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**EXPLORING THE UNDERSTANDING OF FOLLOWERSHIP AMONGST NURSING STAFF
IN THE EMERGENCY DEPARTMENT OF A PRIVATE HOSPITAL IN GAUTENG: AN
APPRECIATIVE INQUIRY**

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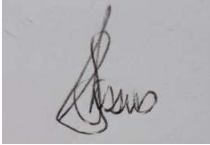
DECLARATION

Student Number: 22062867

I, Sunel du Plessis, do hereby declare that Exploring the understanding of followership amongst emergency department nurses, an appreciative inquiry is my work, that all sources that have been used or quoted have been indicated and acknowledged using complete references and that this work has not been submitted for any other degree at any other institution.

Name Sunel du Plessis

Date 12 November 2024



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Firstly, I would like to acknowledge my Creator for equipping me with the ability to embark on this fulfilling journey.

I am grateful to my phenomenal supervisor, Prof Ronell Leech. I am highly thankful for the guidance, advice and support you have provided me the past three years – this would not have been possible without you.

DEDICATION

The following individuals are the ones to whom I would want to devote this research study:
Louise, Jurgens and Victor for walking the journey with me, providing emotional and personal support throughout – you are the wind beneath my wings.

ABSTRACT

Introduction: Followership can be defined as the moment when followers regard themselves as followers and allow for the influence of leaders. With each passing decade, followers are becoming increasingly influential and powerful – hence the gravity of a thorough understanding of their role.

Aim: This study aimed to understand followership amongst emergency department nursing staff in a private hospital in Gauteng.

Methodology: An appreciative inquiry model with five cycles was utilised. The five appreciative inquiry model cycles were launched by crafting defining, discovery, dream, design and destiny-oriented questions for the interview guide. Ethics approval was obtained from the university's research ethics committee (No:168/2023). All the nursing staff in a level two trauma-accredited emergency department in a designated private hospital were invited to participate in this study. Purposive sampling was used, and nine semi-structured interviews were conducted to collect data. Braun and Clarke's six-step thematic method was used to analyse the data. Trustworthiness was ensured by utilising the criteria of credibility, confirmability, dependability and transferability.

Findings: The study's findings revealed a limited understanding of followership among the participants, the commendatory attributes needed for proactive followership within the emergency department, and implementation actions expressed by participants that they believe are necessary to create proactive followership in the emergency department. Lastly, the participants communicated what they believed would be essential to nurture followership within the emergency department. Recommendations were formulated based on the findings. Recommendations were made for nursing education institutions, hospital management, nursing staff and further research.

Conclusion: The study aimed to explore the understanding of followership amongst emergency department nurses in a private hospital in Gauteng. Based on the findings, a definitive conclusion was reached. Participants revealed that they had a limited understanding of followership and that their limited understanding did not encompass the true definition of followership as guided by the literature. There is a need to deepen the understanding of followership amongst emergency department nurses, which could improve organisational- and patient outcomes and patient experiences.

Keywords: Appreciative inquiry, followership, leadership, organisational goals

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Abbreviation	
AI	Appreciative Inquiry
ED	Emergency Department

DEFINITION OF KEY TERMS

The following key terms are defined and used consequently throughout the study:

Appreciative Inquiry

Appreciative inquiry is a model focused on a 4D cycle (discovery, dream, design and destiny) to engage with any level of people to produce effective and positive change. It can further be described as an adaptive transition method in line with organisational operations (Cooperrider, Whitney, Stavros 2008:3). An appreciative inquiry model will be utilised during this study to assist the researcher in creating meaningful engagement with the emergency department nursing staff to determine their understanding of followership and produce positive change.

Emergency Department Nursing Staff

The emergency department nursing staff consists of professional nurses, staff nurses and auxiliary nurses, which the South African Nursing Council (SANC, 2022) reference as the following: Professional Nurse: a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

Staff nurse: a person educated to practise basic nursing in the manner and to the level prescribed.

Auxiliary nurse: a person educated to provide elementary nursing care in the manner and to the level prescribed.

Emergency Department

The National Hospital Ambulatory Medical Care Survey defines an emergency department as a hospital facility staffed 24 hours a day, 7 days a week. It provides unscheduled outpatient services to patients whose condition requires immediate care (CDC, 2022). In this study, the emergency department will refer to a level two trauma-accredited emergency facility as determined by the Trauma Association of South Africa.

Followership

An interrelation role in which followers tend to influence leaders and add to the improvement and mastery of group and organisational objectives (Crossman and Crossman, 2011, as cited in Alanazi, Wiechula and Foley, 2021:1766). In this study, followership refers to the social construction of an interdependent relationship between the leader and the follower.

Followers

Followers are defined as “unleaders” without particular power, positions of authority or unique influence (Kellerman 2008:2). In this study, followers refer to the ED nurses who play a follower role, who do not have a particular power or position of authority within the ED.

Leader

A leader is someone who creates a framework, motivates towards a shared vision, takes exception to the process and empowers others to act (Kouzes and Posner 2012:12). In this study, a leader will refer to the ED nurses who take on a leadership role within the unit, such as a team leader, shift leader or any situation requiring a staff member to take the lead which can also include all other categories of ED nursing staff. A leader in the ED displays mentoring and coaching capabilities and strives towards excellence improvement.

Leadership

Leadership is defined as an art that can attract and influence followers to achieve the same goal as them, assist in personal growth and promote organisational improvement through a cooperative relationship with followers (Kouzes and Posner, 2012, as cited in Guo and Yan 2021:48). Leadership in the emergency department can be observed as the nursing staff member who is aligned with the company values, application of critical thinking skills, focused on own continuous professional development and strives towards creating a safe patient environment with the best possible clinical outcomes, and keeping abreast with evidence-based practice research. The nursing leader in the emergency department will lead the rest of the nursing team and certain situations might require any staff member within the emergency department to fulfil a leadership role even though not formally allocated as such.

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CHAPTER 1 - OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

“Followership does not mean changing the rank of followers but changing their response to their rank, their response to their superiors and the situation at hand” (Kellerman 2008:2). According to Kellerman’s (2016) definition of followership - followership is a relationship (rank) between subordinates and superiors and a response (behaviour) of the former to the latter - the word “response” directly relates to the behaviour of the follower. Therefore, to catalyse change in the follower’s behaviour towards their rank, their response and their superiors, there is an essential need for a deeper understanding of the art of followership. Weber (2021) elaborates on the fact that followership was introduced through the seminal work of Robert Kelley in 1980; nonetheless, only 40 years later do we notice an increasingly growing focus on followership and the importance thereof. Leung et al. (2018) allude to the importance of the followership role by highlighting that followers represent at least 80% of the healthcare workforce, and there is progressively less emphasis on traditional hierarchical leadership, hence the need to have a complete understanding of followership.

Akhilele (2020:51) identified that organisations need help with followers and that a stronger focus exists on leadership than followership skills. The complex healthcare environment is challenging for leaders and followers and confirms the need to empower staff to develop followership. Followership is essential to organisational success and directly impacts job satisfaction and organisational commitment, which determines decision-making ability (Utomo, Handoyo and Fajrianti 2021:74).

Kelley (1988) described/identified the following four main characteristics of effective followers: 1) self-management as the ability to be in control of one’s actions; 2) commitment, seen as the display of responsibility towards the organisation’s goals, vision, and mission; the level of commitment from the follower will determine the energy they use and display morale; 3) competence and focus are the capabilities of followers to complete goals, aim towards the vision and meet the purpose of the organisation; and 4) courage that is described as being true to beliefs to enable high ethical standards.

Followers are distinguished from leaders not by intelligence but by their organisational role (Everett 2016:170). Sustaining professional nurses through adapting and accepting differences in a positive rather than opposing force in daily work life can be achieved by developing the following skills and abilities (Yoder-Wise 2014:19). As explained by Orzolek (2020:48), there is consensus between leader and follower in meeting goals. Therefore,

followership is viewed as critical to organisations, leaders and employees. The ideal would be to focus on followership and implement followership training programmes to attain followership and organisational effectiveness (Bufalino 2018:59) and support leaders in the organisation. Regardless of the assumption that followership is common knowledge, the role of followership needs to be clearly understood. This brings us to the fundamental point that there is a contrasting difference between followers of today versus followers of the past and that a deeper understanding of followership is indeed needed to ensure improved clinical dynamics and communication, maximum patient safety and quality of care (Alanazi, Wiechula and Foley 2021:3309). The shortfall in understanding followership within the healthcare literature has been highlighted as a focal point to be explored.

1.2 PROBLEM STATEMENT

Followership is viewed as the foundation for the leadership process. In contrast, leadership is accomplished through followers (Guo and Yan 2021:48). A leader's effectiveness depends on the followers' willingness and consent. Without followers, there can be no leaders. Followers and leaders are linked in interrelated roles and depend on each other. Hansen (1987) suggested that active followership implies that the leader's authority has been accepted, which gives legitimacy to the vision and direction of the leader.

Weber et al. (2021) articulate that followership involves taking ownership of one's role and being committed to one's organisational- and leader's success. The importance of pointing out ineffectual behaviour to being a successful follower should not be overlooked. Consequently, these behavioural dimensions will determine the followers' ability to contribute towards the organisation's effectiveness and goal achievement.

As a senior nurse leader, the researcher has observed areas of counterproductive followership in a designated hospital's emergency department (ED). The counterproductive followership behaviour identified amongst the nursing staff presented as a distraction from organisational goals, substandard clinical care, dissonant teamwork and increased patient complaints. There is a need to understand followership amongst ED nursing staff in a private hospital in Gauteng. Freeman (2021) raises her concerns specifically concerning followership in nursing, reiterating that there needs to be more nursing literature and research on followership. Freeman could not note a formal definition of nursing followership that distinctly describes the role expectations and assists us in distinguishing between someone exhibiting effective versus ineffective followership. Achieving a nursing unit's outcomes and organisational culture are the responsibility of both the leader and the follower. However, the researcher will focus primarily on followership during this study due to the scarcity of nursing followership research

available. Effective followership is a necessity for successful organisations to achieve their goals; hence, there is a need to undertake this qualitative study to ascertain the understanding of followership amongst nursing staff in the ED.

1.3 RESEARCH AIM AND QUESTION

Aim of the study

Through an appreciative inquiry model, the study aimed to ascertain the understanding of followership amongst the ED nursing staff in a private hospital in Gauteng province.

Research question

The following research question was posed for this study:

What are emergency department nurses' understanding of followership in a private hospital in Gauteng province?

1.4 RESEARCH SETTING

The research setting can be defined as the specific place where information is gathered. The qualitative researcher is more likely to conduct the study in the naturalistic setting of the participants due to the particular interest in the participant's lives and experiences (Polit and Beck 2007:57). The setting for this study is a level two trauma-accredited ED unit in a designated private hospital in Gauteng province. A level two trauma-accredited ED is expected to provide initial definitive trauma care regardless of the severity of the injury. Medical staff should be in the hospital on a 24-hour basis, according to the Trauma Society of South Africa Accreditation (TSSA, 2025). The ED consists of four resuscitation bays equipped to deal with trauma priority-one patients. The average number of patients seen is 1600 – 1900 per month. Trauma classification can be broken down to an average of 300 priority-one patients, 800 priority-two patients, and 500 priority-three patients per month. Provision is made in this setting to accommodate victims of sexual assault, patients who require wound care management procedures, and patients with fractures requiring placement of casts/immobilisation of fractures. Eight treatment cubicles are available to manage priority-two and priority-three patients. Patients present with various life-threatening emergency conditions such as myocardial infarction, stroke, polytrauma, shortness of breath, decreased level of consciousness and sepsis. There are 24 permanently employed nursing staff working in the ED (more detail will be provided in Section 3.4.2).

1.5 SIGNIFICANCE OF THE STUDY

Exemplary followership is essential in all organisations to attain organisation specific goals and contribute towards the organisation's success. In healthcare facilities, effective followership contributes towards the quality of care delivered. Specific organisations do, however, experience challenges in cultivating effective followership. It is, therefore, necessary to engage with followers to discover their understanding of followership. This study could potentially assist the researcher in discovering the understanding of followership by ED staff and the staff members' vision/dream for their department in their responsibility towards effective followership. These findings can be utilised to propose areas for followership development, strategies for promoting and preserving effective/exemplary followership, and strategies to augment the understanding and interpretation of followership amongst nursing staff. The added benefit of creating a better understanding of followership amongst the nursing staff could lead to improved followership amongst nurses within the ED, consequently leading to improved patient satisfaction, improved clinical care, and improved morale within the ED, as well as improved teamwork – ultimately creating a culture of exemplary followership. Therefore, this study could contribute to the knowledge of followership in the nursing literature. Appreciative inquiry in the healthcare setting has not been very well established (Merriel, Wilson, Decker, Hussein, Larkin, Barnard et al. 2022:1), and along with the paucity of followership research available, this study could add benefit to the body of knowledge, for the future of followership research.

1.6 PHILOSOPHICAL ASSUMPTIONS

A constructivist paradigm was used in the study. Constructivism is classified as a social paradigm (Guba and Lincoln 1994:113), implying that knowledge is socially constructed. The social construction of knowledge occurs from interaction and exchanges between individuals and the setting within which they are found. Constructivism utilises activities such as interviews to identify world views, subjective meanings and perspectives within the social context and is dependent on the beliefs and opinions of the participants being researched (Creswell 2007:20). This study utilises an appreciative inquiry model to deconstruct the research participants understanding of followership as they experience it in their world (Cooperrider, Whitney, Stavros 2008:3). Once this understanding has been deconstructed through the process of appreciative inquiry there could then be opportunity to go through a process of co-constructing by identifying “what the ideal followership should be?”

Ontological: Reality is not seen as a fixed entity but could be influenced by the study's participants. Each participant will construct their interpretation of reality through their unique

lived followership experience. A practical method to implement this would be to include quotes and themes identified of exact words used by the participants (Niebauer, Turowetz and Chiles 2020: 2).

Epistemological: During this qualitative study, the inquirer attempted to get as close as possible to the individuals participating based on the assumption that knowledge is maximised when the distance between the inquirer and the individuals participating is minimised. The researcher will spend as much time as possible in the field to get as close as possible to the participants (Creswell 2007:17).

Methodological: Methodological assumptions refer to the inquirer's assumptions regarding the methods used in the qualitative research process. During this study semi-structured interviews will be conducted following an appreciative inquiry model. The methodology utilised will be characterised as being inductive and emerging and will be shaped by the researcher's own experience in collecting and analysing data (Creswell 2007:17). The researcher undertaking this study will analyse and evaluate throughout the process of data collection if questions need to be changed to understand the research problem better.

1.7 DELINEATION

The study will be limited to nursing staff of all categories working in an emergency department in the designated private hospital in Gauteng. The focus of the study will be to discover the understanding of followership among ED nursing staff and not staff in other hospital departments.

1.8 OUTLINE OF THE DISSERTATION

The study comprises five chapters, set out as follows:

Chapter 1: Orientation to the Study

This chapter is introductory. It discusses the background, significance of the study, problem statement, purpose, research questions, objectives, definition of key terms, and a brief description of the research design-

Chapter 2: Literature Review

This chapter presents a comprehensive overview of the literature.

Chapter 3: Research Design and Methods

This chapter describes the research design and methods utilised during the study.

Chapter 4: Data Analysis and Discussion of Findings

The study's findings were analysed, interpreted, supported through quotes, and controlled through literature citation.

Chapter 5: Conclusion

This chapter provides the limitations, recommendations and conclusion of the study.

1.9 SUMMARY

This chapter provided the study overview in terms of introduction and background, rationale and significance of the study, problem statement, purpose of the study and research question. Explanation of the key concepts and, philosophical assumptions rounded off the overview to understand the information in the following chapters.

CHAPTER 2 - LITERATURE REVIEW

2.1 INTRODUCTION

Healthcare organisations are directed at improved clinical outcomes, which can be accomplished through enhanced clinical team performance. “The synergy between leadership and active followership is increasingly recognised as a crucial relationship and an important element of organisational achievement” (Edwards and Honeycutt 2021:1). However, as reiterated by Stern (2021:58), traditionally, leadership has received preferential focus as being the topic of preference for discussion, writing, research and even the cause for celebration. Followership, in contrast, seems to be the forgotten companion, ignored and, in fact, an embarrassment. An editorial by Freeman (2021:3) alluded to the paucity of followership in nursing literature and research, including the fact that there is no formal definition available for nursing followership that clearly describes the role expectations and allows for distinguishing between an individual displaying effective versus ineffective followership. Budiarto (2005), as cited in Utomo, Handoyo, and Fajrianti (2021:74), reiterated the lesser availability of scientific theoretical literature on followership. According to an opinion article by Fadden and Mercer (2019), the importance of followership, specifically within complex trauma teams, should be included in trauma training to promote good followership practice, subsequently supporting the team leader and enhancement of patient care. Exemplary followership is critical to contributing to an ideally functioning trauma team.

2.2 THE IMPORTANCE OF UNDERSTANDING FOLLOWERSHIP

According to Utomo et al. (2021), understanding followership can improve training and organisational performance. The importance of effective followership to enhance improved clinical outcomes should be considered, according to Alanazi, Wiechula, and Foley (2021:3309). There has been an increased need for research in followership within healthcare and the nursing literature. The study by Weber, Bush, and Hartzell (2021:143) focuses on the importance of followership as the cornerstone within the leadership training curriculum in the healthcare setting. The finding in this study leads to the essence of followership: to lead while not being the leader. The understanding of followership, or rather misunderstanding that it is merely the willingness to follow a leader, and the increased focus on followership should recognise the importance of exploring this concept within the healthcare setting. The unfamiliarity of the term followership and the added negative perception that followership is an inferior role creates the ideal opportunity to start raising awareness, changing perceptions and constructing a dialogue. McKim and Vogan (2020:41) describe the dance of leadership and followership as the ability to step up and take leadership when needed, recognise how

and when to follow a leader and acknowledge that leadership may be distributed and not invested in one individual. Developing effective followership skills is necessary for healthcare professionals to function successfully within today's complex healthcare system; hence, there is a need to ensure an optimal understanding of the concept of followership amongst healthcare workers.

