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## Followership: A review of the literature in healthcare and beyond<sup>☆</sup>

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### ABSTRACT

**Introduction:** Research in healthcare leadership has focused on leaders. In contrast, organizational success may be more influenced by followers. Kelley described five followership styles based on two characteristics: active engagement and independent critical thinking. We examined the literature on the association between followership style and workplace outcomes.

**Methods:** Articles from MEDLINE, CINAHL, and EMBASE were searched. Given the paucity of studies, we expanded our search to non-healthcare databases. Two reviewers identified all studies examining followership styles and their association with job satisfaction and/or performance outcomes. Included studies were evaluated using the GRADE approach.

**Results:** We identified one article on followership for every sixty articles on leadership in the medical literature. Fourteen observational studies on followership were included in our analysis. Outcomes ranged from the individual to the organizational level. No synthesized analysis was possible due to heterogeneity. Followership styles with greater active engagement and independent critical thinking were associated with increased job satisfaction, decreased burnout, and workplace performance metrics.

**Conclusions:** There is a dearth of studies on followership. The literature suggests that followership characterized by greater independence is associated with positive outcomes. Given the importance of teamwork in the critical care environment, we should prioritize understanding of this important variable.

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## 1. Introduction

The majority of research regarding teamwork in healthcare has focused on the leadership role. However, the followership role may be more important, especially because followers represent at least 80% of the healthcare workforce [1] and there is increasingly less emphasis on hierarchical leadership [2]. Modern healthcare workers are rarely passive subordinates or entirely dependent upon titular leaders; they are increasingly educated, expected to problem solve, and work independently. Accordingly, it is increasingly important to understand

how followers influence complex organizations such as healthcare and contribute to its success or failure. The purpose of this scoping review is to understand the state of followership literature.

Followership can be difficult to define, but generally depends upon the processes by which people follow, who they follow, and how much engagement and influence they exert [2]. In 1992, Kelley described a followership matrix that is still the most commonly used. He summarized five followership styles: passive; conformist; alienated; pragmatist; and effective. He conceptualized these using a 2 × 2 table with the pragmatic style at the center and the others arranged according to two characteristics: engagement (from passive to active) and critical thinking (based on the degree of independence) [3].

*Passive* followers, also known as “sheep followers”, demonstrate a low degree of engagement and critical thinking. *Conformists*, also called “yes followers”, have high initiative and motivation but lack critical thought. They are, therefore, more dependent on leaders for direction. *Alienated* followers are the inverse of the conformist: they demonstrate the ability for independent and critical thought but show low levels of

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engagement and initiative. *Pragmatists* have abilities in both domains but are considered “fence sitters”: they have the ability to act but only do so when necessary. *Effective or exemplary* followers demonstrate a high degree of active engagement and independent, critical thinking.

This review explores the relationship between followership style and job satisfaction or job performance in healthcare. We also review the published literature in other professional contexts to assess the impact of followership and performance outcomes and to search for insights that might be applicable to healthcare organizations and healthcare delivery.

## 2. Methodology

The PRISMA guidelines were used to answer the following research question: “Does followership style affect job performance and/or job satisfaction in healthcare?” The primary sources for this review were the following electronic databases: Ovid MEDLINE (1946 to Apr 2018), CINAHL (1984 to Apr 2018), and EMBASE (1974 to Apr 2018). The initial Boolean search strategy used the single terms [followership type] or [followership style] but was expanded to include the term [followership] when the initial search revealed no matches. The reason for this all-inclusive search strategy was because of the small number of studies of any type identified by the primary author during a preliminary search of MEDLINE. Given the paucity of studies found in the initial search, the search strategy was expanded beyond medical and nursing databases. Individual searches were conducted in SCOPUS (1951 to Apr 2018), ProQuest Dissertations (1981 to Apr 2018) and Business Source Premier (1980 to Apr 2018) using the term [followership]. Reference lists for any review articles found in the initial search, as well as citations from eligible studies, were mined for additional studies. The search strategy is summarized in Table 1.

### 2.1. Inclusion & exclusion criteria

Inclusion criteria were any qualitative or quantitative study looking at followership type as the independent variable and any measures of job performance and/or job satisfaction as the dependent variable. Of primary interest were empirical studies of followership type performed within healthcare settings. Additional studies were included if they examined followership type and performance or job satisfaction outcomes in non-healthcare workplace settings. We excluded any editorial or article published in periodicals or review articles.

