during crises and in the complex healthcare context were trust, follower intent or orientation, collaboration opportunities and intentions and organisational values. The combination of these and the extent of influence each carried in ensuring followership construction aligned with the progressing crisis. The influence was also noted not to be transient but rather lasting and fundamentally altering the perceptions and behaviours of followers regarding their self-image and relationship with their leaders and organisation. As such, the influence of crises on followership was seen to be substantial by significantly altering the followers' relationship with their followership, followership construction, leaders and organisations fundamentally.

7.3. Research contributions

7.3.1. Theoretical contribution

This study sought to contribute to the broader domain of followership theory by harnessing the unique context of a global crisis and applying a follower-centric lens. The detailed theoretical contributions of this study are outlined closer to the discussions which informed them in sections 6.2.2, 6.3.3 and 6.4.3, where convergence and divergence of the findings with existing theory and literature were identified and discussed. Situated within a healthcare context already substantially complex, the further pressures of a global crisis placed followers, their beliefs, perceptions and behaviours in relation to followership, their leaders and followership construction under immense strain. The influence of crises as an extreme context with substantial uncertainty to leader and follower alike led to changes in the followers' perceptions,

beliefs and enactment of followership and specifically followership construction. These changes, and their variability during the phases of a protracted crisis, represented previously undiscussed changes in followers.

In employing the context of a global crisis, this study contributed meaningfully to the extension of the understanding of followers' antecedents to followership construction, especially in contexts of crises, and thus extended work in the domain of followership theory. The study also provided context-specific considerations to the underlying assumptions in forming the implicit followership theories by assessing the impact of crises on follower self-perceptions and followership behaviour adoption.

7.3.1.1. Followership theory

While followership theory and followership research as a whole may be argued to be in their conceptual phases (Bastardo & Van Vugt, 2019; Riggio, 2020; Uhl-Bien et al., 2014), Uhl-Bien et al. (2014) included the constructionist approach as an essential standpoint for the advancement of followership research in their presentation of a standalone followership theory. However, while Uhl-Bien et al. (2014) indicated that external forces can influence follower behaviours, they only viewed this from the position of leader influence and not the influence that the setting or context may have. Uhl-Bien (2021) further commented on this in their work on complexity leadership theory during COVID-19, calling for specific investigations and a greater understanding of follower behaviours in complex or crisis settings. This study heeded these calls and provided follower-centric insights on followership construction during a global crisis.

In understanding the antecedents to followership construction behaviours and how these responded or altered during the course of crises, the study advanced followership theory by identifying that followers' trust in their leaders was significantly shifted by the leaders' actions and inactions in response to the crisis while also noting that the crisis itself shifted followers' behaviours and intent to be more self-serving than before the crisis. Assessing literature from the leadership, followership, crisis management and organisational development domains, it was possible to orientate these findings in the extant literature. However, the fact that they were previously only discussed and understood in isolation and not in conjunction with the context of crises made them unique and representative of a meaningful contribution.

One of the earlier cautions in this study pertained to the definition of followership theory and the abstract nature of the relationship between leaders and followers. As stated by

Meindl (1995) and by Uhl-Bien and Pillai (2007), the challenge that the concept of leadership or followership construction presented was one of creating focus, as the influencer and influenced, or leader and follower, status became increasingly blurred during their engagement (Carsten et al., 2010; Epitropaki et al., 2017; Foti et al., 2017; Uhl-Bien et al., 2014). Contrary to anticipation and existing studies, the crisis generally served to define the roles of leaders and followers in the followership construction process. In particular when considering the phases of the crisis. This was not focussed on appointed, role-based views of followership but rather a more organic creation of defined roles in line with the constructionist perspectives of followership.

The early phases, with top-down, autocratic directives being sent from leaders or organisations to followers who largely accepted this due to their uncertainties, saw the lines of communication clearly defined under the guise of disaster management, with the successes and failures evident. However, later in the pandemic, when followers resisted the top-down communication style, became more insistent on collaboration and were acknowledged for their site-specific expertise, followership construction improved. The more precise definitions of leaders and followers due to crisis communication and disaster management also allowed for closer observation of the specific phenomena involved in the followership construction process. The crisis provided a framework of pressure and strain, effectively quietening the confusion about the situation of leaders and followers. Without the confusion, it became easier to identify the internal mechanics of followership behaviours from their perspective without needing to contend with any role-related confusion.