Furthermore, Matshoba-Ramuedzisi, De Jongh, and Fourie (2022:661) have identified the need to expand the follower implicit followership theories to understand followership. Honan, Lasiuk, and Rohatinsky (2023), as cited in Alanazi et al. (2021:1766), undertook a scoping review of followership in nursing by reporting the findings of twenty-one articles on followership and nursing. The findings highlight the importance of co-constructing leadership- and followership roles and their effect on patient safety and organisational success. The study reveals the need for a greater understanding of follower-leader dynamics and effective follower behaviour in healthcare. Followership must be better understood and integrated into nursing education, practice and research. "Our understanding of leadership is incomplete without the understanding of followership" (Plachy and Smunt, 2022:404). Young, Camp and Bushardt (2020:128) explored the followership skills needed for the X-Y generation and found that professionalism is the primary element for followership. The importance of understanding and becoming knowledgeable on followership skills are deemed necessary to enhance and progress in one's career according to this study's findings. Riggio (2020:15), affirms the need to understand followers in a similar depth as what we understand leaders. The author alludes to the fact that followership is associated with negative characteristics such as being passive, having a lower status, possessing less intelligence, receiving lower pay, order taking, providing less value or avoiding risks. Riggio (2020:16) further reiterates the importance of followers and how leaders would not be able to exist without followers. He elaborates on how leadership-centric research in the past has given minimal attention to the role of the follower and pleads that we need to move away from leader-centrism.

Larsson and Nielson (2021:3) specify the need to consider the risks and challenges of creating a follower identity. Conversation analysis was used to explore the construction of follower identity and the difficulties experienced by the participants. This study describes followership as a fragile and interpersonally risky accomplishment. The authors highlight the importance of interactional work required to attain followership. The study further confirms that accomplishing a viable followership requires social and interactional competence. For us to address followership behaviour and followership failures, we need to have a better understanding of what followership is.

2.3 RECOGNISING FOLLOWERSHIP AND LEADERSHIP AS A COLLABORATIVE PROCESS

McKimm and Vogan (2020:41) described the “dance of leadership and followership” as involving being able to step up to take leadership when needed to recognise how and when to follow a leader and to acknowledge that leadership may be distributed and rotated and not necessarily invested in one person only. Umeobi et al. (2021:83) explain followership as a reciprocal social process of leadership in the sense that followership mirrors the capacity of a person or a group to follow a leader. Uhl-bien (2021:144) elaborates on the need for research and practice to develop leaders and followers who can respond by adapting and face complexity – this was especially noticeable during the 2020 pandemic. The importance of followership in the leadership process is essential. Adaptive responses and leadership fail without effective followership. Uhl-bien (2021:156) further explains the power of the follower; the truth is that leaders can only exist and stay in control if followers are willing to follow them.

Leadership is co-constructed by combined acts of leaders and followers. The joined relationship between leaders and followers is highlighted in a literature review undertaken to consider how followership in the leadership process is constructed for organisational performance. Influence and motivation were identified as the key components of the leadership process with resultant followership that provides strategic value for sustained organisational performance. Followership is recognised as a unique characteristic that an organisation can acquire for competitive advantage Ndonye (2022:32). In a study where the influence of effective followership on leader emergence in self-managing teams was investigated, there was evidence found pointing towards the significance of followers on the creation of leaders. A suggestion is made for organisations to implement leadership and followership programmes concurrently to invest in cultivating effective followers and future leaders. Effective followership is deemed necessary for leader emergence. Examining the role of trust as a mediating variable in the leadership-followership relationship in a study by Khan, Busari and Abdullah (2019:128), the findings included that trust in leadership mediates the direct relationship between followership dimensions and transformational leadership constructs. Inter-professional healthcare teams are expected to transition between leadership and followership roles effortlessly, as required by the scenario, to promote patient care. This rhythmical transitioning between followership and leadership roles is necessary for collaborative knotworking between the leader and follower as required by the situation. Knotworking focuses attention on the need that professionals need to be both influential leaders and followers (Varpio and Teunissen, 2021:32). As a practice point suggested by the study, leadership should be distributed across the team’s membership with individual

professionals taking the lead when their expertise is needed to direct patient care. A new conceptualisation of leadership is ultimately required, and along with a co-production of a teamwork model, it is recognised that all members of a professional healthcare team act as both leaders and followers with changing of roles as the situation requires. We need to abandon the individualist role-focus within the conceptualisation of leadership, which does not align with the requirements of knotworking. Followership skills are required, and both followership and leadership skills are needed for the co-creation of leadership, as highlighted by Shamir (2007), as cited in Lapierre and Bremmer (2010:2).

Carsten, Uhl-Bien, Patera and McGregor (2010) studied the social construction of followership to deconstruct the meaning of followership, followership schemas, and contextual influences were explored. The results suggested that certain participants construct definitions around passive, obedience and deference, while others construct around the importance of constructively questioning and challenging their leaders. A followership approach differs from a follower–centric approach to leadership in that the interest is not around the follower's perspective of leadership but the follower's perspective of followership. What is further highlighted is that shared leadership and self-management expand leadership beyond the role of hierarchical leadership. It is recognised that leadership roles can take place outside of formal managerial roles. Unfortunately, traditional leadership models have primarily been focused on individuals within leadership roles. Research on the social construct of leadership has exemplified that leaders remain an over-romanticised notion of leadership and that the word leader is associated with success, heroism and notoriety. Zeng, Xu and Zhao (2023) conducted a study to explore the effect of follower identity on followership. The findings confirm the importance of followership for organisational success and that self-efficacy partially and significantly mediated the relationship between follower identity and followership. Furthermore, the author calls attention to the need to explore the influence of internal factors on followership. Therefore, we can say that followership relies on the influence of the leader and the environment and that the employees' identity plays an essential role.

Sunga (2020) examined the relationship between authentic leadership and authentic followership. The study's findings confirmed that authentic leadership builds a positive relationship with authentic followership in varying degrees. This subsequently led to follower self-efficacy, work engagement and organisational commitment.

2.4 FOLLOWERSHIP THEORIES

Stern (2021:61) signifies the importance of followership theory by comparing leadership theory without a complementary followership theory to the sound of one-hand clapping: it has no

impact at all. Traditional leadership theories failed to incorporate the role of followers and viewed leadership and followership as separate social entities. Malakyan (2014) proposed including followership in leadership discussions – referring to this as the “leader-follower” trade approach. Malakyan (2014) believed that, in the post-industrial era, followers retain more rights, freedom and influence, allowing followers to challenge the leader. He further reiterated the belief that a leader's effectiveness is, to a great extent, dependent on the willingness and consent of followers. Hollander and Web (1955) introduced the active followership theory, which is underpinned by the notion that followers and leaders are not in contradictory roles but somewhat interdependent. Litzinger and Schaefer (1982) presented the “West point thesis” concept, which implies that leaders only develop from the ranks of capable followers. Therefore, only the mastery of followership can adequately prepare an individual for leadership. The parallel theory, also known as a dialectic of master and slave whereby, is based on the principle that leadership is possible not only on the condition that followership has been learned but on the radical condition that the leader has known subjection. Hansen (1987) remarked that there will be no leaders without followers, and in addition, active followership results from acceptance of authority, which gives legitimacy to the leaders' vision and direction.

Kelly (1992) stated that leadership and followership are complementary and not competitive. Kelley (1988) is known for his ground-breaking work in identifying the five types of followership styles. Organisations' success is dependent on not only how well their leaders lead but also on how well their followers follow. The two underlying behavioural dimensions Kelley (1988) identified can be explained as follows: first, to what degree followers exercise independent critical thinking and how they are ranked on a passive/active scale. This author described these five followership styles as follows:

1. *Sheep* are passive, uncritical, lacking initiative and a sense of responsibility. They perform the tasks given to them and stop.
2. *Yes-people* are more energetic and show more enthusiasm. However, they are unadventurous. They depend on the leader for inspiration.
3. *Alienated followers* are critical and independent in thinking but are known to be passive in carrying out their roles.
4. *Survivors* continuously “sample the wind” and live by the slogan “rather safe than sorry”. They are experts at surviving change.
5. *Effective followers* can be recognised by displaying energy and assertiveness while performing their duties and assignments. Words associated with this type of follower are risk takers, self-starters, and independent problem solvers. They are responsible adults who can succeed without strong leadership.

Kelley (1988) identified a fundamental need to redirect the focus on followers and their important role 36 years ago when he published the Harvard Review article “In Praise of Followers”. He was even questioned why he was spending time on this irrelevant topic of followership. Kelley’s main goal was to put followership at the centre of the map and everything else on the periphery.

In a study undertaken by Alegbeleye and Kaufman (2020) to determine predicted positive relationships between transformational leadership behaviour and effective followership behaviour, there was significant evidence of positive relationships between transformational leadership behaviour and effective followership behaviour. Findings from this study suggest how human resource development should be approached, not only by implementing leadership training curriculums but also by including leadership training programmes that contain a leadership–followership curriculum. Chaleff (2009:17) reiterates the importance of creating a dynamic model of followership that balances and supports leadership in return. This model of followership should promote embracing the identity of a follower. Chaleff (2009:17), refers to the negative connotation often associated with the term follower and expresses this as the “discomfort” experienced. The term followership often leads to perceptions of docility, conformity, weakness and failure to excel. Chaleff (2009:18) calls attention to the need to surpass these negative images and embrace influential followers, supporting influential leaders and the development of followers. Chaleff (2009) created a courageous followership model that identified five courageous followership behaviours, including:

Courage to assume responsibility. Courageous followers act responsibly by taking ownership of their development and maximising their potential to contribute to the organisation. They do not hold a paternalistic view of the organisation.

Courage to serve. Courageous followers serve their leader to reduce the leader's burden and serve the organisation. They gladly accept new or added responsibilities; they know which areas of strength they need to focus on to support the leader.

Courage to challenge. Courageous followers display the courage to challenge the behaviours or policies of the leader and the group when these are outside their sense of what is right. Courageous followers can stand up and subsequently risk rejection. They are not afraid to initiate conflict to examine their leaders’ actions. Courageous followers can also deal with the emotions that might be provoked when engaging in these challenges.

Courage to transform. Courageous followers will challenge their need for change and participate in the change process as needed. Courageous followers can identify behaviour that has the potential to jeopardise the organisation or the common purpose.

Courage to take moral action. Courageous followers can identify when the situation requires them to be assertive. Examples include refusing to obey direct orders or appealing the order to the next level of authority. This type of moral action involves personal risk.

Potter and Rosenbach's (2006) followership model is built on increased responsibility and participation of followers. One of four styles was identified as evident by the model:

1. Subordinate, 2. Politician, 3. Contributor, and 4. Partner. From these four styles identified, only the partner is perceived as having an effective followership style. Effective followers share the organisational goals and vision with the leader and display the necessary commitment by internalising the vision. Before executing the vision, an effective follower will ensure that they clearly understand the vision. Effective follower's commitment makes them role models for their colleagues. Effective followers accept their roles as followers, act with integrity, and consistently look for opportunities to build the trust of their colleagues and their leaders' trust (Potter and Rosenbach, 2006).

A literature review study undertaken by Barry, Teunissen and Varpio (2023) to determine what historical developments lead to the current conceptualisations of followership, specifically within inter-professional healthcare teams, the importance of viewing followers as active members of the inter-professional healthcare team, instead of passive members is what is regarded as essential for these teams to be able to flourish. Leadership and followership are necessary for healthcare professionals to optimise healthcare team functioning. The leader's and the follower's collaboration is essential in delivering patient care. Barry et al. (2023:6) call attention to the need to investigate, first, the conceptualisations of followership and, secondly, the necessary skills of followers to support the future of inter-hospital teams. The literature review found that since 2011, followership has been increasingly described as active participation in all teamwork, including patient care decision-making, explicitly focusing on the relational role between leaders and followers.

Kellerman (2019) is known for her work in which she focused on followers and followership becoming bolder and more strategic, thus not from a leader-centric perspective.

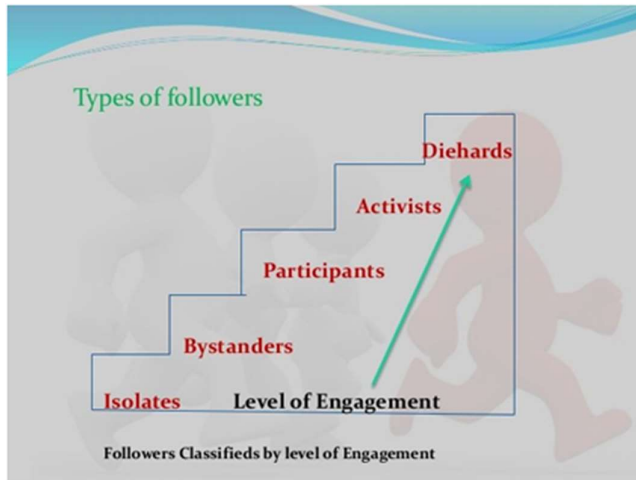


Figure 2.1: Followers classified by their level of engagement (Kellerman, 2019).

Figure 2.1 distinguishes the level of follower engagement by Kellerman:

Isolates are identified as those followers who are seldom aware of what is happening around them, they can appear to be detached from the organisational goals. These types of followers are often found in large companies.

Bystanders and participants. Bystanders are identified for observing but not participating. They make deliberate decisions to stand aside and to disengage with their leaders. This can be interpreted as a declaration of neutrality, and they will support the status quo. Participants are engaged in some manner and lean towards supporting their leader and the groups and organisations they are part of. They are identified by making and attempting to have an impact. *Activists* are identified by having strong feelings towards their leader; subsequently, they act accordingly. Their behaviour is typically energetic, eager and engaged. They are known to be immersed in people and processes and to work hard in one of two ways: to either work hard on behalf of their leader or to dethrone the leader.

Diehards are known for their unwavering devotion to their leaders, or it could also imply the contrasting opposite to remove them from their positions of power or authority.

According to Kellerman (2019), good followers can be distinguished by their energy levels, independence, response to change management, and ability to exercise sound judgment. Followers will act out of self-interest, and while there might be the perception that they have a paucity of authority, the contrast is proper: they do not lack power and influence. Propelled by cultural and technological advances, followers challenge their leaders or sidestep them altogether. For this reason, Kellerman (2019) pleads the need for academics and practitioners to embrace an extensive view of leadership, whereby leaders and followers are seen as inseparable, indivisible and impossible to envisage the one without the other.

De Waal-Andrews and Van Vugt (2020) presented a triad model of followers needs. The authors identified three follower needs, i.e. guidance in a shared direction, active protection from external threats, and judicious dispute settlement. The authors highlight that followers have multiple needs and will judge their leaders based on the ability of the leader to meet their needs.

According to Kelley (1988), as cited in McKimm and Vogan (2020:42), exemplary or star followers are recognised by highly engaged behaviour, independence and an ability to think critically. Furthermore, from a patient safety point of view, followers within the healthcare professional are expected to display self-insight, know their strengths, abilities and limitations, ask for help when needed and speak out or challenge situations that could be seen as unsafe.

McKimm and Vogan (2020:42) suggest the following followership approaches. A caring, compassionate follower is invested in people (patients, families and colleagues), wants to relieve their suffering, and supports enables and improves the lives of others. A collaborative (collective) follower sees the advantages of working closely with others. Willing to help develop a culture that shares and distributes power throughout the organisation. Offers to take leadership even if low in the hierarchy. A transformational follower is heavily invested in people, building relationships, and helping others achieve their potential. A complex, adaptive follower is willing to work with ambiguity and 'mess', has 'cognitive complexity', sees the system as a complex, interconnected whole and promotes interdependent working. An inclusive, person-centred follower welcomes and values true diversity (of ideas, views and personal characteristics) and is focused on involving people in decisions and co-creating ideas and initiatives. A servant follower works with humility, integrity, wisdom and altruism for the greater good, wants to make a difference (to lives and services) and leaves a lasting positive legacy. Value-led, ethical followers are driven by their core values and a sense of purpose, want to do 'the right thing', and might be activists or whistle-blowers in driving change and tackling injustice.

Hierarchical followership skills include professional, personal, and political skills Young (2020).

Professional skills

- a. Technical competency. Technical competency is identified by the ability to adapt to changing work environments. Competency is regarded as essential for being a successful follower.
- b. Maintaining high ethical standards. Maintaining and practising high ethical standards are crucial for followers. Failure to demonstrate high ethical standards will result in limited opportunities for leadership and substandard quality of work delivered.

- c. Team member skills. High levels of team member productivity are expected of successful followers, especially when workers are expected to adapt to new roles and responsibilities.
- d. Executing plans developed by leaders. Followers are expected to embrace and assist in implementing organisational plans.
- e. The need to demonstrate leadership. As followers demonstrate optimal levels of followership skills, leadership opportunities might develop for them. The successful follower is expected to be able to display both followership and leadership skills, as the situation requires.

Interpersonal skills

- a. Loyalty. Followers are expected to show high commitment and support towards their leader. However, this should result in upholding the followers' values.
- b. Listening. Active listening is required as a follower. This skill is specifically required to understand what the leader is trying to communicate.
- c. Flexibility. Flexibility refers to the ability of the follower to recognise the leader's shortcomings and fill in those areas identified.
- d. Informing the leader of mistakes. Followers should report any mistakes/incidents as early as possible to the leader to reduce the element of surprise. In response to this followership skill, the leader will also build more trust in the follower for acknowledging mistakes.
- e. Not responding to personal slights. Followers should resist overreacting to personal slights. Instead, followers should be focused on competency.

