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Nurse leaders' perceptions of existing followership practices: A descriptive qualitative study

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ABSTRACT

Introduction: The success of healthcare organizations depends on partnerships between leaders and followers. Nurses need to be competent in both leader and follower roles because leader–follower relationships in nursing are interdependent rather than linear. However, nursing followership has been understudied.
Aim: To explore nurse leaders' perceptions of existing followership practices.
Materials and methods: This descriptive qualitative study purposively selected 10 nurse leaders (top and middle management). Face-to-face, semi-structured, in-depth interviews were used to collect data. The audio-recorded interviews were transcribed verbatim and analyzed using Braun and Clarke's method.
Findings: Participants perceived followership as a hierarchical role but were able to describe the characteristics of the "ideal" follower. Participants described the presence of leadership and follower support while functioning in the follower role. However, lack of leadership supervision and poor teamwork were reported to negatively influence the follower role. There was no formal followership training for participants to become effective followers. Moreover, nurse leaders lacked leadership knowledge and skills as they did not receive formal training while still followers.
Conclusions: Followership education can dismantle the hierarchical view of the follower role. Leadership and follower support enhances follower role performance. Future research should explore followership development needs for nurses in hospital settings.
Implication for nursing management: Lack of understanding the follower role is a limitation in healthcare teams. Nurse managers need to understand followership as a complimentary role to leadership and provide support to followers.

1. Introduction

The success of organizations depends on the roles of two groups of individuals, namely, leaders and followers (Warfield et al., 2019), who are not equal but have distinct roles (Hashim, 2023). Leaders and followers are dynamic functions; and individuals may fulfil both roles at diverse times (Herdian et al., 2022). Leaders and followers cannot exist exclusively; they are two sides of the same coin: interdependent in their relationship and powerful in their synergy (Honan et al., 2023). Therefore, leaders and followers must work together in a synergistic relationship to support each other, share responsibilities, and rely on each other's experiences and knowledge. Followers do not serve leaders. Instead, leaders and followers must have a shared purpose and values (Honan et al., 2022). Members of high-functioning teams clearly understand their roles and responsibilities, work respectfully with each other, and do not rely heavily on a leader for specific purpose-related instruction. Such high-functioning teams involve effective followership (Honan et al., 2023).

Followership is defined as individuals' roles in supporting, contributing to, and realizing the vision and directives set by their leaders (Alanazi et al., 2024). Followership may also be described as a relational role in which followers can influence leaders and contribute to improving and attaining group and organizational objectives (Miller, 2024). Followership entails following instructions and the desire to engage and challenge leaders to improve organizational outcomes (Pietraszewski, 2020). Leaders need followers to achieve organizational success (Brooker et al., 2024), and the study of followership enhances the understanding of the leadership process (Matshoba-Ramuedzisi

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et al., 2022). Followership also positively affects individual creativity and has an indirect positive relationship with followers' work engagement (Utomo et al., 2022). Kelley (1988) identified five followership styles: alienated, sheep, yes-people, survivors, and exemplary followers. Alienated followers recognize errors but are often reluctant to speak up to their leaders. The sheep, or passive followers, lack initiative and rarely exercise independent, critical thinking but abrogate that responsibility to the leader. Yes-people are actively engaged and enthusiastic but do not think independently; hence, they rely on leaders to do the thinking. Survivors are "fence sitters" who follow whatever direction has been set by the leader. Exemplary or effective followers can identify problems and relay them to their leaders (Kelley, 1988; Matshoba-Ramuedzisi et al., 2022).

Exemplary or effective followers are those who follow with the intention of supporting their leaders and their organizations (Weber et al., 2022). Additionally, effective followers enact proactive followership that can influence and impact performance. Effective followers in organizations strengthen leadership through their support, giving constructive feedback, and contributing to strategic decision making (Miller, 2024). Effective follower traits include being initiative, proactive, engaging, and being courageous in interactions, despite not functioning as the leader. Moreover, effective followers are committed, punctual, responsible, and prioritize patient care (Alanazi et al., 2024). With these traits in healthcare organizations, effective followers decrease burnout through supporting leaders, committing to organizational success, and improving individual well-being (Weber et al., 2022).