This allowed for a greater understanding of the antecedents to followership construction as sought by this study. The antecedents were then corroborated and expanded upon in the assessment of the followers' requirements of followership construction in healthcare during crises. While it was highly likely that these were more broadly applicable than to crises in isolation, further study would need to confirm this. However, the context-specific, healthcare during the crisis, extension of the understanding of followership was an important further step in the legitimisation of followership theory, specifically its constructionist perspectives, and the extension of its understanding and application. Followers were seen to have adjusted their perceptions of their leaders, and thus perceptions of their followership construction, based on their leader's response to the crisis. This saw the leaders' actions or inactions and perceived competence in responding to a crisis comparing with their followers' trust in them (Harms et al., 2017; S. A. Newman & Ford, 2021; Wang et al., 2014).

7.3.1.2. *Implicit followership theories*

The other major theoretical foundation of the study were the implicit theories, specifically implicit followership theory. Contemporary literature supported the view that implicit followership theory (Epitropaki et al., 2013, 2017; Foti et al., 2017; Junker et al., 2016; Junker & Van Dick, 2014; Sy, 2010) and followership theory (Baker, 2007; Bastardo & Van Vugt, 2019; Ford & Harding, 2018) were the primary drivers of the influence that followership has on leadership. Despite implicit followership theories having been argued to primarily be an antecedent to social influence in the follower-leader relationship. This was precisely what the followership debate needed to advance, as Gottfredson et al. (2020) noted in their call to 'return to square one'.

While Epitropaki et al. (2013, 2017) and Junker et al. (2016; 2014) concurred that traits such as intelligence, honesty and understanding were considered to be causal to the quality of the leader-follower relationship, numerous studies indicated that these were viewed from the leaders perspective and that further research from the followers perspective would be of considerable value (Carsten et al., 2010; Epitropaki et al., 2017; Foti et al., 2017; Uhl-Bien et al., 2014; Uhl-Bien & Arena, 2018). Implicit followership theories, too, were suggested to require further review in light of the social impact and identifying factors of followership theory and the follower-leader relationship (Epitropaki et al., 2017).

In answering these calls for a follower-centric approach, a further theoretical contribution of this study was established. In addition to trust, followers identified that communication, the opportunity for collaboration and acknowledgement of expertise were what they felt to be the follower-centric antecedents to their leader-follower relationships. This was a subtle but important departure from the extant, leader-centric literature and highlighted how leaders' perceptions of followers' implicit followership theories differed from the followers' own perceptions of their implicit followership theories.

7.3.1.3. *Followership construction*

Of substantial significance to the extension of followership theory was the identification that these shifts in followers' trust in leaders and other antecedents in followership construction were not fixed, as suggested that it may have been when considering the view espoused in the implicit theories that once a position or perspective had been established in relation to a particular context, that it was less likely to be altered (Shondrick & Lord, 2010). These fluctuations in the critical element of trust suggested

that the context, at least in equal measure to the leaders themselves, had impacted follower perceptions and adoption of implicit followership theories. The adoptions were not constant as previously suggested and perhaps alluded to the fact that the nature of protracted crises are not homogeneous, but rather that there are distinct phases associated with the learnings and variability of extreme uncertainty.

Carrington et al. (2019) argued that convergence towards follower teams rather than leadership teams occurs based on follower insights. In extending current thinking in line with followership theory, this study supported the perspective of Carrington et al. (2019). It further extended it by highlighting the potency of posttraumatic growth, during and in the aftermath of crises, as an accelerated form of change to followers underlying beliefs regarding followership construction. Equally important was the finding of followers choosing to construct followership based on organisational values rather than with specificity leaders. In addition to leaders' actions or inactions to influence followership construction behaviours (Hannah et al., 2009; Tee et al., 2013), organisations' collective application of their values and behaviour had a significant impact on followers' perceptions of self and thus self-schemas as building blocks towards their implicit followership theories (Epitropaki et al., 2017). Here, it was also seen that hopelessness, fear and, conversely, resilience were powerful forces at play in determining follower perceptions and behaviours in relation to underlying beliefs and values during crises and in relation to followership construction decisions.

This added to the understanding of implicit followership theories, their adoption and some of the mechanics in the approach of followers towards them during crises. The theoretical extension alludes to the practical implications that leaders, followers, and organisations could heed to improve their understanding of followership construction, its importance and how to build resilience against losing it during times of crisis.