Political skills

- a. Doing the leader's work. Being a successful follower often might mean that as a follower, you must do some of the leader's work without receiving any recognition. Followers have a clear understanding of the supportive role that they have towards the leader.
- b. Challenging the leader. Good followership requires the follower to listen to the leader's suggestion, and even in disagreement, the follower will not disagree publicly; however, the follower should be able to share his/her ideas responsibly.
- c. Avoiding gossip. Being a good follower means not gossiping about the leader – especially the leader's shortcomings. Instead, the follower will focus on the leader's strengths and support the shortcomings.
- d. Responding to dysfunctional leaders. Dysfunctional leaders are unavoidable to a certain extent; therefore, being a good follower in this situation requires the follower to remain professional. Should the dysfunctional leader's behaviour lead to unethical behaviour or lowering professional standards, the follower is often forced to seek alternative opportunities. These hierarchical skills are presented in a diagram in Figure 2.2 below.

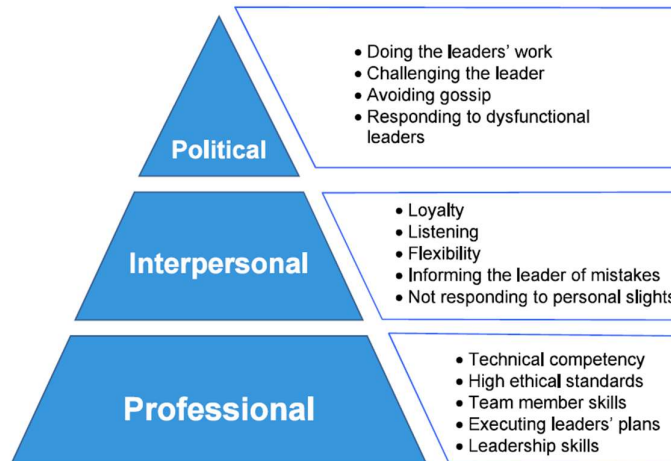


Figure 2.2 Hierarchical followership skills as presented by Young (2020).

2.5 SUMMARY

There is an increased call to attention for recognising the importance of proactive followership and the need for individuals to develop their own unique followership identity. Being a follower, or the concept of followership, should not be perceived as an inferior position or unimportant role. Instead, followers should be empowered with the necessary knowledge and skills to understand their role as followers, how active followership positively contributes to reaching organisational goals and the impact of active followership on the patient experience within a healthcare setting. Followers should clearly understand the importance of their role, that followership and leadership are interdependent, and that specific scenarios may require transitioning between follower and leader roles.

CHAPTER 3 - RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter presents the description of the research design that guided the scientific activities of the researcher. It provides information regarding the methods implemented in undertaking this research study and the justification for the design and methods. This chapter further describes the various stages of the research, including the selection of participants and the data collection process. The chapter ends with a discussion about validity and reliability in qualitative research and discusses how these requirements were met in this study.

3.2 AIM AND OBJECTIVES

This research study aimed to explore the understanding of followership among ED nurses in a private hospital in Gauteng through an appreciative inquiry.

The cycles of appreciative inquiry were utilised to determine the research objectives:

- To discover what followership is/what exemplary followership is among the ED nursing staff.
- To envision what followership might be among the ED nursing staff.
- To design how exemplary followership can be achieved among the ED staff through co-constructing.
- To maintain and sustain the destination of exemplary followership among ED nursing staff
- To empower and improve the understanding of the ED nursing staff on “followership” in the ED.

3.3 RESEARCH DESIGN

Leedy and Ormrod (2015:92) and Polit and Beck (2008:66) define the research design as the overall framework that the researcher will be guided by for data collection and data analysis; simply put, the research design will assist the researcher in obtaining the answers to the research question. This study followed a qualitative, exploratory, descriptive approach utilising an appreciative inquiry model (Figure 3.1) to explore the understanding of followership among nursing staff working in an emergency department in a private hospital in Gauteng. The qualitative methodology was impelled by the nature of the study and the necessity to have meaningful engagement with the participants concerning their lived experiences and understanding as followers. Furthermore, this approach allowed the researcher to identify common themes or concerns among the participants from the data collected (Creswell 2007:36, Lester, Cho and Lochmiller 2020:97). A qualitative approach will assist in discovering

new thoughts and build onto the body of knowledge on followership. Qualitative research design is flexible and can be adapted as required during the data collection.

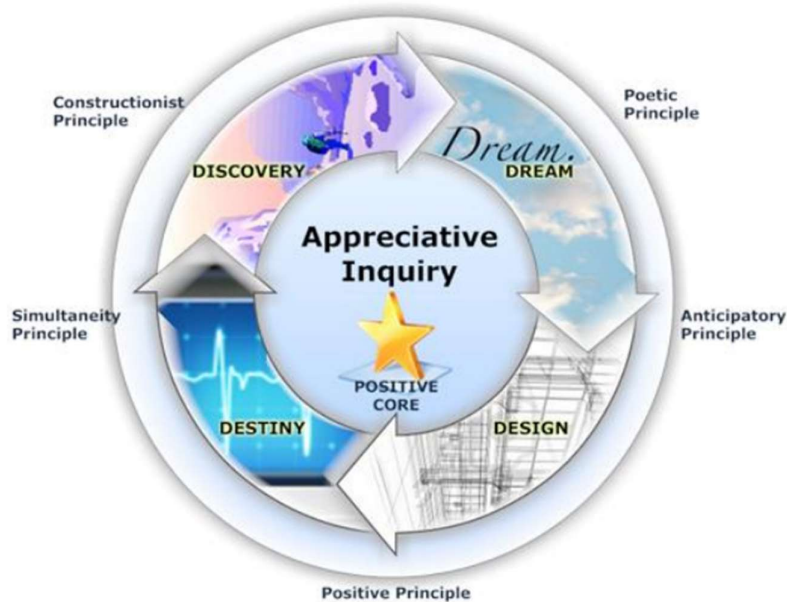


Figure 3.1. Theoretical principles of AI (Kaminski, 2012)

Cooperrider and Srivasta (1987) developed the appreciative inquiry model. Appreciative inquiry research design's strength lies in the positive approach. The positive/strength-based approach allows the focus of the inquiry to be re-evaluated, subsequently promoting a positive change of what is already in use. Whitney et al. (2019) described appreciative inquiry as an inclusive, relational model of positive participatory action research rooted within a social construction theory that engages people's positive core values and strengths. An appreciative inquiry creates a sense of hope by acknowledging respect for and valuing individual participants' strengths and assets. In this study, an appreciative inquiry was applied in focusing on strengths that already exist within the ED related to followership to create an awareness of the existing positives within. According to Cooperrider et al. (2008:XV), every organisation has something that works right – things that give it life when it is most alive, effective, successful and connected in healthy ways to its stakeholders and communities. Appreciative inquiry begins by identifying what is positive and linking it in ways that heighten energy, vision and action for change. Appreciative inquiry motivates the participation of the research participants by collaborating on the potential strategies or structures as they relate to the targeted area of inquiry. Appreciative inquiry allows the participants to narrate from their perspectives actively. By setting common goals, there is a feeling of hopefulness and optimism. Appreciative inquiry, therefore, reiterates the importance of participant engagement and participation.

Empowerment and liberation can be achieved by applying appreciative inquiry principles, namely involvement and participation. Appreciative inquiry, in comparison with traditional forms of qualitative research, has the presence of a reflective element. The importance of retrospectively looking back at what has been achieved, creating a better understanding of oneself, and undertaking the necessary behavior adjustments. In contrast to the strengths of appreciative inquiry research design, there are critiques of this form of participatory action research. The central aspect that appreciative inquiry research design is being criticised for is how positive the approach focus is, and it is believed that it might not be able to confront problems seriously. It is viewed that appreciative inquiry research design might lead to misinterpretation of findings by concealing significant problems in focusing solely on the positive aspects of an organisation.

3.3.1 Appreciative Inquiry Principles

The principles for appreciative inquiry are rooted within the theories of social constructivism, simultaneity, poetic principle, anticipatory principle and positive thinking principle. These principles are the tenets underlying the appreciative inquiry philosophy, which can be traced back to Cooperider and Srivasta (1987).

3.3.1.1 The Constructionist Principle

The constructionist principle is focused on the powerful impact that words and language have on reality and that it can, in fact, shape reality (Kaminski, 2012, as cited in Garrett, 2022). Therefore, the stories shared during the appreciative inquiry process play a significant role in the narrative, identity and culture. In this study, participants shared their lived experiences of what they experienced as followership within the emergency department. Each participant's story contributes to the narrative that unfolds to determine the understanding of followership among the emergency staff members.

3.3.1.2 The Principle of Simultaneity

The principle of simultaneity claims that change begins when we ask a question. The questions can potentially turn the participant's attention to a different perspective. The purpose of the simultaneity principles is to build resilience, nurture trust and openness and ignite creativity (Kaminski, 2012, as cited in Garrett, 2022). In this study, semi-structured interviews were part of the intervention to explore the understanding of followership among the emergency department staff. One of the participants ended her interview by stating that she has learned a lot, another participant indicated that she has a lot of reading to do on followership.

3.3.1.3 The Poetic Principle

The poetic principle rests on the basis that we can choose what we study or focus on, and whatever we focus on will grow – which in this study is followership. During the appreciative inquiry process, telling and retelling positive followership experiences is a powerful catalyst for change (Kaminski, 2012, as cited in Garrett, 2022). In this study, the participants were repeatedly reminded during the semi-structured interviews to focus on followership and the aim of the study, which is ultimately to determine the understanding of followership among emergency department nurses.

3.3.1.4 The Anticipatory Principle

The anticipatory principle is established by creating positive images or mental pictures of the future, leading to inspiration to achieve these positive images (Kaminski, 2012, as cited in Garrett, 2022). In this study, the anticipatory principle was actualised by requesting the participants to share their ideal followership within the emergency department. This principle stimulates critical thinking and disrupts self-limiting. Appreciative inquiry is therefore firmly focused on possibility-centric rather than problem-centric (Garrett, 2022).

3.3.1.5 The Positive Principle

The positive principle maintains that a positive question leads to positive change. Positive questions can shift people's attention from problems to focus instead on what gives life, what excites them and what energises them (Kaminski, 2012, as cited in Garrett, 2022). In this study, some participants had to be reminded that the philosophy of appreciative inquiry is positive and that they should focus on positivity. Positive emotions have proven beneficial in enhancing resilience and promoting openness to new ideas and creative thinking (Kaminski, 2012, as cited in Garrett, 2022).

3.4 RESEARCH METHODS

Polit and Beck (2008:765) describe research methods as the specific techniques applied to structure a study and enable the researcher to collect and analyse data systematically.

3.4.1 Research Setting

Polit and Beck (2008:766) defined the research setting as the physical location and the conditions in which data collection takes place in a study. The context or setting for this study is a level two trauma-accredited ED unit in a designated hospital in Gauteng province. The ED consists of four resuscitation bays equipped to deal with trauma priority-one patients. The average number of patients seen is 1600 – 1900 per month. Trauma classification can be broken down to an average of 300 priority-one patients, 800 priority-two patients and 500

priority-three patients per month. Provision is made in this setting to accommodate victims of sexual assault, patients who require wound care management procedures, and patients with fractures requiring placement of casts/immobilisation of fractures. Eight treatment cubicles utilised to manage priority-two and priority-three patients are available. Patients present with various life-threatening emergency conditions such as myocardial infarction, stroke, poly-trauma, shortness of breath, decreased level of consciousness and sepsis. There are 24 permanently employed nursing staff working in the ED (more detail is provided under population).

3.4.2 Population

According to Christensen et al. (2015), the population refers to the people the researcher will be sampling. The sample included nine nurses consisting of seven registered nurses and two enrolled nurses working in a level two trauma-accredited ED rendering emergency care to patients 24 hours a day. The total number of permanently employed nursing staff in the ED unit is 24.

3.4.3 Sampling Method and Sampling Size

Sampling is “the process of drawing elements from a population to obtain a sample” (Christensen et al., 2015:162). A nonprobability sampling design was followed through purposive sampling. Purposive sampling is utilised to select participants who will most likely contribute appropriate and valuable information (Campbell, Greenwood, Prior, Shearer, Walkem, Young et al. 2020:653). Purposive sampling allowed the researcher to choose participants who could provide information regarding their perceptions or lived experiences of understanding followership. Participants were chosen according to their availability and willingness to participate in the study. To decrease the potential for sampling bias, every staff member was afforded an equal opportunity to be selected to participate in the study. The sample includes participants from different nursing categories, educational levels, various levels of nursing experience, and different cultural backgrounds and belief systems.

The sample size is to be guided by the informational needs of the researcher as described by Polit and Beck (2008:357), with the guiding principle being data saturation – which implies sampling to the point at which no new information is obtained. In this study, data saturation was reached when the participants provided similar information regarding their understanding of followership within the emergency department through an appreciative inquiry. Data saturation depends on specific characteristics of the participants, such as their ability to reflect on their own experiences and communicate those experiences effectively. Therefore, nine semi-structured interviews concluded the understanding of followership among emergency department nurses.

3.5 DATA COLLECTION

Data collection is collecting data to gain insights regarding the research topic (Taherdoost, 2021). In this study, semi-structured interviews were conducted to collect data. According to Polit and Beck (2008:394), semi-structured interviews are based on the principle that the researcher knows what they want to ask, but they cannot predict what the answers will be. Therefore, the role of the interviewer is somewhat structured, whereas the participants are not. Semi-structured interviews are recognised by asking open-ended questions to the participants to allow the unfolding of in-depth conversation between the interviewer and the participant (Casey 2006:86). An independent interviewer performed the semi-structured interviews due to the researcher being employed in a position of authority at the designated hospital where the study was undertaken and the risk of participants feeling intimidated, which could potentially influence the quality of the data obtained from the participants. In-depth one-on-one interviews allowed the interviewer to obtain information directly from the participants we presumed to have the information. Interviews permitted the researcher to observe all non-verbal cues and make the necessary field notes. Semi-structured interviews were utilised to allow for guidance through the five cycles of an appreciative inquiry. Semi-structured interviews are seen as the most helpful method for data-rich exploration. Through the semi-structured interviews, the researcher aimed to understand the social constructions of the emergency department nursing staff's knowledge of followership. The semi-structured interviews allowed the independent interviewer to probe and get clarity for deeper understanding. The independent interviewer followed a professional approach by treating all participants with the needed respect and inviting them to feel at ease to enable them to share their followership experiences in the ED. The independent interviewer displayed active listening skills and made all efforts to be engaged during the interviewing process. A confidentiality agreement was signed by the independent interviewer (Annexure C) to ensure compliance with POPIA.

3.5.1 Preparatory Phase

The researcher obtained permission from the Hospital General Manager of the organisation and the Unit manager of the emergency department to conduct the study (Annexure C) after approval from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria, had been granted (Annexure E) as well as ethical approval from the specific organisation where the study was conducted. The researcher met with the unit manager to introduce and discuss the study. The researcher also arranged with the operational manager to ensure that services were not disrupted. The date and time of the semi-structured interviews were arranged in such a manner as to cause the least interruption within the emergency

department. The researcher attempted to arrange the time slots for the semi-structured interviews when the ED would potentially allow staff members to participate in the semi-structured interviews.

Before conducting the semi-structured interviews, the researcher and independent interviewer conducted a pilot semi-structured interview with a professional nurse from the emergency department of the designated hospital to ensure the main question and probing questions were understood and contributed to quality data. The data obtained during the pilot semi-structured interview was not included in the data analysis. The pilot semi-structured interview was 38 minutes, and there was no need to change any of the questions. However, the interviewer experienced some challenges during the pilot interview, as the participant was not familiar with the concept of followership. The voice recorder worked effectively, and the information recorded was audible when the researcher listened to the recording. The participants were recruited based on their willingness to participate in the study and availability.

3.5.2 Interview Phase

The semi-structured interviews were conducted following obtaining consent from participants. The data collection process was conducted in a formal venue at the participants' place of work. The venue allowed a place of privacy and minimal chance of disturbance during the semi-structured interviews. The semi-structured interviews were conducted in English. All participants were able to communicate in English. An independent interviewer was utilised to undertake the interviews because the researcher was employed in a position of authority at the specific hospital where the study was conducted. Therefore, the possible risk of participants feeling intimidated by the researcher had to be minimised. The independent interviewer has a master's degree in nursing education and previous interview experience. The pilot interview was not included in the study results. Participants were welcomed by the researcher to the venue and shown where to sit. The researcher introduced herself to the participants and explained the process of appreciative inquiry that would be followed. The role of the researcher and the purpose of taking field notes were explained to the participants. The semi-structured interviews were performed in a private area of the hospital to create a conducive environment for participants to feel comfortable and relaxed to share their experiences. The independent interviewer ensured a relaxed atmosphere by using a calm tone of voice, encouraging participants to feel comfortable and reminding them that it was not a test. There are no right or wrong answers. The independent interviewer maintained eye contact with the participants to establish rapport and focus. A voice recorder was utilised with the consent of the participants to capture the conversation, which further allowed the

researcher to transcribe the conversations as accurately as possible and no data to be unaccounted for. The appreciative inquiry cycles were written on A4 posters and placed on the table between the participant and the interviewer. This assisted the interviewer and the participants during the interview to keep the focus on the different cycles of appreciative inquiry. Data saturation occurred after nine interviews were conducted, and the participants provided no new information and started to repeat themselves. The researcher and the independent interviewer then decided to terminate the data collection since no new information was forthcoming. The researcher and the independent interviewer concluded by thanking all the participants at the end of each semi-structured interview. The semi-structured interview sessions lasted an average time of 34 minutes. The researcher provided participants with refreshments after the interviews and reminded them to contact her should they want to know anything regarding the study's progress.

3.5.2.1 Use of the Five Cycles of Appreciative Inquiry in the Interview

Defining Cycle

During the defining stage, the researcher clarified the topic of the study. The topic of inquiry, to determine the understanding of followership among emergency department nurses in a private hospital in Gauteng by utilising an appreciative inquiry, was explained to the participants. A definition of followership was shared with the participants based on the literature. The background of followership was shared with the participants, highlighting the need to further build on the body of knowledge available on followership within the nursing practice and the increasing power and influence that followers exert in organisations. Participants were allowed to provide their definition of followership.

Discovery Cycle

The discovery phase allowed the participants to reflect on positive followership practices within the emergency department. Participants were asked to share their personal followership experiences as they experienced it in the emergency department.