Traditionally, followers have been perceived as passive subordinates (Matshoba-Ramuedzisi et al., 2022) and malleable beings whose behavior and productivity can be conditioned by a leader's influence (Chukwuma, 2023). Followers have also been described as empty vessels waiting to be led or transformed by the leader (Matshoba-Ramuedzisi et al., 2022). Consequently, followers have been marginalized and accorded a lower status in workplace hierarchies (Brooker et al., 2024). In contrast, followers should not be considered passive (Plachy & Smunt, 2022) but autonomous contributors to the leader's or organization's mission and vision. Moreover, followers are individuals who cede some level of independence to facilitate organizational progress while retaining their voice and actively partnering with the leader to advance goal achievement (Miller, 2024). The word "follower" may be attributed to a role, behaviour, personality trait or a hierarchical position (Mamba et al., 2025). Followers should also engage leaders to ensure the best action is executed and remain steadfast and supportive (Chukwuma, 2023).

Although followership has been explored in corporate settings, a knowledge gap exists regarding the dynamics of leadership and followership in healthcare (Gallegos et al., 2024). Healthcare organizations are complex, and understanding how followers contribute to these organizations is essential (Leung et al., 2018). Effective followership in healthcare involves assertiveness, active engagement, critical thinking, and a commitment to support and constructively challenge leadership while adhering to ethical standards. Thus, effective followership enhances a culture of safety and improves communication within teams (Alanazi et al., 2024), improves patient safety and quality of care (Alanazi et al., 2023), and enhances efficient resource utilization in healthcare (Barry et al., 2023). Focusing on partnerships between nurse leaders and followers can help to ensure safe and successful healthcare organizations. Additionally, such focus may foster effective teams that enhance patient outcomes (Gallegos et al., 2024). In contrast, ineffective followership, characterized by reluctance to question leaders' actions when necessary, may jeopardize patient safety and increase the likelihood of medical errors. Many clinical practice errors are attributed to human factors, such as ineffective communication, leadership, and followership (Alanazi et al., 2024). Leaders and followers coexist in healthcare settings and may change positions (Boothe et al., 2019). For example, a nurse unit leader is a follower of top-level management nurses (Freeman, 2021).

Nurses should understand followership because they represent the largest group of healthcare professionals. Within the nursing discipline, followership encompasses nurses' active engagement and participation in healthcare delivery, ensuring safety, fostering teamwork, and improving patient outcomes (Alanazi et al., 2024). Nurses must be competent leaders and followers (Freeman, 2021). The leader–follower relationship in nursing is not linear (Alanazi et al., 2023) but somewhat interdependent (Boothe et al., 2019). The transition toward flatter organizational structures and the emergence of shared governance in healthcare call for a stronger focus on nurse followership (Freeman, 2021). However, followership in nursing remains understudied (Honan et al., 2023). A study in Saudi Arabia revealed a lack of awareness about followership among nurses, reflecting the undervaluation of the follower role in nursing practice (Alanazi et al., 2024). Little is known about existing followership practices among nurses in African countries such as Eswatini, which are characterized by hierarchical organizational structures and a culture of dominance that discourages independent thinking. Hence, this study explored nurse leader's understanding of the concept of followership and their experiences in the follower role in a hospital in Eswatini.

2. Methods

2.1. Study design

This was a descriptive qualitative study. This design was chosen to paint a clear picture of a little-known phenomenon. The descriptive qualitative design recognizes the phenomenon's subjective nature and helps researchers contribute to change and quality improvement in clinical settings (Doyle et al., 2020). The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were used to report this qualitative study (Tong et al., 2007) (supplementary material).