This study, situated in healthcare during a global crisis, provided valuable contributions to leadership, management and organisational academia and practice by highlighting findings and lessons from an industry at the forefront of the COVID-19 response. With the existing healthcare pressures and complexities acknowledged, the COVID-19 pandemic was arguably most directly faced by the healthcare industry. Where healthcare organisations and leaders had to react and respond to the crisis, their actions and the impact that these had on followers provided a unique insight into followership construction during crises. While these findings and followers' responses may have been

based in healthcare during a crisis, they had a broader impact and applicability to contexts of complexity, uncertainty, and chaos beyond the healthcare setting.

Sandberg and Alvesson (2021) call for theories and theoretical extensions that explain, comprehend and challenge organisational phenomena. In agreement with Corley and Gioia (2011), they posit that perceptions and previously held views must be challenged and changed to make a theoretical contribution (Sandberg & Alvesson, 2021). This section has described how the findings of this study extended to the understanding of followership theory and implicit followership theories by applying both a follower-centric lens and situating the study in the setting of extreme complexity signified by a global crisis.

7.3.2. Practical contribution

This study illustrated the importance of a greater understanding of followership. Both on the part of the leaders, but also the followers themselves. It was apparent that limited academic or organisational insights existed, with all falling prey to leader-centric perspectives. This exacerbated a disconnect in understanding how to construct relationships, specifically followership, leading to followers enacting various levels of independent action. Leaders and organisations in healthcare sought centralised approaches to ensure a uniform and unified response to the global crisis. While this may have functioned early in the pandemic, as the pandemic wore on, followers' independent actions led to countless interpretations and implementation of processes. By highlighting how followers perceived followership and the need for leaders to be cognisant thereof, this study could aid leaders and organisations in understanding what followership is and how it is influenced while also aiding followers in understanding their own followership and how external forces may influence them, their decision making and choices. This would result in more cohesive responses to crises and the implementation and success of non-crises related business and organisational imperatives.

The study further highlighted that at an organisational and individual level, the acknowledgement that followership is a complex, social-cognitive choice has significant bearing on the understanding of strategic and healthcare systems approaches to leadership. The 'great-man' theories are truly a thing of the past, and the modern leader must be aware of the choices, and power, which followers hold in the leader-follower dynamic. This was seen to be heightened during periods of crisis or extreme complexity. Followership construction was seen to be both dynamic and variable, impacting follower behaviours, perceptions and beliefs. This variability required leaders, followers, and

organisations to be aware of their impact and influences to harness the positive and mitigate the negative impact of these, often implicit, responses to crises. The specific practical considerations for improved followership at the individual, relational and organisational levels are discussed here, while the context and temporal elements of the crisis are also considered.

7.3.2.1. Individual level

At the individual level, this study identified aspects of importance to both the follower and the leader as separate entities. As this study adopted a follower-centric lens, the practical contributions did too, with a primary focus on the implications on followers. Followers would be best served in assessing their responses to leaders' actions and being aware of the impact of the context, here crises, on their values and behaviours. As the development and understanding of self-perceptions, self-schema and, ultimately, self-concepts were deeply personal to each follower (Carrington et al., 2019; Combe & Carrington, 2015; Epitropaki et al., 2017; van Knippenberg et al., 2004), the overriding premise of the practical implications of the findings was that of education and creating a supportive setting. However, followers needed to accept their responsibility in response to crises rather than merely being critical of their leaders. The view that "failed leadership is also failed followership" (Uhl-Bien, 2021, p. 1404) must be acknowledged and incorporated into followers' responses to crises and the manner in which they construct followership. By understanding the influences of crises on their trust of leaders and selecting the nature of their followership, followers might be able to mitigate the impact of crises and complexity and proactively contribute to rewarding followership construction and aid in successfully overcoming crises or advancing organisational initiatives.

Acknowledging the importance of followers was also a call to action for the followers themselves. Irrespective of the nature of followership pursued, followers have an added responsibility beyond that previously thought. Followers need to understand this and take greater cognisance of the impact of their decisions, behaviours and values on the leader-follower relationship and on the ability of organisations to achieve their desired outcomes. The followers 'contracting' with the organisation's values, objectives, and ethos is crucial to personal and professional success.

Similarly, leaders need to be aware of the actions or inactions which impact their followers' perceptions, behaviour and propensity for engagement and followership construction. These considerations should be foremost in the leader's mind when

crafting strategies or business processes that require followers' participation. Further, in accepting the superior site or context-specific knowledge of followers, leaders would be best served by collaboratively utilising these valuable data points to achieve desired outcomes.