Dream Cycle

Research participants were asked to dream about "what could be" during the dream stage. Based on the positive followership practices in the discovery stage, participants had to dream about possibilities that could motivate them to create exemplary followership within the emergency department.

Design Cycle

The design stage is identified as a process of co-constructing and dialogue of possible strategies that could be implemented; in creating, the exemplary followership as dreamed about during the dream stage characterised the design stage (Cooperrider, Whitney, Stavros 2008:5). Participants were asked, according to their opinion, what actions or interventions

could be implemented to reach the dream of exemplary followership within the emergency department.

Destiny Cycle

The destiny stage is characterised by the need to maintain and sustain once the final destination has been reached (Cooperrider, Whitney, Stavros 2008:5). Participants were asked how this stage could be maintained and sustained. What role would each participant play towards maintaining and sustaining exemplary followership within the emergency department.

3.5.3 Post-interview Phase

The researcher transcribed all semi-structured interview recordings once the interview process was concluded. The researcher listened to the recordings of the participants to ensure that all information shared was included and that no data was lost during transcribing.

3.5.4 Data Analysis

Polit and Beck (2008:751) describe data analysis as the systematic organisation and coalescence of research data. Data analysis for this study is discussed in detail in Chapter 4.

3.6 TRUSTWORTHINESS

“Qualitative methods have emerged as indispensable tools for garnering deep insights and understanding complex phenomena” (Lim, 2024). Qualitative research is therefore concerned with the trustworthiness of the findings of the study. The trustworthiness criteria, as guided by Lincoln and Guba, 1985, Polit and Beck (2008:539), applied to the study are the following:

3.6.1 Credibility

The credibility of qualitative research refers to the extent to which the findings and conclusions can be viewed as believable. Credibility can be viewed as a construction by the reporter and the subsequent reader, according to Stahl and King (2024). To achieve this, the researcher has to ensure a complete and accurate understanding of the research participant’s context and processes. The researcher was actively involved during the data collection, from obtaining consent to the interviews. Although an independent interviewer was conducting the interviews, the researcher was always present during the process and assisted in the process of establishing rapport with the participants and providing reassurance of the purpose of the study and the vital role that the participant plays. The semi-structured interviews were not bound to a specific time limit, which allowed for the process of dialogue to unfold and the interviewer to be able to probe as needed, allowing the obtaining of thick data. Nine semi-structured interviews were conducted over two separate days. As the researcher was present

during the semi-structured interviews, it allowed for observation of the participants and the construction of field notes.

Reflexivity is defined by Christensen et al. (2015:366) as the process in which the researcher goes through a process of self-awareness and critically self-reflects on potential biases and how this could potentially influence the research process and findings. Through reflexivity, the researcher did introspection to determine if there might have been any personal beliefs that incidentally affected the research process. During reflexivity, the focus shifts to the impact or influence the researcher might have had on the research process and, subsequently, the findings. From a personal reflexivity perspective, the researcher reflected on her values, life experience and beliefs to evaluate their impact on the research process. Being employed in a position of authority as the deputy nurse manager, the researcher had to be cognizant that previous work-related experiences with the research participants did not influence the data provided by the research participants. The researcher had to separate previous experiences/engagement with the specific research participants to avoid any prior engagement overshadowing the research process. Functional reflexivity was applied throughout the research process as needed due to changes in circumstances. For example, a participant was on her way to the venue for an interview when she was informed that her mother was ill and she needed to go home to attend to the matter. The interview was rescheduled for a more suitable date and time, when the participant would be in a better frame of mind. Ethical reflexivity was applied by being mindful of power dynamics within the relationship between the researcher and the participants. An independent interviewer (a colleague experienced in conducting interviews) was utilised to limit the effect of the researcher's and the participants' power dynamics. The researcher applied cultural reflexivity by reviewing her cultural assumptions and biases and not allowing these to influence the interpretation of the data. Narrative reflexivity was carefully considered by considering the impact of language, structure and tone on the interpretation of findings. Relational reflexivity was considered by evaluating the relationships between the researcher and the participants.

The establishment of rapport was ensured with each participant before the interview. Participants were also reassured that the interview environment was safe and that they should feel comfortable sharing their experiences or perceptions. Participants who seemed nervous or uncertain about sharing their experiences were reminded to relax, that the session was informal, and that there were no right or wrong answers. The researcher did introspection of her own emotions and how these emotions could have an impact on the study, which refers to emotional reflexivity. As the researcher engaged with the participants, the tendency was noted for the participants to lean more towards leadership and not followership – which could

be due to the paucity of understanding the research topic. This provoked emotions of both frustration and interest. The researcher also had to be mindful of her feelings experienced during the interviews when reference was made to management, considering that the researcher is employed in a managerial capacity.

3.6.2 Transferability

According to Polit and Beck (2008:768), transferability can be defined as the extent to which qualitative findings can be transferred to other settings or groups. The transferability of the study is enhanced by providing a detailed description of the context in which the research was conducted. In this study, transferability was not the aim, as only a small group of participants from one hospital participated. However, the researcher provided a comprehensive description of the setting and methods used in the research to enable interested readers to evaluate the applicability of data to other contexts. The researcher described sufficient details of the participant's demographic information to allow other researchers to weigh the applicability of the data to other private hospitals in the context of the study.

3.6.3 Dependability

Dependability refers to the stability of data over time and conditions, as described by Polit and Beck (2008:751) and Brink (2003:125). Methodological documentation and audit trails ensure the dependability of the study. The researcher documented decisions as the study unfolded and audit trails of research decisions, research changes and the data analysis process.

3.6.4 Confirmability

Confirmability is regarded as a criterion for integrity in a qualitative inquiry, referring to the neutrality of the data and the interpretations defined by Polit and Beck (2008:750) and Brink (2003:125). The validity of the research data is substantiated by the recordings done during the semi-structured and transcribed interviews.

3.6.5 Authenticity

Authenticity refers to the extent to which the researcher fairly and faithfully shows a range of different realities, as defined by Polit and Beck (2008:540). In this study, the researcher pursued objectivity, precision and accuracy to enhance the authenticity and, subsequently, the trustworthiness of the study.

3.7 ETHICAL CONSIDERATIONS

Ethical approval was obtained from the University of Pretoria, and protocol number 168/2023 was allocated. Ethical approval was obtained from the study's organisation, and preference

number UNIV-2023-0039 was allocated. Ethical considerations, as guided by the Belmont report (2007), were applied throughout the study.

3.7.1 Beneficence

The principle of beneficence was applied by safeguarding all research participants from any possible harm or discomfort during their participation in the study. Participants were protected from physical, emotional, financial and social discomfort through monitoring of participants' physical and emotional responses during the research process. Strategies implemented to ensure that all participants are psychologically protected include following the process for obtaining consent to participate in the study, explaining the study procedure, and availing the researcher's contact details to clarify any uncertainties experienced by the research participant. Respect for autonomy was implemented by allowing the participants to withdraw from the study at any time should they experience any doubt or discomfort. Due to the nature of qualitative research and the application of the appreciative inquiry process whereby participants were asked specific questions, the researcher and independent interviewer were cognizant of the intrusive nature of the process, and participants were observed for any physical or emotional signs that they were uncomfortable sharing information. Research participants were not forced to share any information they did not want. Research participants were reassured that all information shared is considered highly confidential and will be dealt with with the utmost confidentiality. During the research process, participants were treated with the necessary warmth, compassion and friendliness.

3.7.2 Right to Protection from Exploitation

The principle of the right to protection from exploitation was applied by providing participants with the necessary reassurance that any information shared during the data collection process will not be used against the participants. Participants were assured that they should feel comfortable sharing their experiences and that all information will be dealt with the necessary sensitivity and confidentiality. All potential participants were treated with the respect needed for human dignity by allowing them to decide if they would like to participate in the study. The researcher explained to all participants the nature of the research and what their involvement would entail, and being transparent about the process protected all participants' right to full disclosure.

3.7.3 Justice

The ethical principle of justice was applied to the study by ensuring fair treatment to all participants and protecting the participants' privacy. The same interview process was applied to all the participants; consistency was followed throughout the data collection process. The researcher ensured that the participants who declined participation were treated non-

judgmentally. Participants' privacy was protected by ensuring that the interview process was performed in privacy and by treating all participants anonymously. All participants were reassured that their identity would be respected, that they should not feel intimidated and that the data collected would be treated anonymously. The process for informed consent was followed for all participants to safeguard all participants and to protect their right to self-determination. Participants were also reassured of the valuable role their participation in the study would play. The independent interviewer signed a confidentiality agreement to secure all data collected as confidential. The researcher used numbers and letters of the alphabet (P1FG1) instead of the participant's actual names to distinguish between participants in the quotations.

3.8 SUMMARY

This chapter presented an overview of the research design and methods that guided the scientific activities of the study and addressed the population and sampling, data collection, trustworthiness, and ethical considerations. In Chapter 4, the researcher discusses the data analysis and research findings.

CHAPTER 4 - DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The research design and methods were discussed in the previous chapter. In this chapter, the data analysis and findings will be discussed.

4.2 DATA ANALYSIS

A thematic data analysis technique was followed as guided by Braun and Clarke (2012). Data analysis aims to systematically organise and provide structure to decrease data to an understandable and interpretable form (Polit and Beck, 2008:507). The researcher collected data using semi-structured interviews. To prepare the raw data, the researcher transcribed the recorded semi-structured interviews verbatim to reflect the exact words used initially by the research participants.

Thematic analysis, described as “an umbrella term designating sometimes quite different approaches aimed at identifying patterns across qualitative data sets” (Braun and Clark, 2019:844), was used to analyse the data. It involved segmenting the data’s portions (words, sentences, or paragraphs) into subthemes. These subthemes were then labelled with an *in vivo* term. The steps were as follows:

Step 1) Organising the data—The researcher organised all the transcribed data on a computer database – word document. Familiarising yourself with the data aligns with step one of Braun and Clark's thematic analysis process: labelling all the participants and interviews accordingly.

Step 2) Perusing the entire data set several times—The researcher read through it multiple times to understand what it contained. The researcher made memos while reviewing the data, suggesting interpretations of the data set and documenting thought processes. The researcher utilised “insert comments” on the electronic data set. Step two of Braun and Clark's thematic analysis involves generating initial codes/categories. This involves systematic analysis of the data through coding and categorising.

Step 3) Identifying general themes and subthemes—The researcher then identified subthemes from the data set, after which themes were developed. This step is to get a sense of what the data mean. This step of Braun and Clark’s thematic analysis process involves an active process of searching for themes, themes are constructed from the initial codes/categories identified.

Step 4) Integrate and summarise the data—The researcher identified and described the relationships among the themes. Step four of Braun and Clark’s thematic analysis involves

reviewing potential themes. This phase is focused on checking the quality of the potential themes against the data set and the categories.

Step 5) Development of subthemes—The researcher developed subthemes from the topics. She reduced the total list of subthemes by grouping topics that relate to one another. All the topics highlighted in the same colour were grouped into subthemes. Step five of Braun and Clark's thematic analysis involves defining and naming the themes identified by the researcher. Each theme is identified by having a clear scope, focus and purpose.

Step 6) Alphabetise the categories—The researcher decided on the abbreviation of each category and alphabetised the categories.

Step 7) Initial grouping of data—The researcher assembled data belonging to each theme in one column and performed an initial analysis. Assembled data were grouped into themes and subthemes.

Step 8) Recoding - the researcher re-coded the data to ensure all subthemes and themes were identified. The final step in the analysis was to compare the findings against the information in the literature to see if it confirmed the findings from past research or if it deviated from them. Following is a discussion of the findings. First, the researcher will present the demographic data (View Table 4.1) of the nurses working in the emergency department and then discuss the themes and subthemes (View Figure 4.1) that emerged from the data.

4.2.1 Demographic Data for Participants

Table 4.1 indicates the demographic data of the nurses who worked in the emergency department. The aim of displaying demographic data is to provide specific information about participants' characteristics to determine whether the individuals in a particular study represent the sample of the target population (LeWinn, Sheridan, Keyes, Hamilton, & McLaughlin, 2017:3).

Table 4.1 Demographic data

Age	Number of participants	Years of service	Gender		Category of nurse		
			Male	Female	PN	EN	AN
31 - 39	6	5-7	0	6	5	1	0
42 - 54	2	10 - 19	0	2	2	0	0
60	1	7	0	1	1	0	0

PN = Professional nurse, EN = Enrolled nurse, AN = Auxiliary nurse

Of the nine participants in this study, all were female. Although the whole age spectrum was covered, most were in the age group of 31 – 39. Specific age categories were not part of the sampling due to the demographic data available during the study. Most categories of the participants have nursing experience of more than five years, which implies that they potentially had exposure to followership within the clinical practice.

4.2.2 Themes and Subthemes

The following four themes emerged from the semi-structured interviews and are indicated in Figure 4.1, with their respective subthemes.

Theme 1: Understanding of followership in the emergency department

Theme 2: Attributes of followership in the emergency department

Theme 3: Implementation strategies for followership in the emergency department

Theme 4: Nurturing of followership in the emergency department

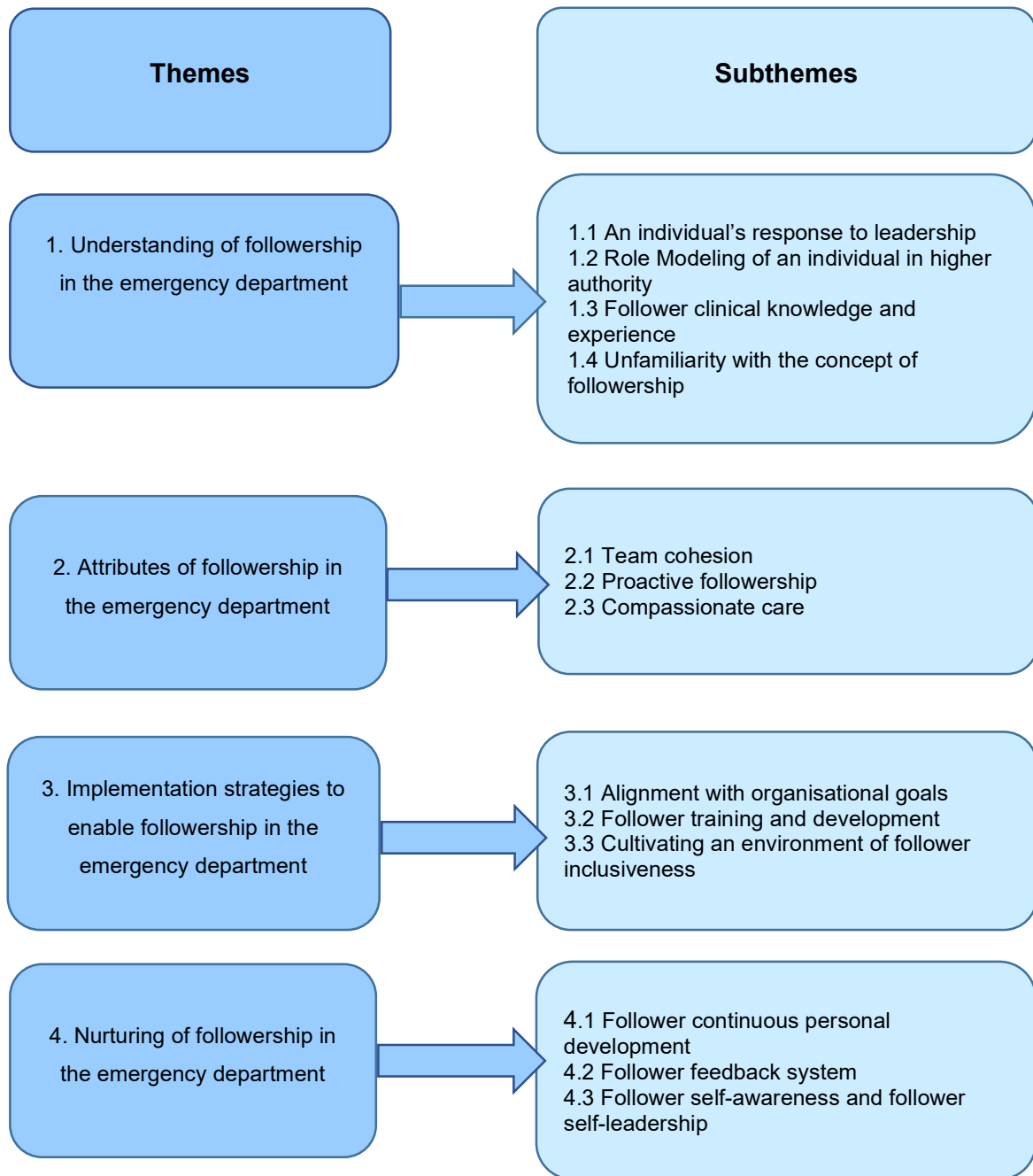


Figure 4.1 Themes and subthemes

4.3 THEMES AND SUBTHEMES

Themes and subthemes are discussed, and verbatim quotes from the nine semi-structured interview transcriptions are used to ensure the participant's voice and not that of the researcher are heard. The researcher did not use the participants' names but an abbreviation and a number that appear in brackets at the end of each quotation to maintain participants' confidentiality.

4.3.1. Theme 1: Understanding of Followership in the Emergency Department

This theme represents the constructionist principle, where it is posited that words and language can powerfully impact and shape reality. The constructionist principle is rooted in the essential role that words and language play in creating and shaping reality for the participants (Kaminski, 2021, as cited in Garrett, 2022). The participants shared their understanding of followership and thus made their narrative of their understanding. Most of the participants needed help explaining their understanding of followership. The language used during the appreciative inquiry process by some participants also affected how their narrative unfolded. Some participants expressed that they had never heard of the concept of followership and acknowledged their unfamiliarity with it.

Subtheme 1.1 An Individual's Response to Leadership

Participants' understanding of followership in the emergency department revealed that they regarded followership as being able to submit to a person, being submissive under someone, being able to take instruction, being led by something or someone, following a particular way of doing things, following positive traits and an individual's ability to follow someone.