2.2. Research setting

The study was conducted in a public regional referral hospital in the Kingdom of Eswatini. The hospital has 500 beds and approximately 700 outpatients seen by healthcare professionals daily. The following services are provided in the hospital: psychiatric and mental healthcare, outpatient care, maternal and child healthcare, surgery, oncology, general medicine, as well as HIV testing and treatment. The hospital also provides renal dialysis, palliative care, dental, audiology, physiotherapy, and occupational therapy services. The setting was conveniently selected because it serves as a training hospital for the university where the lead author is employed. In the hospital, nurse leaders included top and middle managers.

2.3. Sampling method and procedure

The participants included nurse leaders who were full-time employees at the hospital, working at least 40 h per week and had been in a leadership position for more than six months. Participants were purposively sampled to select participants in the best position to answer the research question (Nanjundeswaraswamy & Divakar, 2021). Following permission from the hospital to conduct the study, the lead author recruited the participants by visiting each nurse leader to explain the purpose and value of the study. Nurse leaders who were willing to participate were given an information leaflet, and a date and time were scheduled to answer questions related to the study, sign informed consent, and plan a venue and time for the interviews.

2.4. Data collection and management

The lead author, who is a male university lecturer with a postgraduate qualification and clinical experience in critical care nursing,

visited the participants who volunteered to participate in their offices. This visit aimed to explain the value of the study and answer participants' questions before signing the informed consent form. Before primary data collection, the lead author conducted two pilot face-to-face interviews with participants in the same research setting using a semi-structured interview guide developed by the research team. The flexible nature of face-to-face interviews allows researchers to explore in-depth information from participants (Gray & Grove, 2024). Pilot interviews help identify and rectify poorly structured or offensive questions that reveal researcher biases (Naz et al., 2022). The interview guide contained questions that explored existing followership practices through an appreciative lens. No questions were changed after the pilot interviews; therefore, the data were included in the data analysis. The questions asked were: 1) What do you understand by the concept of followership? 2) What are your perceptions regarding support availability in the follower role? and 3) Does followership and leadership training occur in this hospital? Participants gave permission to audio-record the interviews.

The interviews were conducted between 8 December 2023, and 11 March 2024, with each interview lasting between 30 and 45 min. The researcher conducted the interviews at times that the participants selected to avoid disrupting patient care. Data saturation was attained after the ninth interview, and an extra interview was conducted to confirm saturation. Probing was used during the interviews to solicit in-depth information from the participants. Probing in qualitative research interviews is important because it allows participants to clarify and elaborate on their responses (Gray & Grove, 2024). Bracketing was used during data collection to reduce researcher bias. Firstly, the researcher reflected on his own assumptions about followership practices and documented them. Additionally, the researcher remained open to diverse viewpoints and did not direct participants towards specific perspectives during the interviews. After data collection, all the interviews were transcribed verbatim and sent to the second (male) and third (female) authors for review. The second author has teaching and research experience in Management Sciences, and the third has teaching and clinical experience in emergency and critical care nursing. All the authors were outsiders in relation to the participants; hence, the participants did not feel coerced to participate in the study. Following data collection, the interview transcripts and audio recordings were encrypted and stored in a password-protected computer accessible only to the research team.

2.5. Data analysis

The interviews were transcribed verbatim using Microsoft Office Word 365. Thematic analysis using the Braun and Clarke (2006) method was applied, as shown in Table 1.

Table 1
Application of Braun and Clarke's data analysis method.

Braun and Clarke's steps	Application in the present study
Step 1: Familiarizing self with the data	The lead author read and reread the transcripts, listened to the interview recordings, and wrote down word-for-word what was captured in the audio recordings.
Step 2: Generating initial codes	The lead author used short phrases to code the data. Similar codes were then sorted into categories.
Step 3: Searching for themes	The lead author searched for themes by identifying shared categories in participants' responses.
Step 4: Reviewing themes	The coauthors reviewed the themes to refine and discard unnecessary themes.
Step 5: Defining and naming themes	The lead author defined and assigned names to themes to clarify emerging findings.
Step 6: Writing a descriptive research report	The lead author wrote the research report, which the coauthors reviewed.