7.3.2.2. Relational level

In this study, three key concepts emerged that emphasised the importance of collaboration between leaders and followers. Firstly, the followers' acknowledgement of their role in the relationship was crucial. Understanding and acknowledging their significance in the dynamic allowed for more effective collaboration. Secondly, leaders and organisations should actively foster formal engagement opportunities with their followers. This approach would enhance communication and participation, creating a conducive environment for followership construction. Lastly, building trust and credibility in leaders was vital for successful followership construction. The path to effective followership construction became clearer when followers believed in their leaders. Incorporating these findings could establish a practical roadmap for fostering productive followership.

7.3.2.3. Organisational level

While individual followers and leaders could enact many of the suggested actions based on the contributions of this study, organisations may arguably have the greatest ability to shape the follower-leader dynamic positively. Organisations can create, facilitate and structure engagements, processes and settings which encourage followership creation. Crafting organisational strategies, which include the construction of followership to achieve organisational goals and aligning behaviours within the organisation, would allow for the value of their followers and leaders to express their greatest benefit.

As an organisation, in the abstract sense, it must also be understood that where followers gravitate towards an independent association with the organisation's values or beliefs, either due to failed followership construction with a particular leader or by the adoption of an independent follower approach, that there would be an opportunity to retain the benefit of an engaged or active follower. While organisations could harness the collective power of 'independent followers' (McKimm & Vogan, 2020; Varpio & Teunissen, 2020), crises' dynamic nature must be understood (Broos et al., 2023). The awareness of the impact of crises on the leader-follower dynamic and consideration of structural interventions to support followership construction or mitigate the erosion of the

leader-follower relationship would aid organisations in better navigating the uncertainty and complexity of crises and challenging climates.

These insights guide the creation of practical measures for organisations to gain the most out of their leaders and followers while strengthening their resilience to future crises or periods of complexity. Organisations can take a more active stance in this crucial dynamic by establishing structures and processes that encourage followership construction during times of relative stability. This study revealed that followers sought the platform to collaborate and engage with their leaders. This did not exist in their setting before the crisis, and they wondered if the positives in communication and collaboration would remain beyond the crisis. Organisations should heed this and create formal engagement platforms that advance followership construction through facilitated or independent sessions. These sessions could be driven by consultants or human resources professionals from within the organisations utilising the insights of the followers' antecedents to followership construction. Understanding the variability of followership construction under differing temporal contexts, rather than a crisis per se, these forums or platforms should focus on the benefits of followers' insights, voice and even independent association with organisational values to foster organisational performance and success.

While such platforms would aid in followers' insights and voice being heard, organisations may also need to focus on developing followers themselves. Acknowledging the leader-centric doctrine in current academia, re-training or re-focussing on followers' importance may be valuable. By explicitly highlighting followership, the mechanisms of the leader-follower dynamic and the mutually beneficial aspects and impact on self-perception, resilience and organisational performance, it may be possible to shift followers from passive 'subordinates' to active participants, adding value to the leader-follower relationship and the broader organisations.

This study identified solutions such as proactively considering insights of followers for optimal followership construction and organisations formally creating settings for inclusion and collaboration with followers. This would also allow for the crucial element of the expertise of the follower to be realised by leaders and organisations in constructing followership from a more equal footing.

7.3.2.4. Contextual considerations

Finally, this study contributed to practice by identifying that understanding how followers responded to the dynamic context of global crises was guided by their perceptions of followership, the magnitude of the crisis, and the shifts in thinking that occurred, which were invaluable to future organisational dynamics. This impact included understanding how relationships were constructed. It also included the impact on team dynamics by acknowledging the external influencing potential of extreme circumstances. Furthermore, it highlighted how organisational performance could benefit from a better understanding of followers, their followership and the contextual influences in the healthcare environment and beyond. It was identified by this study that leaders need to be cognizant that their actions, and particularly inactions, had the greatest influence after the initial phases of the crisis. Extending this, the resistance to leader-driven directives and followers' enhanced voice were seen as necessary responses in combating the crisis where followers accepted risk in their relationship with leaders and, at times, their organisation in the interests of a greater good and combating the global pandemic.

A degree of understanding and even lenience existed in the early phases, where the extended nature of uncertainty was present, and trust became almost inherent due to the gravitation of followers towards the subordinate mindset. However, once the initial phases of uncertainty had passed, followers became increasingly critical of perceived poor responses to the crisis. The variability thus highlighted the need for leaders and organisations to remain adaptive and receptive to change rather than needing to show adherence to, or consistency with, a single direction or response.