Participant ED01 generated a feeling of uncertainty while expressing her understanding of followership by firstly referring to followership as an individual's ability to submit under a person and then directly following the statement by verbalising that it does not imply that the person is being controlled: *"I understand followership as you being able to submit under a person and also being able to take instructions, being able to take other – I don't want to say being controlled – but being submissive – ja, ja [yes, yes], being submissive under someone."* ED01

The participant's understanding of followership further extends to being submissive to team members within the multi-disciplinary team by listening to the team member and subsequently having an impact on the delivery of patient care: *"If we were not submissive enough, we would have just said okay sign RHT and leave, but we listened to the Dr and ja [yes] we at the end of the day we helped the patient."* ED01. Participant ED02 was undeviating in her honesty, expressing her lack of knowledge and understanding of followership. There was a feeling that

the participant tended to lean more towards leadership and specifically focused on change instituted by leadership. The participant evoked a feeling of outspokenness, and the independent interviewer had to draw the participant's focus back to the aim of the interview, which was to determine the understanding of followership: *"I get the idea it is how well you take instruction, maybe handle change that leadership has instituted, and how well can you move forward with it. Uhm, ja [yes]."* ED02. The participant associated followership with the level of buy-in of the staff, as is evident in the following quote: *"Followership in the ED is far from ideal, uhm, you don't have a lot of buy-in."* ED02. The participant strongly voiced her belief that emergency department staff's personality type is not typically associated with being rule followers: *"Look, the personality types that is attracted to emergency department is an independent thinker, uhm they are often not rule followers, the personality type is not the rule follower personality type, they independent, they adventurous, they loud I have never worked in a quiet ED department – I don't know if those exists. So, followership with that personality type it's not easy."* ED02. From this quote, it is also evident that the participant associates an individual's followership ability with their personality type.

From this participant's quote, she associates followership with following a specific individual's positive traits. *"Followership—to me, it's understanding following someone or following uhm a certain way of doing things. It could also pertain to certain people and, uhm, following their traits—the positive traits."* ED03. Participant ED03 induced a feeling of uncertainty by describing followership as following a particular way of doing things and referring to the following example: *"For example, let's say with the doctor certain characteristics that you pick up from certain doctors, that you would want to follow, and that kind of guides us into dealing with patients uhm depending on the signs and symptoms you would begin to already create a differential diagnosis by working closely with the doctor you already learn these traits."* ED03

Participant ED04 submerged herself into the fact that she had not worked in the emergency department for long when asked to share her understanding of followership: *"Ja [yes], I don't even have six months."* ED04

The understanding of followership has the following potential benefits: improved training and improved organisational performance, which could subsequently result in the ability to apply followership within the organisation (Crossmann and Crossmann, 2011, as cited in Utomo et al., 2022). According to the definition of Northouse 2018, leadership can be defined as "a process whereby an individual influences a group of individuals to achieve a common goal". Subsequently, followers obey their leaders because both the followers and the leaders support the organisation's needs, as confirmed by Stern (2021) and not just from an obedience point of view. Stern also reiterates the importance of recognising that the ethics of followership and

leadership are co-dependent and that there is a need to understand followership before we can fully understand leadership. In a review of current and emerging research undertaken by Matshoba-Ramuedzisi, De Jongh, and Fourie (2022), followers are recognised as causal agents of followership outcomes and acknowledge their impact on the leadership process. Chaleff (2009:18) confirms in her book “The Courageous Follower: Standing Up to and for Our Leaders” that the most profound discomfort with the word follower creates images of docility, conformity, weakness and failure to excel. The reader is urged to move beyond these images, embrace the idea of influential leaders and influential followers, and acknowledge the synergistic leader-follower relationships. Furthermore, Chaleff (2009) believes that we need to embrace the model of a courageous follower. “Follower is not synonym with subordinate. A subordinate reports to an individual of higher rank and may be a supporter, an antagonist or indifferent. A follower shares a common purpose with the leader, believes in what the organisation is trying to accomplish, wants both the leader and the organisation to succeed and works energetically to this end” Chaleff (2009:25). In the e-book “Leading and managing in nursing”, Boothe and Watson (2022:164), reiterate that being in a follower role does not place people in a passive or submissive role in which their thoughts and ideas are not valued.

Subtheme 1.2 Role Modelling of an Individual’s Behaviour in Higher Authority

Some of the participants indicated that their understanding of followership involves identifying an individual whom they could relate to or identify as a role model, somebody whom they could look up to, being led by an example of what they admire and somebody that they look after.

The following participant’s response is indicative that she associates followership with following somebody in a higher level of authority, as well as identifying that person as your role model: *“For me, followership is if you have to follow someone in a senior position and it’s basically like your role model so if you have a role model that set the example and then you follow in their footsteps uhm the other one is not only to a senior person but also to a junior person is their followership because you can learn from someone that is not in a senior position so maybe they can give you some advice or guidance or ideas so for me it goes both ways.” ED06.* The participant’s explanation of her understanding of followership aroused admiration.

Participant Eight expressed her understanding of followership: *“In my perception, I can say when you say a follower. Uhm, it is like you are being led by something. You are leading by example of what you see, or you are being led by example of what you admire to be, and then you can follow that whatever good step that you are seeing.” ED08*

Another participant described her understanding of followership as *“My understanding of followership is that you have that somebody that you look after like you would like to be that*

somebody one day. Like, let's say I am choosing S1. She can take accountability, responsibility so willingly. I need to be like her; I need to find out how does she do it, like being for me it her being a leader and then me as follower.” ED09

The participant specifically referred to the different levels of authority in her description of her understanding of followership by responding in the following manner: *“I feel like it would as much as I would be on the lower level, but if I am looking up to someone who is doing things in the right way, it would inspire me to do more and to do better.” ED07*

The following participant's response is indicative of her understanding of followership as being a role model to anybody who is observing her: *“My understanding as a follower is that I need to be dedicated to my work; I need to do my work in a proper way where if somebody sees me, I can be a role model to that person.” ED08*

The findings of this study are contrary to the findings of a study by Plachy and Smunt (2022). Their study aimed to create an increased focus on the concept of partnership with organisation members. Their definition of followership is how members apply talents to support organisational vision, goals and processes. However, the authors define the word “lead” as the ability to inspire people and promote the practice of inspirational leading. Inspirational leadership can only be implemented successfully when followers agree to be inspired. Hence, an authoritarian leadership style can result in passive followers following instructions blindly. Freeman (2021) alludes to the importance of nurse leaders and followers needing to be aware that others influence their behaviour in their work environment.

Subtheme 1.3 Clinical Knowledge and Experience

Participants described their understanding of followership as an individual who is confident, knowledgeable, assertive, experienced, and task-driven.

“I feel like, uhm, being a follower like uhm, it also just means confidence; I mustn't just be a follower, just will just be following but have self-confidence and knowledge so that even if I am following, at least I have got something to hold onto.” ED07

“Someone that is assertive, someone that is knowledgeable, someone uhm you can tell that has experience, someone that is experienced.” ED03. This participant elaborated further, *“I have seen good results. They know what they are doing, and they are educated, they are experienced, they set out a task to be done, and they accomplish that task, for example, intubating a patient like we already know, they already know the process of how we are going to do things, they are strong-willed and assertive and then, we've got experience with other people who aren't that assertive of themselves.” ED03*

Participant ED04 submerged herself in the fact that she had not been working in the emergency department for long when asked about her understanding of followership. *“Ja [yes], I don’t even have six months.” ED04.* The participant was of the meaning that followership involves learning from the rest of the team members who are already working in the unit: *“Uhm, I think my own understanding is uhm learning from the people that uhm are already working in ED and grasping as much as I can because I am fairly new in ED.” ED04.* The participant furthermore assumed that a shift leader would always engage in a teaching role. *“And understanding the do’s and don’ts in ED and the priorities through teaching because isn’t it that there is a team leader at all times and understanding the allocation because that was difficult for me at first and also determine priorities.” ED04*

Young et al. (2020) identified three significant subthemes for followership skills: professional, interpersonal and political. According to them, competency is essential to being a successful follower and contributor to organisational and departmental success. Kelley (1988) alluded that influential followers hold higher performance standards than expected, and training and development are considered second nature.

Subtheme 1.4 Unfamiliarity with the Concept of Followership

Participants responded to the question regarding their understanding of followership in a manner evident in their unfamiliarity with the concept of followership. Most participants also alluded to the fact that they had not heard of the term followership before the interview session.

Participant ED01 appeared very uncertain when she was asked what the current state of followership in the emergency department looks like, and she displayed a certain level of confusion as to how and from which level of authority she must answer the question. She responded by asking which level of authority she needs to explain followership from: *“Obviously, because we got like a unit manager and then you’ve got a shift leader and you’ve got the doctor, so you obviously take instructions, should I say instructions, ja, ja [yes, yes] that type of thing from either the doctor or the unit manager or the shift leader.” ED01*

When asked to reflect on practical examples in the emergency department, the participant responded, *“Well, it is quite difficult to describe that. When you come in as a sister, I would come in and then count drugs from there. I would go to resus [resuscitation] because those are the most critical ones, take handover there, and ja [yes] do whatever I am supposed to do.” ED01.* This response shows that the participant cannot provide appropriate examples of current followership behaviour within the emergency department.

One participant verbalised, without hesitation, that she is unfamiliar with the concept of followership: *"I don't know very much about it. It's not a concept that I am familiar with, but from just the little bit you've said, I get the idea it is how well you take instruction, maybe handle change that leadership has instituted, and how well can you move forward with it. Uhm, ja [yes]."* ED02

Another participant required a fair amount of clarification when asked to share her understanding of followership: *"Is it someone I want to follow?" "For me in ED? And I am the follower?"* ED06. The participant's response brought uncertainty and required the independent interviewer's confirmation of what exactly the independent interviewer was asking her. *"This is trick questions. Like I say, if they have to follow me, I think that you have to set that example someone with boundaries so they don't walk over you but with dignity and compassion and treat every individual as an individual and not compare the one to the other one. Uhm ja [yes]."* ED06. The participant responded humorously by laughing and jokingly stating that the questions asked were trick questions. This response created a feeling of nervousness and awkwardness, as it was evident that the participant was unsure how she should respond to the question. The participant indicated that there is often a need to remind and reiterate the team members of their role as followers: *"You have to reiterate it the whole time." "Sometimes they lag a little bit behind, and then you have to remind them."* ED06

One participant specified that certain aspects often are ignored as a follower and confirmed that followership is only sometimes seen as a priority. The participant responded seriously: *"Jo ja [yes]. As a follower, there is things that you don't even look at them sometimes, we tend to ignore them." "As a follower, you know you just come and like, okay, I am under this person today. I am not a leader. We tend to ignore other things."* The same participant confessed that followership is not a concept she is familiar with and requires more attention: *"No, I don't think we all do. We don't, because you know what, we have never, I think this followership nobody has ever think about it."* ED08

The next participant's clear misunderstanding of followership led the researcher to feel powerless to a certain degree. *"With the follower, what I have discovered is sometimes there is not teamwork, and they don't want to listen to the followership. So, all we need there is the teamwork, that is what the follower must do with us as followership." "The followers they don't listen to us as followership. We always ask them things, but they don't act upon them." "The follower is the leader. The shift leader."* ED07. The researcher assisted the participant in understanding followership by drawing an image and explaining the difference between follower/followership and leader/leadership.

Another participant confirmed a certain level of understanding of leadership in the emergency department but a lack of knowledge regarding followership and, therefore, a need to create a deeper understanding: *“Because we know about leadership, but not about followership.” ED09*

This study's findings align with a scoping review by Honan (2022). The review aimed to identify and review current nursing literature and research studies focused on nursing followership. The questions that led this review were what nursing literature exists on followership and how nurses understand followership. This study's findings demonstrated that more literature on followership in nursing needs to be available, hence the limited understanding of the concept. The study highlighted the need for followership skills to be taught, learned and practised, beginning in baccalaureate nursing education and ongoing workplace training. In a study by Honan et al., 2023, whose aim was to develop a grounded theory of nursing followership, the findings alluded to a need for a holistic understanding of followership in nursing and that education in nursing followership is needed to support effective followership for all nurses. In an article focusing on the impact of leadership and followership as organisational phenomena (Lincoln and Anaheim, 2021), the authors bear on the actuality that research has primarily been concerned with leadership and how the concept of followership has only become relevant as society has transitioned into the information age. The authors further specify the importance of pursuing research into followership and understanding followers' essential role within the organisation. In chapter six of the book *“The Essence of Followership: Review of the Literature and Future Directions”* by Khan et al. (2019), the fact that followership has mostly been missed in leadership literature is confirmed. According to Uhl-Bien et al. (2014), the main reason for this oversight is the misunderstanding and confusion about the constructs of followership and how this fits into leadership.

4.3.2 Theme 2: Attributes of Followership in the Emergency Department

This theme represents the simultaneity principle, which states that change begins when we ask a question. The question asked of participants was to identify what they considered essential attributes for followership in the emergency department. The following four subthemes represent the attributes of followership according to the participants. This theme can also be associated with the poetic principle of AI because, according to the poetic principle, whatever we choose to focus on will eventually grow. Therefore, by the participants verbalising their vision of what ideal followership should look like in the emergency department, they are focusing their thoughts and energy on what ideal followership can look like in their future reality. This theme is also aligned with the principle of anticipatory. The principle of anticipatory is underlined by creating positive images or mental pictures, and this

was achieved by asking participants what they visualise as followership in the emergency department.

Subtheme 2.1 Team Cohesion

The participants wanted to recognise the worth of respect for each other within the team to facilitate followership within the emergency department. Participants referred to the need for active listening to each other, displaying a positive attitude, embracing the differences between team members, optimising teamwork, being non-judgmental, and projecting an understanding attitude towards one another.

One of the participants voiced her yearning for elements of respect, which can be embedded in the ability to listen to each other, optimal teamwork and embracing the team's diversity by not being judgmental: *"What I would like to see is us listening to each other, us working together as a team, ja [yes] and also understanding each other because we come from different backgrounds and we all have different problems and not judging each other, ja [yes]."* ED01

"I just dream that we would be all positive and just that maybe we must come up with a plan, we follow that plan, and my dream is for everyone to be positive. To walk in and say, not other, going the other way and others going the other way. So that we follow a good path, we follow the right thing, and we do good things even to the patients." ED07. The participant's response created the feeling of a desire for unity within the department. She added, *"Okay, like when I say positive like, I would want people to just respect each other and not to look down on someone because this one is more outspoken and this one is less outspoken, so we look down on someone because they are not able to say whatever like we are different in the way we speak. Some they talk more, and some they talk less, but sometimes someone will talk less, but they know what they do, and some people will talk more, but they feel like, what can I say, like they own everything because they are much outspoken, so just to value everyone is important in the unit and we must just value them and just respect them."* She then voiced a longing for respect amongst the team members when she alluded to the need for good communication and specifically respect for each other: *"I just value the good communication, the respect of each other, and not looking down on anyone in the team, just to appreciate whatever they are able to bring to the team." ED07*

Another participant said, *"I am going to go with teamwork and commitment." ED09*

One of the participants thought that *"there are certain colleagues where you do see followership traits, and there are colleagues where you do not see it, uhm ja [yes], so there*

are certain people that I would lean more towards working closer with because I know that we can in a resus [resuscitation] situation we work well together.” ED03.

Another participant felt *“communication and teamwork must just grow.” ED09*

These findings are consistent with the assertion made by Whitlock (2013 cited in Lincoln and Anaheim, 2021), alluding to the fact that operational followership and effective leadership can assist in generating workplace environments that are favourable to high performance. Freeman (2021) argues in an editorial, “Dispelling the Myths of Followership in Nursing”, that effective teamwork requires that every nurse acts as a leader – Freeman (2021) bases her argument on the need for the best teams to have clearly defined roles and responsibilities for both the leader and the team members. Identifying the dual roles of both leader and follower is essential in achieving outcomes.

Subtheme 2.2 Proactive Followership

The participants expressed their aspirations for all team members to follow the organisational policies and procedures, resulting in optimal patient care:

“You know my dream as followership; I will like to see everything done in the correct way.” ED08

“That colleagues follow the policies.” The participant voiced her opinion that although she would like to see her colleague be compliant with the standard operating procedures (SOPs), she also feels that the policies are restrictive, which has an impact on compliance: *“You want to see them following the SOPs more easily. Look when you are dealing with a company like S2 there is a policy for everything. Which is restrictive on the personality type, very restrictive. But if the policy is there for a good reason and it makes doing your job easier, you generally tend to follow it. Uhm, unless there is no buy-in with management, so if you are not getting buy-in from the staff members, and that’s why I said our policy following is actually not as successful.” ED02*

Another participant stipulated the importance of educating team members on all emergency department protocols: *“I think that there needs to be a lot more in-service training going on. I think a lot of staff are not familiar with protocols that needs to be in place, which they already are in place. They just don’t take the initiative to educate themselves on it, and I think there needs to be more.” ED03*

The following participant elaborated earnestly regarding her intense desire for all staff members to be focused on delivering holistic nursing care, specifically focused on the challenges that are typically experienced within the emergency department, such as

information sharing with the patient and family, intentional care rounds and prolonged waiting times which often leads to frustration experienced by the patient: *“Like being more attentive to the patient, keeping the family updated, informed and being alert.” ED03.*

“I would like to see everyone trauma trained. I would like to see everyone knowing exactly what to do and their roles actually, and I would like to see everyone keeping the professionalism at all times and putting their patient first.” ED04. From this participant’s response, it is evident that there is a need for all emergency department staff members to act professionally, acknowledging their roles and responsibilities and, once again, the need to be patient-centred.