2.6. Trustworthiness

To enhance trustworthiness, credibility, dependability, confirmability, and transferability strategies have been applied (Lincoln & Guba, 1985). To enhance credibility, prolonged engagement was promoted by meeting with the nurse leaders before data collection and during the interviews. Member checking was performed when the collected data were verified with the participants, who confirmed that the transcripts and findings reflected their perceptions and experiences. Transferability was enhanced through purposive sampling and describing the participants' demographic profile and the research setting. Moreover, the research methodology was described in detail. An audit trail that comprehensively accounts for the steps for collecting, organizing, and analyzing the data was provided to enhance dependability. Confirmability was improved by providing adequate and relevant direct verbal quotations from the participants to support the findings.

2.7. Ethical considerations

The study was approved by the University of Pretoria's Faculty of Health Sciences Research Ethics Committee (662/2022) and the Eswatini Health and Human Research Review Board (EHHRRB028/2023). The hospital's administration also granted permission to conduct the study and participants received oral and written information concerning the study. Participants further signed consent forms as an indication of their willingness to participate. The participants were informed that participation was completely voluntary and that they could withdraw their informed consent at any time without suffering prejudice. Participants were further given assurance that pseudonyms would be used in the research report to maintain anonymity and confidentiality. Furthermore, the research team did not ask questions that would cause emotional or psychological harm during the interviews.

3. Findings

3.1. Participants' characteristics

Face-to-face interviews were conducted with 10 female nurse leaders. The participants' mean age was 54 years (±3.75 standard deviation [SD] and their mean leadership experience was 11 years (±2.91 SD). One participant had a master's degree and nine had a bachelor's degree. Two participants were from top management, and eight from middle management.

3.2. Themes and subthemes

Three themes emerged from the data, namely, 1) Understanding followership, 2) Support in the follower role, and 3) Lack of followership and leadership education (Table 2).

3.2.1. Theme 1: Lack of followership understanding

The first theme describes the participants' conceptual understanding of followership. Participants were not familiar with the concept of followership and demonstrated poor understanding of its definition.

Table 2
Summary of themes and subthemes.

Themes	Subthemes
Understanding followership	Lack of followership understanding Attributes of the ideal follower
Support in the follower role	Existing support Lack of support and teamwork
Lack of followership and leadership education	Lack of followership education Lack of leadership education

Two subthemes emerged, namely 1) Lack of followership understanding, and 2) Attributes of the ideal follower.

3.2.1.1. Subtheme 1: Lack of followership understanding. The participants understood followership to mean someone who works under the supervision of a leader in a hospital unit. The participants also voiced that a follower could be a registered nurse or a student nurse who reports every task they perform to the nurse unit manager. Moreover, participants expressed that followers must understand that they work under the supervision of a leader, who is the nurse unit manager. The participants' responses demonstrate a hierarchical view of followership as opposed to a complementary role to leadership:

> *"…The way I understand followership is that it is anyone [registered nurse or nursing student] who works in hospital and is having a leader like in a department [unit], someone who is led by a nurse manager [leader], or anyone who is having someone to report to in everything that she or he performs. That one is a follower…" [Participant 2].*
> *"… I think that the fact that you are employed, and you are under a supervisor, it makes you a follower. That understanding makes you know that you are a follower."* [Participant 5].

Collectively, these responses highlight a superficial view of followership as simply obeying and carrying out leaders' orders.