Determining the variability in followership construction throughout the crisis introduced the consideration of the temporal context to the study. An important consideration for followership construction in complex contexts was the potential misalignment between followers and leaders, which could occur due to their being at different locations within their temporal contexts. While this was discussed by Alipour et al. (2017) conceptually, the setting of this study in a crisis highlighted the intricacies of the temporal context where variability existed due to extreme complexity. The phases and sequences of the crisis (Oc, 2018) and the respective influence of the various elements of followership shown in Figure 6, in section 6.6, highlighted the areas which required focus by followers, leaders and organisations alike to extract the most out of their teams, relationships and selves in responding to contexts of crises or complexity.

7.3.3. Methodological contribution

While uncertainty abounds as to what constitutes a methodological contribution in management or business studies, there is no doubt that methodological contributions are crucial in providing new and unique perspectives on investigations of how individuals and organisations interact, behave, and perform (Bergh et al., 2022). The selection of the research methodology and the research design was extensively discussed in section 4.1. The coherence between context, setting, phenomena and methodology was clear in the discussion. However, hermeneutic phenomenology, the study of lived experience, was not typically associated with research in the chosen domain of followership, leadership, management or organisational sciences. However, as an acknowledgement of the underlying study setting, phenomenology was extensively used in the healthcare environment, specifically in the areas of experience of procedures and care in the holistic sense from the perspective of patients, clinicians and organisations (Ayres et al., 2003; Bevan, 2014; Collinridge & Gantt, 2019; Creswell et al., 2007; Matua & Van Der Wal, 2015; Phillips-Pula et al., 2011; Starks & Trinidad, 2007; Wojnar & Swanson, 2007). This provided cohesion between the research question, setting and methodology, which aided in generating confidence in the process and findings of this study.

The rich nature and depth of results of this study in the areas of social interaction, personal development, interpersonal relationships and organisational dynamics in the context of the extreme complexity of a global crisis positions hermeneutic phenomenology as a valuable method in the researchers' arsenal of understanding in-depth, complex and variable phenomena from an inductive, explanatory qualitative position. Acknowledging the ever-changing and ever more complex business settings in the post-COVID era, relying on unidirectional, moderator-mediator-type research is insufficient in adequately exploring the broader social context within which phenomena exist, interact with and influence one another. This study's methodological contribution is the identification of hermeneutic phenomenology as a valuable research method beyond the healthcare and social sciences domains and one that shows immense value and promise in understanding the lived experiences and the implications thereof, in not just the leader-follower relational domain, but in business and management research as a whole.

7.4. Limitations of the study

A known critique of qualitative, and specifically phenomenological, study was that it could be incredibly nuanced and therefore not generalisable (Yin, 2011). While this

perspective was acknowledged, the intention of this study was not to generalise but rather to deepen the understanding of followership experiences and perceptions in a specific context, here, that of a global crisis. The crisis presented numerous challenges, some of which may be deemed to have been limitations of the study. The first and second interviews were particularly impacted by participants actively responding to the ongoing COVID-19 crisis. This resulted in limited access and shorter durations of interviews than initially anticipated. While it may be argued that this could have led to omissions in responses or that participants could not adequately focus on the study at hand, it is appropriately representative of conducting research during crises. The reflective interviews, conducted after the COVID-19 crisis had been declared over, also aided in validating that this limitation was not as severe as initially anticipated.

A further limitation of the study, though by design and potential area for further research, was the follower-centric lens adopted. While this was in keeping with various calls for the advancement of followership research, it was acknowledged that studying the impact on followership, established as a co-creational process, during a crisis purely from the followers' perspective commits the same foul as studies which had previously only focussed on leader-centric perspectives.

Potential researcher influence and bias were other possible limitations of this study. Though extensively controlled for, the researcher was actively involved in the healthcare response to the COVID-19 crisis and, as such, may also have been influenced by the crisis. Further, the researcher's relationship with some of the respondents in the study could be noted as a limitation. However, this relationship was based on the researcher holding equivalent roles to the participants during the interviews, neither as a leader to, nor a follower of, any of the parties. Despite the distance, with a view to mitigate against any potential issues, the researcher repeatedly emphasised the confidential nature of the research. This was achieved in the informed consent documentation (Annexure C) and during the interviews by applying neutral interviewing techniques and focusing extensively on participant comfort.