Another participant voiced her desire for all staff members to ensure holistic, ethical nursing care and deliver the best possible care throughout: *“I just dream that we would be all positive and just that maybe we must come up with a plan, we follow that plan, and my dream is for everyone to be positive. To walk in and say, not other, going the other way and others going the other way. So that we follow a good path, and we follow the right thing, and we do the good things even to the patients.” ED07*

“Okay, like when I say positive like, I would want people to just respect each other and not to look down on someone because this one is more outspoken and this one is less outspoken, so we look down on someone because they are not able to say whatever like we are different in the way we speak. Some they talk more, and some they talk less, but sometimes someone will talk less, but they know what they do, and some people will talk more, but they feel like, what can I say, like they own everything because they are much outspoken so just to value everyone is important in the unit, and we must just value them and just respect them.” ED07

“Dreams, having the knowledge of what you are doing. Like ja [yes] we it’s trauma and emergency so if most of people can go and do trauma course getting that knowledge on how to handle this kind of that’s what I can put as a dream. Being your best, do your best.” ED09

The following participant identified the trust in her team, their ability to follow the organisational processes, and the team’s ability to function without a leader as a positive aspect through the following: *“Yes, the positive. Well, on my team, I can trust them even if I am not there. So, I can take the weekend or the day off and I can know my shift leaders will take the lead. I teach them well, and they know the processes and the procedures, so even when I am not there, they can cope without the leader. So, they will step up into a leader’s role. And take accountability for all their actions.” ED06*

Velez and Neves (2022) highlight the importance of proactive followers, compared with passive followers, who aim to align with their leader and challenge their assumptions or ideas to enhance organisational outcomes. The authors furthermore reiterate the characteristics of proactive followership, which involves constructively challenging the status quo, identifying and solving problems and bringing new ideas to the table in the unit, department or organisation. It is also suggested that proactive followership should be identified by extra effort in the work environment, greater responsibility, participation in decision making processes and suggesting solutions to the problems. Kelley (1992) proposed a model of followership in which two separate subthemes are stipulated, namely, the first one refers to independent critical thinking, and the second is active engagement. Independent, critical-thinking followers provide constructive criticism and do not follow blindly. Followers under this category are known to be more productive and enthusiastic and provide valuable suggestions to their leaders in difficult situations. They are also recognised for their level of creativity, energy and ownership. Barry et al. (2023) conducted a literature review to answer what historical developments led to current conceptualisations of followership in inter-professional healthcare teams, titled “Followership in inter-professional healthcare teams – a state of the art narrative review”. The results highlighted two points, of which the first alluded to the need for followers to be considered active members within inter-professional healthcare teams. Secondly, there were also the old ways of thinking of followers as passive and inactive. The authors concluded that leadership and followership are interlinked, and followers should be active team members to promote the optimal functioning of inter-professional healthcare teams.

Subtheme 2.3 Compassionate Care

The participants expressed their vision for all staff members to display the necessary compassion while delivering patient care, displaying a caring attitude towards patients and being patient-centred.

“For me, it would be compassion. If they could just display compassion to all the patients. I know sometimes it’s busy, and you forget to go to the person self; it’s just another patient or another number, so if they could enhance on the compassion a little bit.” ED06

“Everyone will be compassionate, and they will give the best and safest patient care. And they will be stepping up to new leadership roles.” ED06

“Caring.” ED03 The participant added, *“So compassion also comes in, and not all of us has it, and it’s not something we can teach people. I do not think it’s something that if their personality doesn’t have it, they don’t have it.” “Like being more attentive to the patient, keeping the family updated, informed and being alert.” ED03*

When asked to describe patient care delivery and followership within the emergency department, this participant was very expressive: *“I feel like that is very difficult because that is a personal thing. Because I feel that sometimes, you have to love what you do in order to give the type of care, as some people cannot go beyond their call. They feel like this is just a job we are here to work, but for some people, they feel like whatever I am going to do is going to make a difference in somebody’s life, so when you do it, you do it from your heart.”* ED01

Another participant addressed the pro-activeness of her colleagues, *“They are proactive. We have some of our nursing staff that would, for example, you have an intubated patient, and you don’t leave your intubated patients sight. Unless you’ve got someone standing and covering you and there are some nurses that would leave the patient’s bedside to take a personal phone call, which is 99% of the time, it is not an urgent phone call.”* ED03

This participant felt adamant about the nurses working in the ED being trauma trained: *“I would like to see everyone trauma trained. I would like to see everyone knowing exactly what to do, and their roles actually, and I would like to see everyone keeping the professionalism at all times and putting their patient first.”* ED04

These findings are consistent with the assertion made by Su et al. (2020) in a study which was aimed at determining how nursing students define and characterise compassionate nursing care as they participate in their clinical practice. The findings demonstrated that student nurses defined compassionate care as a phenomenon not standing on its own but closely related to and connected to other concepts. Students described compassionate care as centring on empathy and forming the moral drive for the nurse to exercise humane, caring behaviour. Student nurses viewed compassionate care as a core nursing value. Compassionate care requires each nurse to respond to the uniqueness of each patient and subsequently lead to improved patient outcomes. Phillips et al. (2022) performed a literature review to determine the causes of emergency department nurses’ burnout and discuss strategies to build resilience. Findings confirmed that emergency management plays a significant role in creating opportunities to assist its nurses in adapting to the ED environment’s burdens. If management invests in resilience training while providing encouragement and support, its staff will be satisfied, safe, and compassionate. Ortega-Galán et al. (2021) conducted a study to understand the concept of compassion from the perspective of nurses. Findings from this study confirmed that nurses perceive the concept of compassion differently and even contradictory. Furthermore, the concept is saturated with cultural elements, contributing to its confusion and understanding.

Subtheme 2.4 Effective Interpersonal Skills

Several participants voiced interpersonal skills that they think followers should have.

“A good follower is one person that would listen and does not judge, a follower is a person that is inquisitive that would like to learn, and ja [yes] I think so, yes I would say.” “What I would like to see is us listening to each other, us working together as a team, ja [yes] and also understanding each other because we come from different backgrounds and we all have different problems and not judging each other, ja [yes].” ED01

“What I see, there is a willingness to buy in; there is a strong willingness to buy in, uhm, and a very good ability to communicate and understand, so with good communication and understanding, your buy in is high. The communication is the key. Good communication, understanding where something comes from, uhm, understand what is about, and people come on board.” ED02

“It’s to be always relaxed and act calm. ED is unpredictable, so I think the doctors and our team leaders. What I have noticed is that every time there is an emergency, you have to be calm and be alert, and the more you are calm, the more you are going to not panic. That’s what I have noticed.” ED04

“Communication and teamwork must just grow.” ED09

These findings align with Young et al., 2020, who confirmed that interpersonal skills such as listening, loyalty, adjusting to the leaders’ strengths and weaknesses, and informing the leader of mistakes are needed for successful followership. These findings are consistent with assertions by Kelley (1988), who emphasises the significance of the followers' focus and competence and that effective followers will master skills beneficial to their organisation.

4.3.3 Theme 3: Implementation Strategies to Enable Followership in the Emergency Department

Three actions to enable followership in the emergency department emerged in this theme. The participants were asked to reflect on strategies necessary to enable followership within the emergency department. This theme aligns with all the AI principles: Implementation strategies for followership in the emergency department required the participants to follow the principles of AI, such as constructionist; using specific language and words unique to them, they potentially created their reality for followership in the emergency department. The poetic principle is embedded in this theme, as participants were motivated to share what they thought could be potential actions to produce proactive followership within the emergency department. The anticipatory principle can be associated with this theme because of the possible future of

followership or positive images of the actions implied as necessary for implementing followership in the emergency department.

Subtheme 3.1 Follower Alignment with the Organisational Goals

Participants felt that the organisational policies and procedures should guide all team members' actions, that everything should be done correctly and that there should be a unit-specific structure to guide team members.

“For me, I think things should be done according to the protocols, but everyone's got different personalities.” ED03

“So, I think as a unit we must have rules for the unit that not like we must have rules that would be the first point. But those rules would need to be followed by the staff.” ED07

“You know my dream as followership I will like to see everything to be done in the correct way.” ED08

These findings are aligned with the conclusions expressed in a scoping review aimed at understanding the state of followership literature undertaken by Leung et al., 2018. The literature review supports the hypothesis that followership styles can affect individual and organisational performance. The authors specify further that followership styles with higher levels of active engagement and critical thinking are more often associated with personal accomplishment, job satisfaction and organisational performance. If followership is adaptable or teachable, this might be an opportunity to address individual resilience and organisational performance. Grunberg et al. (2021) presented a study focused on the leaders and followers who are not to be modelled. The authors of this study highlight the value of considering what contributes to excellent or poor followership. Recent framework development to assess and guide the education and development of individuals as effective, adaptive followers is based on four C elements – character, competence, context and communication. Ineffective followers who know their limitations and/or reasons for their ineffectiveness and are open to learning, change, and growth should undertake the needed education and development programmes Grunberg et al. (2021).

Subtheme 3.2 Follower Training and Development

Participants expressed their opinion of the need for follower training and development within the emergency department by suggesting that trauma-trained nurses could provide this training; in-service training was offered, and the suggestion to embrace followership by simply creating a platform where team members can talk about followership.

“I think in terms of knowledge, we can uhm, we have some trauma-trained nurses in our department, and I think they can uhm, perhaps do some training.” “I think that there needs to be a lot more in-service training going on. I think a lot of staff are not familiar with protocols that needs to be in place – which they already are in place. They just don’t take the initiative to educate themselves on it, and I think there needs to be more.” “I think if someone is educated, if they are knowledgeable, they are able to perform a task better, and then everyone would be on the same page to perform at our highest level.” ED03

“I think the design will be to talk about followership. I think if we can just make everybody aware, and then maybe we do, we can do a follow-up and training like in-service training on whatever problem you have and have encountered.” ED08

These findings follow a study by Finlayson (2021), whose main objective was to initiate the dialogue on the importance of increasing exemplary followership within organisations and offering organisations the practical tools needed. The author provided human resource tools to assist with the training implementation of organisations, which will result in increased organisational sustainability. Read III (2021) conducted a study to explore the benefits of including the principles of followership in leadership curricula to increase employee engagement in the organisation’s mission. Results concluded that followers that partner with the leader to advance organisational objectives and enhance outcomes through proactive participation. Most organisations and educational institutions are focused on leadership development only, and followership remains behind, therefore neglecting the importance of followership. According to Grunberg and Barry (2024), innovative individuals constantly strive to develop and grow by learning new, relevant approaches and unlearning outdated ones. It is essential to assess and develop ourselves and other team members as leaders and followers and assess and develop as a team.

Subtheme 3.3 Cultivating an Environment of Inclusiveness in the Emergency Department

Participants voiced their opinion that creating an environment of involvement, such as teambuilding activities, involvement in any change in organisational policies or procedures, explaining the reasons for a possible change of policies or procedures, and the leader sharing her knowledge could assist in the realisation of exemplary followership in the emergency department.

“I think teambuilding. Teambuilding because then it will enhance teamwork, it will enhance like listening to each other. Like when we make a suggestion in order for us to resolve the matter it will help. Also, I think if we would have a session where we talk about the things we go

through, we experience in the ED, it would be because we don't see things the same; we don't feel the same; different people see different things in different situations so ja [yes].” ED01

“Involvement of leaders in change to influence rest of the team/delegation and committee forming to implement certain aspects such as SOPs.” “For me to have effective followership, this is what I am trying to explain: you have to get them to buy in on the smallest things – you have to get them to buy in first because they take away the rest of the team’s willingness to follow.” ED02

“So what would inspire me it can be just to have a good leader who is equal to everyone, who is there to share some knowledge to everyone so that everyone knows what they are supposed to do and maybe like a pathway to follow, which is correct.” ED07

These findings are aligned with the findings of a study undertaken by Sunga (2020) to examine the extent of the relationship between authentic leadership and authentic followership and their role in the self-efficacy, work engagement and organisational commitment of nurses. Evidence provided by this study is a reminder of the significance of authentic leadership in the involvement of followers and the promotion of work engagement, organisational commitment and self-efficacy. Authentic leadership promotes followers' self-efficacy, work engagement, and organisational commitment, resulting in increased followers' self-development. Caremli et al. (2010) and Nembhard and Edmondson (2006), as cited in Gurbuz et al. (2024), reported findings in a study, which was aimed at investigating whether inclusive leadership encourage followers to show enhanced task performance through strengths use and work engagement. Findings were evident that when leaders exhibited behaviours that were inclusive in nature, it subsequently encouraged their followers to make use of their strengths at work. Ultimately, these leadership actions augmented the work engagement of their followers, which led to enhanced task performance. Chen et al. (2023) developed a theoretical model to examine how and when inclusive leadership affected collective voice behaviour. Employee voice is defined by Liang et al. (2012) and Morrison (2011), as cited in Chen et al. (2023), as the upward communication of ideas and suggestions that benefit one's workgroup or the organisation. This study's findings confirmed that inclusive leadership promotes psychological safety and information elaboration, which supports collective voice behaviour. Therefore, supervisors should aim to display inclusiveness when managing their groups.

4.3.4 Theme 4: Nurturing of Followership in the Emergency Department

The last theme, nurturing followership in the emergency department, emerged from the data analysis. Participants were asked to ponder what actions would be required to keep the exemplary followership alive in the emergency department. This theme can be associated with

all the principles of AI. Nurturing strategies for followership needed the participants to follow the principles of AI, such as the constructionist; by using specific language and words unique to them, they potentially created their reality for followership in the emergency department. The poetic principle is embedded in this theme, as participants were motivated to share what they thought would be necessary to maintain an environment of ideal followership in the emergency department. The anticipatory principle can be associated with this theme because of the potential future of followership or positive images related to what is needed to create an environment that could nurture followership in the emergency department.

Subtheme 4.1 Continuous Personal Development

Participants felt that continuous training and self-development are significant for sustaining optimal followership within the emergency department.

“Uhm, I guess we continue with training because I feel like as people go and some are no longer there, things are not the same.” ED01

“In-house trainings that we always get in the unit – it helps us to develop.” ED07

“Therefore, we cannot just arrive at our destination and say that we have arrived. You need to identify and correct.” “You need to up your knowledge, self-development.” ED08

These findings are consistent with the assertion made by Bakker et al. (2023) who argued that when leaders engage in transformational leadership behaviours, they identify follower strengths and stimulate followers to show personal initiative. Findings confirmed that when leaders used transformational leadership behaviours such as intellectual stimulation and individual consideration, followers were likelier to use their strengths and take the initiative. Subsequently, it was evident that when followers' strength use was high, there was a high level of engagement from the followers, which led to work engagement and taking the initiative. Thuan (2020) studied how leaders can enhance followers' creativity through purposeful intellectual stimulation. The findings concluded that there is a direct association between leaders' intellectual stimulation and follower creativity, which could lead to increased autonomy at work. If health professionals are to function successfully in today's complex healthcare systems, developing effective followership skills is as essential as developing leadership skills. Learning how to be an authentic leader and a 'proactive' follower can lead to more effective inter-professional teamwork and, ultimately, an improvement in health outcomes (McKimm and Vogan, 2020). Kelley (1988) advises organisations to cultivate effective followership within the workplace by redefining followership and leadership, honing followership skills, performance evaluation and feedback, and organisational structures that encourage followership.

Subtheme 4.2 Leader/follower Feedback System

Participants expressed their opinion that developing a “welcoming” feedback communication system between leader and follower, as well as a non-autocratic approach, will assist in the nurturing of an environment conducive to followership in the emergency department.

“Honestly, when it comes to emergency departments, and you ask them to do something, nobody there responds well in an autocratic environment.” ED02

“The meetings that we do in the mornings in ED where ED06 will be telling us what we did wrong, how can we what is the solution to the problem, it has helped us to become much better in whatever we are doing.” ED07

“Therefore, we cannot just arrive at our destination and say that we have arrived. So, there is a lot. You need to identify and correct.” ED08

These findings align with the findings of a study in which the aim was to explore the social constructions of followership. The authors of this study provide evidence that the social constructs of followership and the ability to align with followership schema depend on the context that the leader and the organisation create. Kelley (1988) alluded to the importance of instilling feedback systems in the workplace, including performance evaluation, which should be based on followership skills. Kelley (1988) suggested that a feedback system would contribute to cultivating followership skills.

Subtheme 4.3 Follower Self-Awareness and Follower Self-leadership

Participants indicated that there should be a high level of commitment by being engaged in the work environment and valuing your purpose.

“I think committing myself.” ED04. This participant stated that she thinks that as a follower, she has to demonstrate high levels of commitment in her working environment to promote ideal followership within the emergency department.

“Yes, you need to be engaged in what you are doing and be alive. Then be there. You need to be engaged with whatever is happening.” ED08. This participant voiced the need for follower engagement to sustain an environment of ideal followership within the emergency department.

The participant was very expressive when asked about followership skills, such as being committed and self-managed in the emergency department; she responded: *“I feel like that is very difficult because that is a personal thing. Because I feel that sometimes, you have to love what you do in order to give the type of care, as some people cannot go beyond their call. They feel like this is just a job we are here to work, but for some people, they feel like whatever I am going to do is going to make a difference in somebody’s life, so when you do it, you do it*

from your heart.” ED01. From this participant's response, it is clear that there is a need for all team members to be aligned with their purpose to create the necessary intrinsic motivation, which will ultimately influence the level of followership within the emergency department.

These findings are consistent with the assertion made by Grunberg and Barry (2024) that individuals need to exercise self-awareness to develop innovative followership. Self-awareness can be separated into internal self-awareness, which refers to an individual's values, personality, style, strengths and biases, and external self-awareness, which refers to how others perceive our values, personality, style, strengths and biases. Grant, Willsie and Gupta (2021) focused on the importance of followership in raising individuals' self-awareness in organisational hierarchies through followership intelligence activity. The followership intelligence activity involves a set of questions, which promotes reflecting on what is needed to create environments where followers can flourish. Followership requires going beyond just following orders, being actively involved in the leader-follower relationship, and articulating the follower role's value within any organisation (Kelley, 2008; Chaleff, 2009, as cited in Grant and Gupta, 2021). Bracht et al., 2021, conducted a study that proved that leader self-awareness was positively associated with the follower's leadership emergence through the follower's self-leadership and leader self-efficacy. Findings confirmed a positive relationship between a leader's leader self-awareness and a follower's (a) leadership emergence and (b) nomination for promotion into a leadership position. Both relationships were shown to be mediated by the follower's self-leadership and the follower's leader's self-efficacy. Kelley (1988) alluded to the significance of an effective follower displaying high levels of commitment.