3.2.1.2. Subtheme 2: Attributes of the ideal follower. The participants verbalised the attributes of the "ideal follower." The "ideal follower" was defined by the participants as the best follower that they would love to work with. The attributes included being a good listener, an effective team player, and making independent decisions in patient care. Although participants had poor conceptual understanding of followership, these attributes indicate that nurse leaders would love to work with followers who are effective within the healthcare team and in patient care:

> *"The best follower is someone who has good listening skills. Before you take an action, you may have to listen to that person [nurse leader]; what is she saying?"* [Participant 6].
> *"The best follower is somebody who is a team player and respects his colleagues…"* [Participant 9].
> *"…take instant decisions because patients do not present the same way. A patient may need you to just kick in and action immediately. Therefore, all those qualities result in the best follower. You do not wait for someone to give you orders"* [Participant 2].

These responses jointly indicate that the "ideal follower" must be initiative, collaborate with nurse leaders, and contribute to positive patient outcomes.

3.2.2. Theme 2: Support in the follower role

This theme describes participants' perceptions of support availability in the follower role. Participants verbalised the presence and lack of support from both leaders and fellow followers. The participants responses reflect that presence of support enhanced their follower role performance and lack of support led to feelings of being left alone in the unit. Two subthemes were developed: 1) Existing support, and 2) Lack of support and teamwork.

3.2.2.1. Subtheme 1: Existing support. Participants related that existing support in the follower role stemmed from unit managers being approachable. Participants valued being able to sit down and talk with the manager about work-related and personal challenges. Reassurance from unit managers also led to participants' perceptions of being supported by leaders. These responses indicate that support from unit managers led to feelings of being valued among followers:

> *"My best experiences – If I remember well, my supervisor [nurse leader] was approachable. If you had any challenges, you could just sit down with my supervisor and tell her everything. The relationship was very good."* [Participant 7].
> *"I remember that time at times you would remain alone in the unit as a junior nurse, but the supervisor [nurse leader] would always say, "I'm a phone call away." If it happens for you to make the call, the phone will just ring once, and she will pick. Supervisors were always even ready to come and help if we needed help."* [Participant 4].

The participants further reported that being allowed to perform specific tasks independently without being coached by the unit manager was a form of support. These views reflect that participants felt that unit managers believed in their abilities and skills to intervene in patient care:

> *"…the feeling of being independent. You know when the supervisor [unit manager] assigns you [a task] and you perform it without someone coaching you or observing you, and the end of the day you hear that supervisor saying, 'oh, that was a good thing to do'…"* [Participant 6].

Participants expressed that receiving support from other followers on the healthcare team enhanced their role performance. For example, when participants performed specific tasks, such as lifting patients, they received support from physiotherapists. These insights highlight that support from other members of the healthcare team promoted effective collaboration and improved patient care:

> *"You know, the department [unit] has always been short-staffed. Like if you need to do some job that is heavy, maybe lifting a patient, you'll call everyone, the consultant, nurse, physiotherapist, manager… They were always there for me to give me help in whatever way. There were no boundaries. The support has always been there."* [Participant 4].

The collective participants' perceptions indicate that nurse managers and other members of the healthcare team need to work collaboratively and support followers' role performance to improve job satisfaction.

3.2.2.2. Subtheme 2: Lack of support and teamwork. The participants voiced lack of supervision from unit managers. For example, the participants expressed that leaders did not support them when they were still new in the units. As a result, participants had to learn for themselves how the units operated. The perceptions reflect that nurse managers should be instrumental in providing guidance to followers to improve their performance and wellbeing:

> *"You would find yourself as a follower not being supervised well, especially when you were still new in the unit. Therefore, there was no time for them [nurse leaders] to supervise you. Some of the things you learned and corrected yourself along the way because there was no time [for being supervised]. Therefore, there was no time for making a follow-up that "oh is he or she coping? Is he or she doing the right thing? The policies of the unit, the objectives, the goals – are they being followed…"* [Participant 1].
> *"There was no training on specific things that you had to do in the ward. There were no guidelines. The nurse manager would tell you about the task you were supposed to do but nobody strictly followed that were you exactly doing what were supposed to do… You just followed your experiences from your training school."* [Participant 8].