### 2.2. Study selection & quality of evidence

Two independent reviewers performed initial screening by article title and abstract. The screened articles subsequently underwent full-text review and were re-examined based on eligibility criteria. Any disagreements among the reviewers were discussed with a third adjudicator.

The two independent reviewers graded the included studies using the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) approach. The GRADE approach has four levels of quality of evidence as described in Table 2, with the highest quality rating given to a randomized study. Observational studies have a low quality rating

**Table 2**

Levels of quality of evidence based on the GRADE approach. Factors that downgrade quality of evidence include limitations in study design or risk of bias, inconsistency of results, imprecision, publication bias. Factors that upgrade quality of evidence include a large magnitude of effect, a dose-response effect [20].

Methodology	Quality rating
Randomized trials; double-upgraded observational studies	High
Downgraded randomized trials; upgraded observational studies	Moderate
Double-downgraded randomized trials; observational studies	Low
Triple-downgraded randomized trials; downgraded observational studies; case series or reports	Very low

but can be upgraded to a moderate quality rating or downgraded to a very low quality rating based on similar factors such as risk of bias, consistency of results, magnitude of effect.

A similar search in Ovid MEDLINE (1974 to 2018), CINAHL (Jan 1984 to 2018) and EMBASE (1974 to 2018) was performed using the term [leadership] for comparison.

### 2.3. Data collection & synthesis of results

Data was extracted from the eligible studies and tabulated in electronic form. Data fields extracted were as follows: type of study, study population, independent variables measured, dependent variables or outcomes, and major findings or results. The extracted data is summarized in Table 3, along with GRADE evaluations for each included study.

## 3. Results

The initial [followership] search in MEDLINE, EMBASE and CINAHL yielded 104 articles, after duplicates were removed. Of these, 3 articles were selected after screening titles and abstracts. After a full-text review, all 3 articles fit the inclusion criteria. The search was expanded to include non-healthcare databases using SCOPUS, ProQuest Dissertations and the Business Source Premier database. This search produced 965 articles, with 20 selected after title and abstract screening. After full-text review, 10 of these articles fit the inclusion criteria. An additional 1 article was added after a review of the articles' citations. A total of 14 articles were included after the iterative process. The search results are presented in Fig. 1.

A similar [leadership] search in MEDLINE, EMBASE and CINAHL yielded 6539 unscreened citations on leadership, compared to 104 unscreened citations on followership from our initial search. Therefore, there is approximately one article on followership for every sixty articles on leadership. This search was conducted to illustrate the relative lack of articles on followership in the medical literature; data was not extracted.

Given the heterogeneity in study population and measured outcomes among the included articles the results of the studies were not quantitatively synthesized. Outcomes varied from individual measures of job satisfaction and performance to organizational measures of performance.

**Table 1**

Search terms and filters for each database.

Database	Search terms	Filters	Results
Medline	followership.tw	Publication type – journal article	85
EMBASE	followership.tw, Limit exclude Medline journals	None	6
CINAHL	Followership, Limit exclude Medline records	Academic journals, dissertations	13
Business Source Premier	TI followership OR AB followership OR KW followership	Source type – academic journals	203
SCOPUS	TITLE-ABS-KEY (followership) AND NOT INDEX (medline)	Document type – article, review, conference paper	362
ProQuest Dissertations	TI followership OR AB followership	Source type – dissertations & theses	425