4.4 THE FINDINGS AND THE FOLLOWERSHIP THEORIES

Hollander and Web (1955) are known for the active followership theory, which is recognised by followers and leaders being interdependent. During the data analysis process, this theory was utilised to identify the need expressed by the participants that they believed an environment of inclusiveness could be an effective implementation strategy for followership in the emergency department. Litzinger and Schaefer (1982) believed that leaders can only be developed from the ranks of capable followers. Hansen (1987) thought there would be no leaders without followers and that active followership only stems from accepting authority. This theory is aligned with the theme that understanding of followership is associated with an individual's response to leadership. Kelley (1988) is well known for the groundbreaking work that he contributed towards followership theories. Kelley identified the five different followership styles, but more importantly, he identified the two behavioural dimensions of followers. Firstly, to what extent a follower can think critically and independently and secondly, on what rank are they placed on an active or passive scale? Kelley's theory was used during

the data analysis to identify what commendatory attributes participants viewed as necessary to create proactive followership in the emergency department. Chaleff (2009) believed in a followership model that embraces the importance of follower identity and creates a balance between followership and leadership in return. Chaleff's model aligns with the study's findings whereby participants expressed a need to understand followership, to be trained and developed on followership and the nurturing strategies identified necessary for followership in the emergency department. Chaleff (2009) referred to the negative connotation often associated with the term followership – which was utilised during data analysis as it was evident that participants expressed their unfamiliarity with the term followership and the difficulty they experienced in articulating their understanding of followership. Malakyan (2014) proposed the leader-follower-trade approach, which is recognised by the importance of including followership in leadership discussions. Malakyan also highlighted the power and influence of followers in the postindustrial era, which confirms the need to recognise followers in the leadership process. This theory is aligned with the findings that followers need an environment of inclusiveness, followership training and development, which is embedded in the themes of implementation strategies for followership in the emergency department and nurturing of followership in the emergency department. Kellerman (2019) is known for her work on followers to become more strategic and bolder, thus being follower-centric and not necessarily leader-centric. This author believed that followers' engagement level will distinguish the types of followers. Kellerman pleaded that leaders and followers should not be seen as inseparable. Kellerman's followership model is in line with the findings of this study; followers should be included in the leadership process and orientated towards their level of engagement. The nurturing of followership in the emergency department requires self-awareness, self-leadership and a proper follower feedback system, as expressed by the participants.

4.5 SUMMARY

This chapter presented the data analysis and discussion of the findings. A brief description of the demographic data was provided, and a detailed discussion of themes and subthemes was provided. The findings were also embedded in the literature and related to the followership theories. The next chapter will discuss limitations, recommendations and the conclusion of the research findings.

CHAPTER 5 - LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In Chapter 4, the study's essential findings are discussed in detail. Verbal quotes from the participants are validated against the literature. The researcher concisely summarises the study findings in the current chapter and offers recommendations. In addition, the study's limitations are acknowledged to provide transparency and ensure that the readers are aware of any shortcomings that have influenced the results.

5.2 CONCLUSION OF FINDINGS

The study explored the understanding of followership amongst emergency department nurses through an appreciative inquiry. The cycles of appreciative inquiry were utilised to address the research questions and aims. Nine semi-structured interviews were conducted to uncover rich and detailed information. Data was analysed using Braun and Clarke's six-step thematic data analysis model to find the four themes. A summary of the findings will be discussed in the following section.

5.2.1 Theme 1: Understanding of Followership

Participants expressed various definitions for their understanding of followership. The definitions included being submissive, following someone, having the ability to handle change instituted by management, being led by someone, and following an individual's positive traits. Participants were honest in their unfamiliarity with the concept of followership and alluded to the general notion that there has always been much focus on leadership, but not necessarily followership. Participants also highlighted that followership in the emergency department had not been given attention, and there is a need for a deeper understanding of followership. Participants defined followership as role modelling of a person in an authority position, looking up to an individual, being led by example and being led by what you admire. Lastly, participants defined their understanding of followership as an individual who has knowledge and experience and is assertive and confident.

5.2.2 Theme 2: Attributes of Followership in the Emergency Department

Participants articulated that they view the following attributes necessary for followership within the emergency department: team cohesion, accountability and responsibility, compassionate care and effective interpersonal skills.

Participants indicated that they need respect for each other, active listening, and understanding of each other. Participants further voiced their need not to be judged by their

team members. Participants believed that all team members should be aligned with the unit's company policies, procedures and protocols, resulting in everybody doing everything correctly and optimal patient care. Participants indicated that all team members should display the necessary accountability and responsibility by ensuring they are familiar with unit-specific protocols and aligned with their roles and responsibilities. Participants voiced the need for compassionate care to be displayed by all team members. The aspects of compassionate care are aligned with the core values of nursing. They also voiced the need for all team members to be attentive to their patients and prioritise patient care. Furthermore, the participants expressed a need for all team members to display optimal interpersonal skills needed within the emergency department.

5.2.3 Theme 3: Implementation Strategies to Enable Followership in the Emergency Department

Participants believe that implementing the following strategies could assist with followership within the emergency department: namely, all staff should be aligned with organisational goals, follower training and development should be instituted, and an environment of inclusiveness should be created within the emergency department.

5.2.4 Theme 4: Nurturing of Followership in the Emergency Department

Participants confirmed that continuous personal development should be the aim to better oneself. Participants alluded to the importance of having an effective leader/follower feedback system to facilitate continuous improvement of followership behaviour within the organisation. Participants referred to the extent of follower engagement and commitment.

5.3 RECOMMENDATIONS

Recommendations were formulated based on the findings of exploring the understanding of followership in the emergency department of a private hospital in Gauteng Province. The researcher made the following recommendations related to the nursing education institution, the hospital management, and the nursing staff:

5.3.1 Nursing Education Institutions

To ensure the concept of followership is embedded with nursing students, the following is recommended:

- Educational institutions to include followership in their curriculum
- Followership education should be comprehensive, covering the various types of follower styles, followership characteristics, challenges, and failure, and empowering

student nurses to be exemplary followers and apply proactive followership within the workplace or clinical environment.

5.3.2 The Hospital Management

- Develop a followership policy, which specifies the definition, purpose, and objectives of followership, the roles and responsibilities of a follower, recognising and correcting followership failure.
- Develop and implement a comprehensive followership-training programme to deepen nurses' knowledge and promote understanding of followership in the emergency department and all other disciplines of nursing teams.
- All heads of departments should be included in the followership-training programme to understand their significant role as followers and to enhance their understanding of the follower styles and behaviours within their working teams.
- Human resource support systems should be optimised to assist department heads with followership failures and how to deal with these scenarios appropriately.
- All nursing departments should embrace the concept of followership by including it in daily/weekly/monthly meetings, as well as practice and identify and correct feedback system.
- Heads of departments, shift leaders, and nursing management should cultivate an inviting platform where nursing staff can openly and safely discuss their challenges experienced as followers and construct possible solutions together.
- Developing and implementing a comprehensive hospital followership onboarding programme to define the concept, proactive followership roles and responsibilities, followership failures, followership styles, follower identity, etc.

5.3.3 Recommendations for Nursing Staff

Recommendations for nursing staff include the following:

- Develop a comprehensive understanding of followership, including the different followership roles and styles.
- Expanding and nurturing everyone's unique followership character traits through reflection and self-awareness.
- Practice the ability to transition between the role of follower or leader as required by each situation.
- Adopting a unit culture of follower accountability and responsibility through proactive followership behaviour.

- Identification and active voicing of challenges experienced as followers to establish a supportive environment to find possible solutions for challenges experienced as followers.

5.3.4 Recommendations for Further Research

Recommendations for further research include the following:

- The establishment of a follower identity by the follower.
- Exploring the impact of different follower cultural beliefs on the perception of followership.
- Most research on teamwork in the healthcare environment is leader- focused, and it could be beneficial to study teamwork in the healthcare environment being follower-focused.
- Obstacles experienced by a follower transitioning into a first-time permanent leadership role.

5.4 REFLECTION OF THE RESEARCHER

Reflecting on my journey of completing my master's study generates many mixed emotions, such as accomplishment, pride, excitement and gratitude. In contrast, my journey was also often overshadowed by feelings of feeling overwhelmed, frustrated and demotivation. I would like to believe that my journey has cultivated an elevated level of perseverance within myself. I feel privileged that I have completed my journey alongside my supervisor, who immersed me with knowledge and provided me with the necessary guidance and support to complete this journey. The journey has assisted me in reaching a heightened level of self-actualisation through an enormous amount of learning that occurred along the way. During the journey, I have also been able to apply the newly acquired knowledge generated to the practical setting and provide advice to peers who have also undertaken their master's studies.

5.5 LIMITATIONS OF THE STUDY

The study was limited because it was only reserved for the emergency department of a single private hospital in Gauteng. Therefore, the reader should carefully apply the findings to their context. Another area for improvement is the paucity of previous studies regarding the understanding of followership specifically focused on nursing.

5.6 SUMMARY

The study explored the understanding of followership amongst emergency department nurses utilising an appreciative inquiry in a private hospital in Gauteng province. Based on the

findings, a definitive conclusion was reached. The underlying principles of appreciative inquiry, anchored in a positive approach, encourage individuals to define, discover, dream, design, and reach their desired destination. It suggests that organisational change can be brought about by encouraging employees to reflect on their current strengths. It was found that there needs to be an understanding of followership amongst emergency department nurses. Furthermore, emergency department nurses are to deepen their knowledge and understanding of followership, empowering them to create self-awareness of their followership style and followership developmental needs. This increased understanding of followership amongst emergency department nurses could improve organisational- and patient outcomes and experiences.

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ANNEXURES

ANNEXURE A - TOPIC GUIDE

Introduction to explain the interview and purpose

As part of a Master's study, we are conducting interviews following an appreciative inquiry model with employees about their work experience. In particular, our goal is to locate, illuminate, and discover the employee understanding of followership. The information you provide in this interview will be used to help identify potential areas for followership development. Our interest is in learning from your experience. The collected comments, experience, and suggestions from all of the employees interviewed will be summarised and reviewed with senior management. The interview will take about one hour. The interview will tend to focus on the organisation when it is operating at its best in the following (preliminary) topic areas: Followership, exemplary followership, cooperation, and teamwork.

Stage-setting questions:

- How long have you been with the organisation? Why did you join this organisation? What do you enjoy most about your position?
- What were your initial feelings and impressions when you joined the company?

Question 1 – Opening Conversation – High Point Experience

As you look over your experience working within the hospital, there have been many ups and downs, peaks and valleys. I would like you to reflect on one of these peaks, one of the high points. Can you remember a time that mainly stands out to you as a high point, when you felt most effective, alive, engaged or proud?

- A. Please share the story. What happened? When? Where? What were your feelings? What challenges did you encounter? How did you overcome these challenges?
- B. What was it about you and others around you that made this a high-point experience?
- C. Based on this story, if we now have a conversation with people who know you best and ask them to share the three best qualities they see in you, the best capabilities or qualities you bring to the emergency department, what would they say?
- D. Let's talk for a moment about some things you value deeply— specifically, the things you value about (1) yourself, (2) the nature of your work, and (3) the organisation.
 - Without being humble, what do you value most about yourself as a human being?
 - What is it about the organisation that you value?
 - What is the single, most important thing the company has contributed to your life?

Question 2 – Followership

- A. Followership is about the willingness/ability to follow a leader. High-performing organisations empower and challenge people to initiate beyond what they believe is possible. In doing so, these organisations nurture the inherent followership capacity within each employee—recognising that followership includes but also extends far beyond position or level. You probably have seen or experienced a number of exemplars of followership in your working environment —individual or group/team acts of followership that you admire. Think for a moment about a story, one example, of the kind of followership you value—something you have experienced, heard about, or seen at any level of the hospital where you currently work. What happened?
- What do you value most in this story of followership?
 - Based on this story, what is followership? In your view, what does followership involve? What are the key qualities?
 - As you continuously seek to develop into the best follower you can be, would you be willing to share with me how you generate your own inspiration to follow positively?
 - What are the personal, spiritual, and developmental practices you have found most useful to assist you in being the best follower?

Question 3 – Cooperation/collaboration

An exceptional team is built on individual expertise and excellent cooperation. Cooperative teamwork, clear communication, and effective followership are essential elements in delivering superior patient care.

- Describe a time when you participated as a team member where your expertise truly made a difference to the team.
- Imagine that you are working with an exceptional team. Describe the team.
- What do you value most about this team?

Question 4 – Dream

It is the year 2030, and you have just awakened from a long sleep. As you look around, you see the emergency department just as you always wished and dreamed it would be.

- What is happening? How is the unit different? How is your organisation contributing to this new unit? What are you doing that makes a difference?

IN CONCLUSION

What is the core factor that gives vitality and life to the organisation (without which the organisation would cease to exist)?

What three things would you do if you could develop or transform followership within the organisation?

**ANNEXURE B - PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT
FOR INDIVIDUAL INTERVIEWS**

**Study title: THE UNDERSTANDING OF FOLLOWERSHIP AMONGST EMERGENCY
DEPARTMENT NURSING STAFF IN A PRIVATE HOSPITAL IN GAUTENG: AN APPRECIATIVE
INQUIRY**

Principal Investigator: Mrs S du Plessis

Supervisors: Prof R Leech and Mrs S Rossouw

Institution: University of Pretoria

DAYTIME AND AFTER HOURS TELEPHONE NUMBER(S):

Daytime number/s:

Afterhours number:

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

date	month	year

:
Time

Dear Prospective Participant

Dear Mr. / Mrs.

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for my Master's degree purposes at 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 discover through appreciative inquiry the understanding of followership amongst the ED nursing staff in a private hospital in Gauteng province.

By doing so I wish to learn more about "what gives life?" / "the best of what is" amongst the ED nursing staff. To envision "what followership might be?" amongst the ED nursing staff. To design "how followership can be?" amongst the ED nursing staff through the process of co-constructing. To empower, learn, and adjust the ED staff on "what followership will be?" in the ED.

You will be interviewed by the researcher's assistant in a place 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 an individual interview, which will take about 60 minutes. The individual interview will be a one-on-one meeting between the researcher and the independent interviewer – Sr B Mdluli. I will ask you several questions about the research topic. This study involves answering some questions such as "How long have you been with the organisation?", "Please share a time that stands out to you as a high point, a time when you felt most effective, alive, engaged or really proud? What happened? When? Where? What were your feelings?", "Think for a moment about an example, of the kind

of followership you value—something you have experienced, heard about, or seen in your department at the hospital, and then tell me what do you value most in this story 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 risk and discomfort involved is the time spent on the interview. If questions feel too personal or make you uncomfortable, you do not have to answer them.

If you need psychological support or counselling during or after the interview, I will be able to refer you to a psychologist.

5) POSSIBLE BENEFITS OF THE STUDY

You will not benefit directly by being part of this study. But your participation is important for us to locate, illuminate, and discover the employee understanding of followership. The information you give may help the researcher to identify potential areas for followership development.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of 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 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 doctors on how to do research in people. The researcher can give you a copy of the Declaration if you wish to read it.

The study was also submitted to Netcare's Research Ethics Committee and written approval has been given by that committee.

9) INFORMATION ON WHO TO CONTACT

If you have any questions about this study, you should contact:

My supervisors: Prof Ronell Leech (012 3563161 / ronell.leech@up.ac.za) or Mrs Seugnette Rossouw (012 3563154 / seugnette.rossouw@up.ac.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 (another name), 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 scientific 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.

ANNEXURE C - PERMISSION TO CONDUCT THE STUDY AT THE DESIGNATED HOSPITAL

The Hospital Manager
Designated Hospital

Dear Sir,

WRITTEN APPROVAL TO CONDUCT A MNurs STUDY

I am a master's student at the University of Pretoria. I am requesting written approval to conduct a study titled: Exploring the understanding of followership amongst emergency department nursing staff in a private hospital in Gauteng Province: An appreciative inquiry

The general aim of this study is to discover through an appreciative inquiry the understanding of followership amongst the ED nursing staff in a private hospital in Gauteng province.

If permitted, I will conduct individual interviews of approximately one hour with the nursing staff in the emergency department at times most suitable to them without disrupting the services in the department.

All ethical principles with regard to privacy, confidentiality, informed consent, beneficence, and justice will be upheld.

I shall be very grateful if my request can be approved. Thank you.

Yours faithfully,

S du Plessis

Instructions: Please copy content onto hospital/site/division letter head

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS NETCARE FACILITY

Dear SUNEL DU PLESSIS (Name of applicant)

Re Exploring the understanding of followership amongst nursing staff in the emergency dept : An Appreciative Inquiry. (Title of research)

We hereby confirm knowledge of the above named research application to be made to the Netcare Research Operations Committee and in principle agree to the research application for Netcare SUNNYSHILL HOSPITAL Hospital/site/division, subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the Netcare Research Operations Committee.
2. A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. Netcare has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

[Signature]

Signed by Hospital/Site/Division Management

07/07/2023

Date

HOSPITAL GENERAL MANAGER

(Specify designation)

ANNEXURE D - CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

This agreement is between

Sunel du Plessis Master's degree by virtue of dissertation in Nursing Management Research
Student University Pretoria

And

Boile Mdluli Co-researcher (Retired Nurse Master's Degree)

For

Exploring the understanding of followership amongst emergency department nursing staff in
a private hospital in Gauteng province: an appreciative inquiry.

Summary of job description/service provision:

To conduct semi structured interviews with the research subjects for the above mentioned
study.