7.5. Recommendations for further research

In acknowledging the relative nascence of followership theory and, in particular the follower-centric approach to investigating it, there are a number of areas for potential further research identified by this study. These include considering the phenomenon of crises influencing followership from different perspectives, such as leader-centric ones,

verifying or providing an even more comprehensive understanding of the impact of crises on the leader-follower dynamic. Further, assessing the permanence of crises' influence on followers' perceptions, behaviours and identities towards their followership and followership construction would be interesting. While the influence identified during and immediately after the crisis was substantial, exploring how these influences impacted followers in the longer term would be fascinating.

The findings, which led to understanding the followers' views on the requirements for followership construction in healthcare, provided an insightful follower-centric perspective on an area of immense value for future research, organisational adaptation and leader-follower relations. However, further testing how these relate to the leader or organisation from their respective perspectives would prove an exciting area for further research. While the within-context variability of contexts with extreme uncertainty was not the focus of the study, their impact on various facets of the theories underpinning this study made them an area for potential future research. This potential further research could assess the findings of this study in differing contexts, both non-crises and outside of healthcare organisations, to investigate if the same mechanisms and magnitude of influence were at play.

Finally, it may be useful to apply alternate methodologies, quantitative in particular, to verify the antecedents of followership construction and to identify the mediating and moderating effects of aspects such as trust, collaboration and posttraumatic growth on the development of followership between leaders and, crucially, their followers.

7.6. Conclusion

Followership continues to be a growing field of academic interest in unlocking the next iteration of advancing the crucial phenomenon of the leader-follower dynamic. The leader-centric doctrine of the past is increasingly being set aside in favour of acknowledging the importance of followers in the conversation.

Contexts of extreme complexity, such as crises, often accelerate change in the status quo to address or survive unprecedented situations. The COVID-19 crisis was no different, and while many examples of change and 'new normals' can be found, perhaps the greatest change that took place was within the individual. The crisis stripped away many of the usual distractions and led to an emphasis on that which matters most.

This study harnessed the crisis to better understand followership, and its construction, by learning from the lived experience of followers impacted by the crisis. Their experiences and changes to their behaviours, perceptions, values and self as a result of the crisis provided valuable insights to advance theoretical and practical understanding of followership. It showed that followership is a dynamic process, both influenced by and inherently bound to the context within which it is constructed. Finally, this study highlighted the immense value of followership and the dynamic and, at times, independent nature with which it may be constructed.

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Annexures

Annexure A – Ethical Clearance GIBS

**Gordon Institute
of Business Science**
University of Pretoria



Dear Richard Mulder

10 December 2020

ETHICS APPLICATION: Richard Mulder (Student Number: 19397161)

Research Title: Experiencing Followership During Global Crisis: Followership in Healthcare
Amidst COVID-19

On behalf of the Gordon Institute of Business Science Doctoral Research Ethics Committee, I am pleased to confirm that your application for ethical clearance, for the above research has been approved subject to the Research Ethics Committee at the Faculty of Health Sciences at the University of Pretoria's approval, on the basis described in the application form and supporting documentation received on 04th of December 2020.

We wish you success in your studies.

Yours Sincerely



Professor Gavin Price
Doctoral Research Ethics Committee Chairperson

Note: GIBS shall do everything in its power to protect the personal information supplied herein, in accordance to its company privacy policies as well the Protection of Personal Information Act, 2013. Access to all of the above provided personal information is restricted, only employees who need the information to perform a specific job are granted access to this information.

2020 ver.

Annexure B – Ethical Clearance UP FH REC

University of Pretoria Faculty of Health Research Ethics Committee Approval



Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

26 February 2021

Approval Certificate New Application

Ethics Reference No.: 56/2021

**Title: Experiencing Followership During Global Crisis:
Followership in Healthcare Amidst COVID-19.**

Dear Mr RK Mulder

The **New Application** as supported by documents received between 2021-01-26 and 2021-02-24 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2021-02-24 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2022-02-26.
- Please remember to use your protocol number (56/2021) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers

MBChB MMed (Int) MPharmMed PhD

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
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Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tsa Maphelo

Annexure C – Informed Consent

ICD 5

PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT FOR AN INDIVIDUAL IN-DEPTH INTERVIEW RESEARCH STUDY

Study title: Experiencing Followership During Global Crisis:
Followership in Healthcare Amidst COVID-19

Principal Investigator: Richard Mulder (19397161)

Supervisor: Prof. Caren Scheepers

Co-Supervisor: Prof. Johan Olivier

Institution: Gordon Institute of Business Science (GIBS)
University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 011 328 0601

Afterhours number: 083 957 0549

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

Date	Month	Year

:
Time

Dear Mr. / Mrs.