**Table 3**  
Summary of data extraction from included studies.

First author, Year, Title	Methods	Sample	Measures	Outcomes	Followership results and major findings	Limitations GRADE rating
Crawford, 2014 <i>Follow the leader: How does 'followership' influence nurse burnout</i>	Cross-sectional, randomized survey	Nurses (N = 114), randomized	Followership Style Questionnaire [3]; sample demographics	Maslach Burnout Inventory (emotional exhaustion, depersonalization, personal accomplishment)	Association between exemplary and pragmatist followership style and the PA scale on the MBI, but not DP and EE scales No association for other styles.	Non-experimental study cannot establish causality, small sample size, self-reporting (social desirability bias) GRADE: low
Morgan, 2014 <i>Followers make the difference: Hospital performance and job satisfaction in relation to followership style</i>	Convenience sampling, non-randomized	Nursing department employees (N = 105 participants) from 9 acute care hospitals in the US	Followership Style Questionnaire [3]	Brayfield-Rothe job satisfaction index; HCAHPS patient satisfaction survey	Predictive association between employee followership style (exemplary highest rating) and job satisfaction No significant relationship between nursing employee followership style and hospital patient satisfaction	Non-experimental design, self-reporting, small sample size GRADE: very low
Greene, 2016 <i>Followership characteristics among infection preventionists in the U.S. hospitals</i>	Cross-sectional study; randomized, stratified samples from previous national surveys	Multi-disciplinary hospital infection preventionists, (N = 381), 381/571 (95%) response rate	6-question survey based on Followership Scale Questionnaire [3]	Infection practices survey (urinary catheter discontinuation, antimicrobial dressing, subglottic secretion drainage)	Majority of respondents were exemplary (73.5%), true exemplary (23%) True exemplary followership style significant association with urinary catheter discontinuation orders and subglottic secretion drainage but not other prevention practices.	Non-experimental design, self-reporting, arbitrary definition of "true" exemplary style GRADE: very low
Travis, 2015 <i>Physicians and Rounding Teams</i>	Cross-sectional, non-randomized sample	Hospitalists, nursing managers, case managers (N = 115), 115/147 (78%) response rate	Followership Style Questionnaire [3]	Gittel Relational Coordination Survey	Majority of respondents were exemplary Association in relational coordination of hospitalists who are exemplary and pragmatic followers	Non-experimental design, self-reporting, small sample size GRADE: very low
Gatti et al., 2017 <i>Relationships between followers' behaviors and job satisfaction in a sample of nurses</i>	Cross-sectional, non-randomized sample	Non-manager level nurses, (N = 425), 425/559 (76%) response rate, at a single North-West Italian hospital	Abbreviated Kelley Followership Style Questionnaire: 4 items measuring active engagement & critical thinking	Pejtersen Job Satisfaction Scale	Active engagement is positively associated with job satisfaction No association between critical thinking and job satisfaction.	Non-experimental design, self-reporting, small sample, lack of generalizability given single hospital sampled GRADE: very low
Beebe, 2013 <i>The relationship between followership styles and organizational safety culture</i>	Cross-sectional, non-randomized survey	Employees registered to worker's occupation insurance list (multiple industries), N = 289	Followership Style Questionnaire [3]	Organizational safety culture questionnaire	Active engagement of followership positive association with organizational safety culture values	Non-experimental design, self-reporting, small sample GRADE: very low
Favara, 2009 <i>Examining Followership Styles and their relationship with job satisfaction and performance</i>	Cross-sectional, non-randomized survey	Employees at a Midwestern automotive company (N = 131)	Followership Style Questionnaire [3]	Job in General Scale (job satisfaction); Organizational Citizenship Behaviors (job-related performance)	65% of respondents indicated exemplary followership style; no alienated or passive Positive association between exemplary followership style and job satisfaction and job-related performance	Non-experimental design; self-reporting; single organization sampled means less generalizability; heterogeneous sample (multiple roles within organization, length of employment), small sample GRADE: very low
Kang et al., 2016 <i>The followership of hotel employees and the relationship between occupational burnout, job stress, and customer orientation</i>	Cross-sectional, non-randomized survey	Service employees at 38 luxury hotels in Korea (N = 544), 544/600 (90.6%) response rate	Modified Kelley Followership Questionnaire (measuring critical thinking and proactive participation)	Schuler Job Stress Survey, Modified Maslach Burnout Index	Proactive participation was associated with decreased reporting of burnout and job stress Critical thinking showed no effect on burnout or job stress	Non-experimental design, self-reporting, potential lack of generalizability across cultures GRADE: low
Hlinić et al., 2017 <i>Followership styles and job satisfaction in secondary school teachers in Serbia</i>	Cross-sectional, non-randomized survey	Secondary school teaches in 6 Serbian schools, (N = 206)	Followership Style Questionnaire [3]	Minnesota Satisfaction Questionnaire	Followers with higher active participation, reported higher job satisfaction, placed greater value to intrinsic aspects of	Non-experimental design, self-reporting, results may not be generalizable due to cultural and social factors GRADE: very low