Collectively, the responses reflect that the leadership role should complement that of the follower to allow symbiosis in the leader–follower relationship.

Absence of teamwork was reported by participants when they highlighted that followers did not work toward a shared goal among themselves. Lack of teamwork reflects lack of support from fellow followers who should work together to improve patient care:

> *"Teamwork at times was not there among the followers. It is always a challenge. I do not know why. You do not have the same goals, so to say."* [Participant 9].

Harsh treatment from nurse managers reported by participants reflected lack of leadership support. The harsh treatment was evident when unit leaders showed "favouritism" toward some followers and "shouted at others." These participants' perceptions demonstrate the critical need for nurse managers to recognise that followers are not just subordinates, but they are partners in the leadership process:

> *"For instance, one [nurse] leader would hate you for no reason and would not tell you why they hated you. You would find that in the unit, some colleagues would be most preferred by the leader compared to you. In addition, when maybe something is not done well, the leader would shout at you in front of others."* [Participant 10].
>
> *"…my challenge was a supervisor [nurse leader] who was not treating us fairly. When I was a senior nurse in one of the units, she was very hard on me… I think that was frustrating as a follower."* [Participant 7].

The joint responses from participants highlight that harsh treatment from nurse managers and shortage of teamwork from fellow followers can contribute to feelings of worthlessness and job dissatisfaction.

3.2.3. Theme 3: Lack of followership and leadership education

This theme relates to the lack of formal education in followership and leadership. Participants expressed the lack of followership and leadership education in the hospital. Lack of followership and leadership education may result in role confusion and a poor leader–follower relationship which can compromise quality patient care. Two subthemes emerged: 1) Lack of followership education, and 2) Lack of leadership education.

3.2.3.1. Subtheme 1: Lack of followership education. The participants revealed that they did not receive education on how to be effective followers. Instead, they followed by taking orders from their leaders. Lack of followership education contributes to ineffective followers who cannot critically engage with nurse managers even when there are errors in their leadership role:

> *"No, there was no formal training. We were trained on many things in the [nursing] field, but not specifically on being a follower. Therefore, there was no specific training. You just followed and took instructions from the leader."* [Participant 3].
>
> *"…I will start by saying that there was no formal training. However, the exposure that I had when I was still a student—you could see or you could learn that there's a leader in this department, so, we had to follow his orders."* [Participant 8].

These participants' perceptions jointly reflect the need for followership education to promote positive followership behaviours and a good leader–follower relationship.

3.2.3.2. Subtheme 2: Lack of leadership education. The participants reported that nurse managers who were their supervisors were not trained on leadership skills when they were followers. The nurse managers, according to the participants, were promoted to their positions based on seniority or the period they had spent working in the hospital. Lack of leadership training may cause nurse managers not to recognise followers and the need for follower development to promote effective teamwork:

> *"In each shift, there was always a leader whom the junior nurses had to report to. However, that leader was just a leader by seniority, not that there was any [leadership] training done to that leader… they were just appointed because they were senior…"* [Participant 3].
>
> *"Sometimes you do not understand how they [nurse leaders] became leaders themselves. The government promotes people [nurse leaders], not because of merits or whatever, but because of reaching a certain level in the profession."* [Participant 4].

These collective responses highlight the need for followers to receive leadership training so that they smoothly transition from the follower role and be able to recognise followers in hospitals.