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for PhD degree purposes at the Gordon Institute of Business Science of the University of Pretoria. This document gives information about the study to help you decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the interview.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore the lived experience of senior leaders in healthcare organisations during the COVID-19 pandemic.

By doing so, I wish to learn more about the influence which global crises have on followership from the perspective of followers.

You will be interviewed by the researcher in a place of your choosing or by mutual agreement that is private and easy for you to reach.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM THE PARTICIPANTS

If you agree to participate, you will be asked to participate in two interviews, approximately 3 months apart, which will take about 60-90 minutes per interview. The individual interviews will be one-on-one meetings between the two of us. I will ask you several questions about the research topic. This study involves answering questions such as:

How has the crisis changed your perceptions, behaviours and values of followership?

With your permission, the interview will be recorded on a recording device to ensure that no information is missed.

4) RISKS AND DISCOMFORTS INVOLVED?

We do not think that taking part in the study will cause any physical or emotional discomfort or risk. The only possible risks and discomfort involved are potentially recalling challenging business decisions based on the COVID-19 pandemic.

5) POSSIBLE BENEFITS OF THE STUDY

You will not benefit directly by being part of this study. However, your participation is important for us to better understand follower-centric perspectives of the leader-follower dynamic in extreme contexts, such as the global COVID-19 pandemic.

The information you give may help the researcher improve disaster preparedness and organisational functioning during uncertain or unstable times. This may be invaluable to the greater healthcare delivery discussion, followership in healthcare, healthcare organisation functioning in challenging contexts and benefit other industries faced with periods of instability, vulnerability or uncertainty.

6) COMPENSATION

You will not be paid to take part in the study.

7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop/withdraw at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been given by that committee. The study will follow the Declaration of Helsinki (last update: October 2013), which guides healthcare professionals on how to do research on people. The researcher can give you a copy of the Declaration if you wish to read it.

9) INFORMATION ON WHOM TO CONTACT

If you have any questions about this study, you should contact:

Richard Mulder
rk_mulder@hotmail.com

or

Prof. Caren Scheepers
scheepersc@gibs.co.za

10) CONFIDENTIALITY

We will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym and we will refer to you in this way in the data, any publication, report or other research output.

All records from this study will be regarded as confidential. Results will be published in journals or presented at conferences in such a way that it will not be possible for people to know that you were part of the study.

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee.

All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.

- I understand that I will not be penalised in any way should I wish to stop taking part in the study and my withdrawal will not affect my treatment and care.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

Participant's name (Please print)

Date

Participant's signature

Date

Researcher's name (Please print)

Date

Researcher's signature

Date

I understand that the interviews will be audio-taped.

I give consent that it may be audio-taped.

YES/NO

Annexure D – Semi-structured Interview Guide – First Interview

	Questions	Purpose
Introduction	Welcome, ensure comfort and understanding of the process/informed consent	Putting participant at ease
	Please share some of your background, what you do, how long have you been in your role, and what the organisation that you work for does?	Defining baseline of person/self
	In your current role, how do you manage the process of providing information to your team and receiving information from the structures above?	Probing views of perception of self in relation to leader-follower dynamic
	Would you describe the relationships to the structures above as driven by them or by yourself?	Determining nature of existing followership
	How has this relationship developed?	Determining nature of existing followership
Research Focus	How has COVID-19 impacted your working environment?	Setting context
	Please provide an example of engagement with your direct senior?	SQ1
	What do you think your approach/behaviour in the engagement said about your mindset/intent?	SQ1
	What mattered to you about the manner in which you engaged?	SQ1
	When engaging with your senior structures, are you mindful of your intent and priorities in communication? If so, what are they?	SQ2
	How do you perceive your role within the healthcare organisation?	SQ2/3
	Do you believe that your contributions/suggestions are valued?	SQ2/3
	How/have you been included in the decision making in your industry/organisation?	SQ2/3
	How do you view yourself in terms of your followership?	SQ3
Conclusion	Is there anything further that you wish to share in terms of the dynamic that exists between yourself and those who lead you?	Pushing leader-follower context and allowing for additional thoughts
	Thanking participant for their time and involvement	Conclusion of interview