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Table 3 (continued)

First author, Year, Title	Methods	Sample	Measures	Outcomes	Followership results and major findings	Limitations GRADE rating
Caesar, 1998 <i>The impact of followership as related to leadership on organization performance in a Canadian Chartered Bank</i>	Ecological/cross-sectional, randomized selection survey	N = 203 employees from 35 chartered Canadian banks (N = 203), 203/576 (35%) response rate	Kelley Followership Style Questionnaire; My BEST Leadership Style – managers completed both; subordinates only followership section	Rating of bank performance instrument	work Pragmatist followers placed more importance in extrinsic aspects of work Majority respondents indicated pragmatic followership style No association between followership style or leadership style and bank performance	Non-experimental design; self-reporting; single institution will limit generalizability, small sample GRADE: very low
Fobbs, 2010 <i>Influence of followership styles and courageous followership attributes on hotel customer-contact employee satisfaction</i>	Convenience sampling, non-randomized	Customer-contact hotel employees of a luxury hotel chain in Canada (N = 120), 120/142 (84% response rate)	The Follower Profile (courageous follower attributes); Followership Style Questionnaire [3]	Job Satisfaction Survey	Followership style had no statistically significant effect on job satisfaction	Non-experimental design; small sample size; self-reporting GRADE: very low
Oyetunji, 2012 <i>The Relationship between Followership Style and Job Performance in Botswana Private Universities</i>	Cross-sectional survey, non-randomized	Lecturers from two private universities in Botswana (N = 88), 88/102 (86%) response rate	Followership Style Questionnaire [3]	Williams and Anderson Job Performance Questionnaire	Majority of participants were pragmatist (63.6%) with a minority of exemplary followers (12.5%) Positive relationship between passive follower styles and self-perceived job performance Exemplary followership was unrelated to job performance	Non-experimental design; small sample size, self-reporting GRADE: very low
Jin et al., 2016 <i>Followership and job satisfaction in the public sector</i>	Pooled cross-sectional survey data from 2011 to 2014 US Federal employee surveys	US Federal employee surveys (N = 1,723,392)	4 item followership index Perceived supervisor support (PSS) & performance-oriented culture (POC) index	Job satisfaction (4 item index)	Active followership associated with higher job satisfaction Increased positive effect on job satisfaction when condition of high PSS and low POC	Non-experimental design, single source of sampling, self-reporting GRADE: low
Blanchard et al., 2009 <i>Followership Styles and Employee Attachment to the Organization</i>	Cross-sectional survey, nonrandomized	Faculty members at a US university (N = 331), 331/804 (41% response rate)	Followership Style Questionnaire [3]	Minnesota Satisfaction Questionnaire (intrinsic, extrinsic job satisfaction) Meyer and Allen Organizational commitment scale	Active engagement positively associated with job satisfaction and commitment Critical thinking was negatively associated with extrinsic satisfaction and commitment	Non-experimental, self-reporting, single source of sampling may not be generalizable GRADE: very low

### 3.1. Individual satisfaction & performance

Ten of the studies examined the association between followership style and measures of individual job satisfaction or performance. Three studies examined individual job satisfaction within the sphere of healthcare. Crawford et al. examined the association between Kelley's followership styles and measures of burnout among a group of practicing nurses in Michigan, according to the Maslach Burnout Inventory [1]. The authors found that an *exemplary* and *pragmatist* followership style was correlated with lower burnout score. Morgan examined similar outcomes among nursing department employees from nine hospitals in the United States (US) and found an association between job satisfaction and followership styles with increasing critical thinking and active participation, e.g. an *exemplary* style [4]. Gatti et al. found similar findings among non-manager level nurses at a single Italian hospital: those nurses reporting higher levels of active engagement also reported greater levels of job satisfaction [5].

Similarly, several studies showed a positive correlation between followership styles with increasing independence and job satisfaction within non-healthcare settings. Favara measured followership style and job satisfaction among employees at a Midwest US automotive company and found a positive association between exemplary

followership styles and job satisfaction as well as job-related performance [6]. Blanchard et al. examined the correlation between followership style and measures within the Minnesota Satisfaction Questionnaire among faculty members of a US university and found increased job satisfaction with increased active engagement [7]. Similarly, Hinić et al. found self-reported exemplary followers to report higher levels of job satisfaction among secondary school teachers in Serbia [8].