4. Discussion

This study explored and provided insight into existing followership practices in nursing. We selected nurse leaders because they had previously functioned in the follower role and were current followers to their supervisors. Nurse leaders are thus ideally placed to share their insights into followership practices in healthcare settings. In line with the findings of Honan et al. (2023), the participants in our study understood followership as interactions occurring when a nurse or nursing student works under the supervision of a leader in a hospital unit. The participants' understanding reflected a role-based approach that negatively views followership as a formal hierarchical role (Bufalino, 2018). The lack of knowledge of followership reflects inadequate research and a lack of follower recognition (Alanazi et al., 2024). In their current positions, the nurse leaders should be developing effective or exemplary followers. However, their lack of understanding of followership inhibits them from fulfilling the mandate of developing followers. On a different note, the participants' understanding of followership may have been shaped by their experiences as followers working under leaders in other units. The hierarchical structure of hospitals, as depicted in organograms, may promote the understanding that followers work under the supervision of leaders. Although this understanding may be true, it suggests that nurses acting as followers do not recognize that they are supposed to work collaboratively with leaders instead of just following orders. Followership is not simply a static role dictated by hierarchical boundaries; it is a dynamic process occurring in a leader–follower relationship (Bufalino, 2018; Mamba et al., 2025). Followers need to be proactive by taking the initiative, challenging their leaders, and voicing their concerns when the need arises while considering ethical standards (Honan et al., 2022; M Ndonye, 2022). In line with Honan et al. (2023), the participants expressed that an ideal follower is an influential team player. The ideal follower requires judgment, competence, work ethic, honesty, courage, loyalty, discretion, and ego management (Alanazi et al., 2024). Followers are integral to the healthcare team and play significant roles in realizing positive patient outcomes. Hence, leaders need to incorporate followers in decision-making and planning patient care.

In this study, participants reported receiving support from leaders and followers in the healthcare team and being allowed to perform interventions independently. According to Gatti et al. (2017), physician–nurse collaboration strongly correlates positively with job satisfaction and organizational commitment among nurses. Therefore, healthcare team members must support nurses in performing specific patient care tasks. Moreover, leaders need to identify the support needs of followers and aim to meet those needs. Leader support may increase followers' morale and improve interpersonal relationships. According to leader–member exchange (LMX) theory, leaders must establish and maintain strong relationships with their followers for mutual benefits. High-quality LMX relationships enhance positive organizational outcomes (Gatti et al., 2017). Participants reported that allowing nurses to perform tasks without coaching promotes proactive followership. One characteristic of a proactive follower is the ability to think and act independently in solving problems (M Ndonye, 2022; Ralon et al., 2021). Participants also reported lack of leader supervision, teamwork, and harsh treatment from the leader while functioning in the follower role. A lack of support and harsh treatment from leaders leads to ineffective followership, which can harm the organization, as demonstrated by low morale, low initiative, and low trust (Honan et al., 2022). A lack of leader supervision and teamwork compromises patient care because followers may not report patient problems to leaders, resulting in delayed interventions. Nurturing positive leader–follower relationships improves job satisfaction, teamwork, and the quality of care. Furthermore, a leader's style of leadership directly influences followers' ability to contribute meaningfully to organizational goals (Alanazi et al., 2024).

For example, autocratic leaders may suppress the voice of followers leading to negative followership behaviors. On the other hand, a transformational leader is directly associated with positive followership behaviors because they inspire followers to perform beyond their expectations, thus creating environments that foster effective followership (Miller, 2024).