I agree to:

1. Keep all the research information shared with me confidential. I will not discuss or share the research information with anyone other than with the Researcher or others identified by the Researcher.
2. Keep all research information secure while it is in my possession.
3. Return all research information to the Researcher when I have completed the research tasks or upon request, whichever is earlier.
4. Destroy all research information regarding this research project that is not returnable to the Researcher after consulting with the Researcher.
5. Comply with the instructions of the Researcher about requirements to physically and/or electronically secure records (including password protection, file/folder encryption, and/or use of secure electronic transfer of records through file sharing, use of virtual private networks, etc.).
6. Not allow any personally identifiable information to which I have access to be accessible from outside South Africa (unless specifically instructed otherwise in writing by the Researcher).

ANNEXURE E - ETHICS APPROVAL



Faculty of Health Sciences

Faculty of Health Sciences **Research Ethics Committee**

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 18 March 2022 and Expires 18 March 2027.
- IORG # IORG0001762 OMB No. 0990-0279 Approved for use through June 30, 2025 and Expires 07/28/2026.

24 July 2024

Approval Certificate Annual Renewal

Dear Mrs S du Plessis,

Ethics Reference No.: 168/2023 – Line 1

Title: Exploring the understanding of followership amongst nursing staff in the emergency department: An appreciative inquiry

The **Annual Renewal** as supported by documents received between 2024-06-18 and 2024-07-17 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2024-07-17 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2025-07-24.
- The Research Ethics Committee (REC) must monitor your research continuously. To this end, you must submit as may be applicable for your kind of research:
 - a) annual reports;
 - b) reports requested *ad hoc* by the REC;
 - c) all visitation and audit reports by a regulatory body (e.g. the HPCSA, FDA, SAHPRA) within 10 days of receiving one;
 - d) all routine monitoring reports compiled by the Clinical Research Associate or Site Manager within 10 days of receiving one.
- The REC may select your research study for an audit or a site visitation by the REC.
- The REC may require that you make amendments and take corrective actions.
- The REC may suspend or withdraw approval.
- Please remember to use your protocol number (168/2023) on any documents or correspondence with the Research Ethics Committee regarding your research.

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

On behalf of the FHS REC, Professor Theresa (TM) Rossouw

Chairperson: Faculty of Health Sciences Research Ethics Committee

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).

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Fakulteit Gesondheidswetenskappe
Lefapha la Ditsenseisa Maphelo

ANNEXURE F – TRANSCRIPT OF INTERVIEW

Interviewer:

Good morning. How are you?

Participant:

I am well, a bit tired but well.

Interviewer:

Like Matron has just said, we are going to be getting information on followership, the aim of the study is to determine the understanding from your perspective what is followership. And we are going to be using the appreciative inquiry model, which consists of 4 cycles. It focuses on people at their best. It is a positive model. So whatever we are saying, the information should be directed to positivity. It has 4 cycles. There is so much that has been done in the literature on followership and some of the gurus of followership they have come up with, even the types of followers. We would have a follower who is very participative, we would have a follower that is a critical thinker, you can even have a follower that is passive and described as a sheep. There are those types of characteristics of followers. And in the literature they refer to 80% of organizations being followers and 20% being leaders. Followers are increasingly becoming very influential and powerful. Defining followership is a situation or a state of allowing yourself to be influenced by a leader. The aim is really to determine the understanding of followership in the ED department amongst the staff. So we would like you to explain to us what followership is, and we will guide you through the AI process where we will start with the discovery, and then you dream of the ideal, what is it that you wish or hope to see happening in the context of followership, then you move to come to the design – it is like a mission – what is it that you would put in place in order to realise that your dream to come true for instance, and then once you have arrived at that ideal ed in the context of followership – how do we maintain that. Remember just focus on followership – that is the main aim of the study.

From your own perspective, can you please define or describe followership to us?

Participant:

Followership – to me, it's understanding following someone or following uhm a certain way of doing things. It could also pertain to certain people and, uhm, following their traits – the positive traits.

Interviewer:

Can you perhaps give us examples?

Participant:

For example, let's say with the doctor certain characteristics that you would pick up from certain doctors that you would want to follow and that kind of guides us into dealing with patients uhm, depending on the signs and symptoms of the patients, you would begin to already create a differential diagnosis by working closely with the doctor you already learn these traits.

Interviewer:

Would it be a trait of diagnosing?

Participant:

Of diagnosing, of having a differential diagnosis before we go into like other treatments so you already, for example, your patient comes in with a tachy [tachycardia] and your patient has a temperature of 38. Something and you are already thinking towards sepsis of some sort, so I would say followership is like following a trait.

Interviewer:

In terms of exemplary followership what would be the character traits that you would identify in a person?

Participant:

Someone that is assertive, someone that is knowledgeable, someone, uhm, you can tell that has experience, someone that is experienced.

Interviewer:

According to your observations what is the state of followership currently in ED?

Participant:

Can you rephrase?

Interviewer:

The situation or what you are experiencing in terms of followership in ED as it is now?

Participant:

There are certain colleagues where you do see followership traits, and there are colleagues where you do not see it, uhm ja [yes], so there are certain people that I would lean more towards working closer with because I know that we can in a resus situation we work well together.

Interviewer:

What specifically would they do, in terms of followership, that you would value?

Participant:

Uhm because I have worked with them, I have seen good results uhm they know what they doing, and they are educated, they are experienced, they set out a task to do, and they accomplish that task, for example intubating a patient like we already know they already know the process of how we are going to do things they are strong-willed they are assertive they

are like get that ready get this ready in case of this we've got this ready and then we've got experience with other people that aren't very assertive of themselves

Interviewer:

Now, in terms of followership, we see in the literature that the ideal follower are self-managing. They are also responsible for their own actions, and they are committed. They have a passion for what they are doing. Looking at those traits and thinking of the ideal followership in ED, we would like you to tell us your dream in the context of followership. What would you like to see?

Participant:

I think that there needs to be a lot more in service training going on. I think a lot of staff are not familiar with protocols that needs to be in place – which they already are in place they just don't take the initiative to educate themselves on it and I think there needs to be more

Interviewer:

Like reading?

Participant:

I think it needs to go beyond reading, I think it needs to be yes we do have these every week on a Tuesday these online discussions that Mande or someone presents it online but I think over time if we are not doing something often enough we often forget how to do things or we slack on it.

Interviewer:

True.

Participant:

So I do think training makes a big difference although its stuff that we know already it needs to be practiced more.

Interviewer:

Training specifically on what? Remember in the context of followership.

Participant:

I think if someone is educated, if they are knowledgeable, they are able to perform a task better, and then everyone would be on the same page to perform at our highest level.

Interviewer:

Anything else that you wish you could see happening. Just feel free, the information that we get here will be not be said that [name] said this or [name] said that.

Participant:

So, I think there are certain people in the department that have their own views on how things should be done. For me, I think things should be done according to the protocols, but every ones got different personalities. Sometimes, I don't know if it's more of a personality conflict where like one person will feel like they should have things like clutter in the resus and we have stock drawers for that, so it just trying to work around different personalities, there are

one or two people that are certain problems but I am certain that those problems will go away. So like once we get good people who are actually interested and take their jobs seriously then we can be more efficient.

Interviewer:

Now that we have a picture of your ideal followership in ED what are the things that you think we could put in place to enhance and develop this exemplary followership. Besides the training that you have mentioned.

Sorry I just want to also highlight the aspect that you have mentioned now around a follower is someone who is passionate and engaged – and that is an important aspect that you are bringing.

So for a person to be engaged what is it that we would see as evidence that this person is engaged?

Participant:

They are pro active. We have some of our nursing staff that would for example you have an intubated patient and you don't leave your intubated patients sight. Unless you've got someone standing and covering you and there are some nurses that would leave the patients bedside to take a personal phone call which is 99% of the time it is not an urgent phone call.

Interviewer:

SO what would you like to see happening in that situation?

I would like them to take their job seriously and for me I am more, I get personal and I connect more with a patient , you know I was feeling really bad about this patient it was a 44 yr old she had a brain bleed and I felt bad about it and I was told "oh it's just another patient to me" by someone else.

So compassion also comes in and not all of us has it and it's not something we can teach people. I do not think it's something that if their personality doesn't have it they don't have it.

Interviewer:

So in terms of the dream

Participant:

Caring

Interviewer:

You wish that people would be caring people should be compassionate and in terms of compassion what are the traits that that person would do for instance? In the context of followership.

Participant:

Like being more attentive to the patient, keeping the family updated, informed being alert. Like your adrenalin is almost finishing like premix and I also think also with our new careon system

yes it is great, but it also stops you from doing your notes because you have to leave what you doing to go mix medication because you need to be on the ball with things and then we end up in being behind with the notes and then the medication if it shows on the system it shows that we have given if late but actually the doctor has given put in the order late. And we have to sign it off at that time.

Interviewer:

It actually speaks to being alert. Proactive.

Participant:

Yeh you got to be like what's coming and then anticipate and be prepared for what's coming. It's also a quality trait that not everybody has.

Interviewer:

And now in terms of the design, because this is continuous. You want to enhance and develop, what is it that you can come up with or implement to realize that ideal, hopes and wishes with regards to followership. What are the things, you mentioned that followers should be knowledgeable for instance, what is it that we can do to develop that? Remember that we are talking about followership and we want these positive characteristics as driven by the appreciative inquiry model. Describe to us what is it that you can put in place?

Participant:

I think in terms of knowledge we can uhm we do have some trauma trained nurses in our department and I think they can uhm perhaps do some training with the staff on certain situations, on how to perhaps interpret a blood gas because things are being missed by dr's and we can pick it up and intervene but if we are not educated about it you are going to miss it, if the doctor missed it and you missed it and then it compromises the patient so ja perhaps doing it doesn't have to be something like something its just teaching people to interpret test results and make suggestions because we do have new dr's working and sometimes the nurse experience assists the doctors. IN terms of I think with that knowledge it makes the nurse more confident to assist in making decisions in terms of advocating for the patient so I think that could help. Then with passion I think it's, I do not think passion is something that you can teach people, it's something that's either in you or it isn't. So I know from my knowledge of other countries I would think that which I know south Africa nurses work 12hr shift I think like in terms of hours like that will, like if a nurse came in and worked different shifts uhm I think like maybe given the option of a 8 hrs shift but you still able to cover your contractual hours I think that would change a nurses life. To be honest I do come in late somedays because I have to make breakfast in the morning and I would love to go to gym in the morning as well but I have to be here before 07h00 so that is impossible but then for methat would make my life better to come to work maybe like at 08h00 and then to work until 18h00 Or 19h00 or whatever the case

might be, to be able to work flexi hours and still cover our contractual hours so I don't know if that's something that could work.

Interviewer:

One of our other participants actually touched on the psychological / mental health of a follower and the importance of optimal mental health for the follower. You need to take responsibility and you need to take ownership of yourself, an optimal follower is someone who does self-care it is important what you are mentioning because if we could implement one change to enable you to exercise that one hour in the morning or not being stressed because you are going to be late. Because that could actually also influence how you perform and interact with your patients.

Participant:

Ja and when you arrive to work , okay I have arrived at work and I am not late because once you arrive to work and you are already frantic and panicked you starting your day of panicked it does affect you psychologically for sure.

Interviewer:

It's very important what you are mentioning, it's an aspect of mental health and we should have in place things that could enhance the mental wellbeing of a follower so that when they take off in their tasks or duties then they are in a positive mental health status.

Is there any other thing in terms of design?

Participant:

In terms of mental health, I do think like having an on site counselor, I know in ED we have ICAS and the trauma counsellor but I think holistically like with the entire hospital staff, I think having a counsellor onsite like a counsellor or psychologist or someone like you having a bad moment I mean we all go through bad stuff at home with your family and at work and sometimes you just need someone to vent to you don't want to always I mean you cant always have an opportunity to phone someone but I mean like getting an outlet. But it is something that I think would be helpful for the nurses.

Because that would drive you towards this mental health wholeness so that when you are now on duty as a follower, you are actually undertaking followership within that mental framework which is a very positive attribute for followership.

JA once your mental wellbeing is sorted then you perform better.

Interviewer:

Now once you have put in place strategies like you were giving us examples of training, to reach your destination, how would you maintain that? Or sustain that followership.

Participant:

I think if we put something in place and we trial it for example with the flexi hours I think people would come in more relaxed – they would be able to do the things they need to do at home,

like taking kids to school or go to gym and then they feel like okay I am ready to start the day and then they would feel they are not as stressed out as one would use to be.

Interviewer:

If I hear you well we have to come up with models that would change the working hours of nurses in terms of flexi, so there has to be that change

Participant:

I think that would be a big game changer. In terms of flexi hours. I think it would make nurses happier.

Interviewer:

Any other things that you would do to maintain?

You mentioned training

Participant:

I think it should be compulsory I think nurses would lean more towards doing it if it counted towards our contractual hours uhm personally I find it quite irritating when I am scheduled for training on my day of because I have got plans for days off. But if it's part of my hours. But it should be compulsory, and it could be done once month or at least every 2 months on drug protocols on algorithms. We do go for ACLS and PALS, but I think if we could have a refresher that would help.

Interviewer:

I think you have given us very important information and that will contribute towards the study and once matron Sunel has done the interpretation the results will be shared with management. Your contribution is highly valued.

ANNEXURE G – COPY OF FIELDNOTES

<p>Participant Identification: ED07(Interview 6)</p> <p>Location: Boardroom</p> <p>Date: 5 April 2024 Time: 08:09</p>	<p>Participants demeanor / First Impressions: Participant appears to be comfortable, smiling. Leaning forward with her hands folded while seated. Appears to slightly introverted.</p> <p>General Notes: Participant uses hand gestures as she is talking, assist to express herself. Pauses before answering questions.</p> <p>Final Comment: Serious facial expression during the process of interview. Language to express herself seems to be a challenge.</p>
<p>Participant Identification: ED08(Interview 7)</p> <p>Location: Boardroom</p> <p>Date: 5 April 2024 Time: 09:16</p>	<p>Participants demeanor / First Impressions: Self-confident, smiling. Sitting with hands folded, elbows resting on the table.</p> <p>General Notes: Takes long to respond to the questions. Uses hand gestures while talking. Uncertain of how to answer certain questions. Answers honestly by saying that it is a difficult question or that “nobody has ever thought of this” Periods of silence, finding it difficult to respond.</p> <p>Final Comment: Looking for reassurance during the process of interview to make sure that she understands the question correctly.</p>
<p>Participant Identification: ED09(Interview 8)</p> <p>Location: Boardroom</p> <p>Date: 5 April 2024 Time: 09:56</p>	<p>Participants demeanor / First Impressions: Smiling, but looks nervous.</p> <p>General Notes: Looking for reassurance during engagement, want to know if she is on the right track. Hands folded together and tends to lean forward on the chair. Independent interviewer had to reassure participant by telling her to relax and that there is no “right” or “wrong” answer.</p> <p>Final Comment: Participant became more relaxed as the process unfolded. Appeared to be more confident in the way that she answered the questions.</p>

<p>Participant Identification: S7 (Interview 9)</p> <p>Location: Boardroom</p> <p>Date: 5 April 2024 Time: 11:04</p>	<p>Participants demeanor / First Impressions: Smiling when entering the venue, but looks nervous once seated. Introverted personality.</p> <p>General Notes: Answers questions in a confident manner, although her definition of followership was incorrect.</p> <p>Final Comment: Seemed very surprised when she was informed what followership actually is.</p>
<p>Participant Identification: ED01(Interview 1)</p> <p>Location: Boardroom</p> <p>Date: 13 April 2024 Time: 06:43</p>	<p>Participants demeanor / First Impressions: Enthusiastic & energetic, positive to participate in study. Self-confident. Sitting with back against the wall, hands folded in lap.</p> <p>General Notes: Seems confident of her answers, honest when she is finding it difficult to answer a question.</p> <p>Final Comment: None</p>
<p>Participant Identification: ED02(Interview 2)</p> <p>Location: Boardroom</p> <p>Date: 13 April 2024 Time: 07:30</p>	<p>Participants demeanor / First Impressions: Seems serious but satisfied to participate, seated on the edge of the chair, legs folded and elbows resting on the table. Uses facial expressions such as frowning</p> <p>General Notes: Very honest that she does not have an idea of what the term followership is. Liberal in her way of expressing herself.</p> <p>Final Comment: Becomes side tracked / wanders off the topic of followership. Seems to have strong preconceived ideas about staff members that work in ED, such as that they are not rule followers, adventure seeking and adaptable.</p>
<p>Participant Identification: ED03(Interview 3)</p>	<p>Participants demeanor / First Impressions: Arms folded when entering the venue, arms remain folded after seated. Slight smile present. Very serious during the process of engagement.</p>

<p>Location: Boardroom</p> <p>Date: 13 April 2024 Time: 08:36</p>	<p>General Notes: Appeared to be a bit reserved during the process of engagement, independent interviewer had to probe further to get more information from the participant. Appeared to become more relaxed as the process unfolded.</p> <p>Final Comment: Seemed satisfied following the process of engagement.</p>
<p>Participant Identification: ED04(Interview 4)</p> <p>Location: Boardroom</p> <p>Date: 13 April 2024 Time: 09:16</p>	<p>Participants demeanor / First Impressions: Seems nervous and uncertain. Open body posture. Uses hand gestures during the process of engagement.</p> <p>General Notes: Throughout the process of engagement, the participant repeatedly verbalizes that she is still “new” in the emergency department and does not have a lot of experience.</p> <p>Final Comment: Participant definitely became more relaxed towards the end of the process of engagement. Indicated that it was a good “learning opportunity” for her.</p>
<p>Participant Identification: ED06(Interview 5)</p> <p>Location: Boardroom</p> <p>Date: 13 April 2024 Time: 12:55</p>	<p>Participants demeanor / First Impressions: Smiling, sit on the edge of the chair with elbows resting on the table and hands folded. Facial expressions during the process is indicative of uncertainty towards some of the questions answers.</p> <p>General Notes: Language seems to be a challenge to express herself, by translating directly from Afrikaans to English – which does not necessarily have the same impact as it would have in Afrikaans. Seems to talk about followership from the context of the staff members and not necessarily from her position as the manager. Needed clarification as to whom are we referring to when talking about followership.</p> <p>Final Comment: No additional comments</p>