Annexure E – Semi-structured Interview Guide – Second Interview

	Questions	Purpose
Introduction	Welcome, ensure comfort and understanding of the process/informed consent	Putting participant at ease
	While you shared your background with us in the previous interview, is there anything that has changed with your role since we last spoke? Are you still in a General Manager role?	Defining baseline of person/self and confirming if participant is still appropriate based on selection criteria
	In your current role, how do you manage the process of receiving information from the structures above?	Probing views of perception of self in relation to leader-follower dynamic
	At this time (now), would you describe the relationships to the structures above as driven by them or by yourself?	Determining nature of existing followership
	How has this relationship evolved/changed during the pandemic?	Determining nature of existing followership and shifts due to COVID
Research Focus	How have you adapted to the impact on your working environment due to COVID-19?	Setting context (updating of context from Interview 1)
	Please provide a recent (last month) example of an engagement with your direct senior (ideally pertaining to COVID matters)?	SQ1
	What do you think their approach/behaviour in the engagement said about their mindset/intent?	SQ1
	What do you think your approach/behaviour in the engagement said about your mindset/intent?	SQ1
	What mattered to you about the manner in which you engaged?	SQ1
	When engaging with your senior structures, are you mindful of your intent and priorities in communication? If so, what are they?	SQ2
	How do you perceive your role within the healthcare organisation during COVID?	SQ2/3
	Do you believe that your contributions/suggestions are valued?	SQ2/3
	How/have you been included in the decision making in your industry/organisation during COVID?	SQ2/3
	Has/how has COVID impacted your perception of yourself in terms of your followership?	SQ3
Has/How has our previous interview influenced your thinking about COVID, Followership or anything else?	Assessing Researcher Influence/Impact of the study on participants views	
Conclusion	Is there anything further that you wish to share in terms of the dynamic that exists between yourself and those who lead you?	Pushing leader-follower context and allowing for additional thoughts
	Thanking participant for their time and involvement	Conclusion of interview

Annexure F – Semi-structured Interview Guide – Reflective Interview

	Questions	Purpose
Introduction	Welcome, ensure comfort and understanding of the process/informed consent	Putting participant at ease
	The official lockdown period of the COVID-19 pandemic in SA was initiated on the 27 th of March 2020 and lasted until the 22 nd of June 2022 (817 days or 2.25 years).	Setting Context
	How has this journey impacted you personally and professionally?	Probing views of pandemic
	How has this journey impacted the relationship with your senior structures?	Determining nature of relationships
	How has it been getting “back to business” post-COVID	Assessing views of post-pandemic
Research Focus	Understanding that followership speaks to the behaviours that you enact and perceptions/values that you hold, how have these changed for you during COVID?	SQ1
	How has the pandemic influenced your perspective or perceptions of your role towards senior structures in healthcare?	SQ2
	How has the pandemic influenced your perception of yourself and how you follow?	SQ3
	In the responses to my interviews, many felt that their communication with their senior structures “developed” or “changed” over the course of the pandemic. A. Why might this have been? B. How did you experience this?	Reflection on data
	In the data that I have gathered many felt that pandemic led to an increase in trust from senior structures. A. Is this how you have experienced it? B. Why might this have been the case?	Reflection on data
	Based on the responses, many felt the desire for a collaborative approach with senior structures and that the pandemic actually led to them having a greater “voice” in the organisation. A. How do you feel hearing that? B. Is this how you have you experienced it? C. Why might this have been the case?	Reflection on data
	Which behaviours do you believe have had the greatest impact on your senior structures? A. How have these evolved over the course of the pandemic?	Reflection on data linked to literature
	Which characteristics or traits of yours do you believe are most important to followership construction? A. How have these been impacted by the pandemic?	Reflection on data linked to literature

	<p>What do you consider to be your key motivations for influencing senior structures?</p> <p>A. How have you done this during the pandemic?</p> <p>B. Did this differ to your approach pre/post-pandemic?</p>	Reflection on data linked to literature
	<p>Throughout the initial interviews, the participants seemed unfamiliar with the concept of followership. Leadership having dominated their vocabulary prior.</p> <p>A. How do you view your identity as a follower?</p> <p>B. How have you arrived at this point?</p>	Reflection on data linked to literature
	<p>Understanding the importance of your role as a follower, which actions, behaviours, approaches and engagements have been successful in co-creating followership with your senior structures?</p> <p>A. Why have these succeeded?</p> <p>B. What have you learned from these successes or any failures?</p>	Reflection on data linked to literature
Conclusion	Thanking participant for their time and involvement	Conclusion of interview