The participants revealed that they had never received formal followership education. Training followers is a developmental approach that allows followers to flourish (Chukwuma, 2023; Mamba et al., 2025). A lack of formal followership training may reflect that hospital leaders assume that participants automatically know how to follow. This assumption ignores that hospital followers care for other human beings and that a lack of followership training may contribute to adverse patient outcomes. Followership requires a set of skills that must be learned, and when effectively applied in nursing practice, these skills promote positive patient and healthcare organizational outcomes (Freeman, 2021; Honan et al., 2022). Moreover, formal training in followership enables followers to complement leadership and promotes positive patient outcomes (Alanazi et al., 2024). A lack of followership training among nurses may contribute to burnout in the workplace (Honan et al., 2022). Therefore, nursing education curricula should include followership, especially in undergraduate programmes (Alanazi et al., 2022; Mamba et al., 2025). The participants also observed that the nurse leaders had not received formal leadership education when they were still followers. Training is a requirement for people occupying leadership positions in hospitals. Leadership training enhances collaboration between leaders and followers in the leader–follower dyad. Leadership development activities are required in the workplace to improve team effectiveness (Alanazi et al., 2022). However, poor leadership skills resulting from inadequate training hinder effective followership (Alanazi et al., 2024). On a different note, training allows leaders and followers to be more aware of their distinct roles and how they can contribute to organizational success by being independent actors and offering ideas and suggestions (Bufalino, 2018). Followers must also be trained in leadership to easily shift to leadership roles when needed (Barry et al., 2023; Mamba et al., 2025). In the absence of nurse leaders, followers may be required to assume leadership positions temporarily. Thus, enabling followers to participate in leadership aspects may facilitate the smooth running of the hospital and avoid disruptions in patient care.

5. Conclusions

This study revealed that participants viewed followership as a formal hierarchical role that may have been influenced by the participants' experiences when they acted as followers working under the supervision of unit leaders in the hospital. The dim view of followership as a hierarchical role demonstrates that early exposure to the concept in undergraduate nursing education may enhance understanding of followership. The participants further highlighted the availability of support in the follower role. Participants received support from leaders and followers in the team. However, participants also reported inadequate leadership supervision, teamwork, and maltreatment from nurse managers. Support from leaders and fellow followers enhances the leader–follower relationship and promotes patient outcomes. Interestingly, the participants described the attributes of the best ideal follower they would want to work with in their different units, which included being a good listener and effective team player. The participants revealed that they had not received any formal training on followership. As a result, the participants highlighted that they worked by just following the instructions of the unit leaders. The participants further reflected on their observations that the unit leaders had also not received formal leadership training, as they were promoted on the basis solely of the number of years they had spent in the profession. Training followers results in effective and exemplary followers who contribute meaningfully to the healthcare team. Training both followers and leaders in leadership skills promotes follower recognition and collaboration between followers and leaders.

6. Implications of the study

This study highlights the need for nurse leaders to plan and implement formal followership training for nurse leaders and followers to facilitate smooth working relationships in different hospital units. On the other hand, nurses need to receive followership training to work harmoniously with leaders to improve patient outcomes. Receiving formal followership training may assist nurses in recognizing and respecting the authority of leaders. On the other hand, leaders may recognize followers as positive contributors to the success of the different hospital units.

7. Recommendations for future research

Future research should investigate factors associated with positive leader–follower relationships and identify barriers to such relationships. Moreover, further research needs to explore the followership development needs of nurse leaders, which may inform the development of a followership programme.

8. Strengths and limitations

One strength is that the study provided insight into existing followership practices among nurses in a hospital setting. The qualitative approach provided in-depth information on the existing followership practices. The study had several limitations. Existing followership practices were explored only among nurse leaders and excluded other nurses and healthcare professionals. Moreover, the study adopted a qualitative research approach, and as a result, the findings are contextual and, therefore, cannot be generalized. The data collected in this study were sparse, possibly due to the participants' limited conceptual knowledge of followership.

Ethical statement

The study was conducted in line with the principles outlined in the Belmont Report (1978).

Generative AI statement

The authors declare that no Gen AI was used in creation of this manuscript.

Data availability

The data supporting this study's findings are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Authorship statement

We confirm that all listed authors meet the authorship criteria and that all authors are in agreement with the content of the manuscript.

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Welile M. Mamba: Writing – original draft, Visualization, Validation, Methodology, Investigation, Formal analysis, Data curation,

Conceptualization. **Willem Fourie:** Supervision. **Tanya Heyns:** Supervision.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Tanya Heyns reports article publishing charges was provided by University of Pretoria. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. Willem Fourie reports article publishing charges was provided by University of Pretoria. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ijans.2025.100918.

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