Jin et al. looked at cross-sectional surveys of US federal employees and also found that the more active followership styles were associated with higher overall employee job satisfaction [9]. As a secondary objective, the authors found an increased job satisfaction for employees with active followership styles in work environments with a high level of perceived supervisor support. Unexpectedly, the authors found increased job satisfaction in environments with a low level of performance-based incentives. They hypothesized that this was a result of active followership activities being voluntary in nature and not measured in formal performance appraisals.

While Kang et al. demonstrated higher levels of active engagement to be associated with decreased reporting of burnout or job stress among service employees at 38 luxury hotels in Korea [10], Fobbs found no statistically significant association overall between active followership styles and job satisfaction among hotel

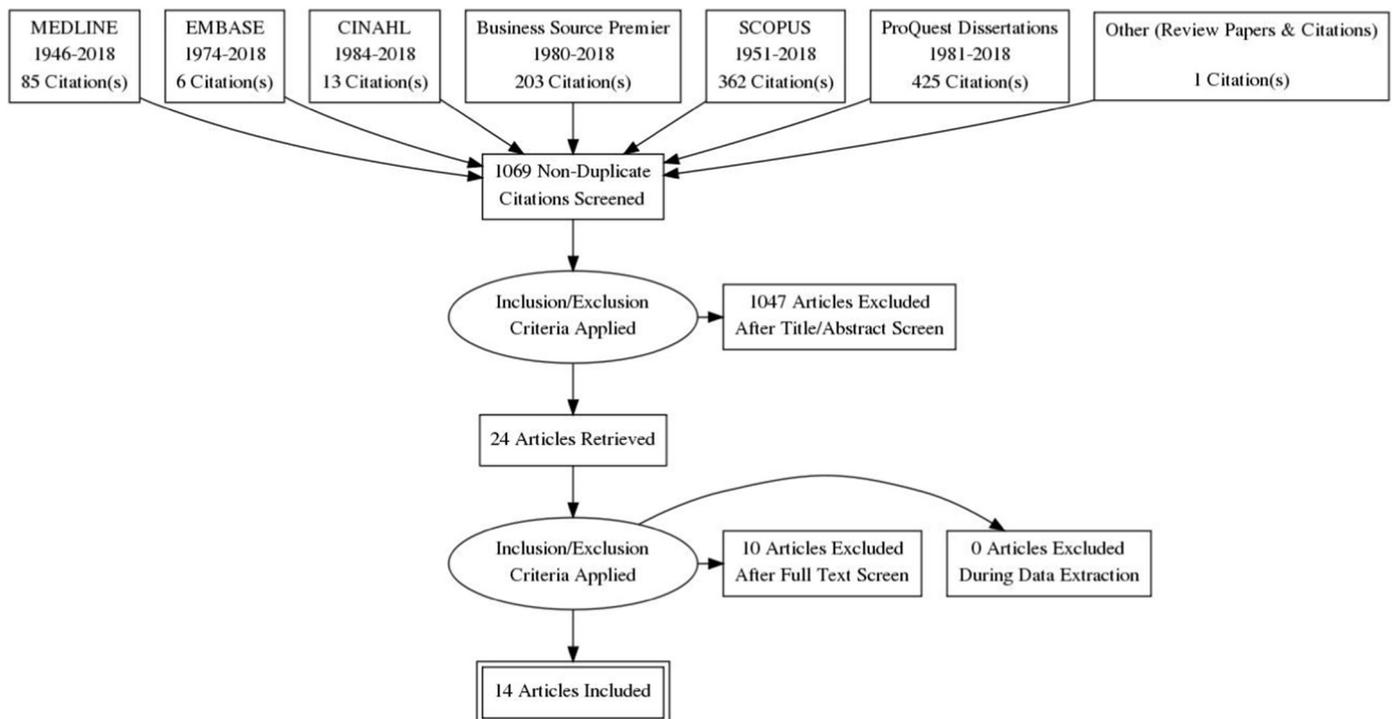


Fig. 1. Summary of search results regarding followership.

employees in a Canadian hotel chain [11]. Oyetunji, while surveying lecturers at two private universities in Botswana, also found no association between exemplary followership and self-reported levels of job performance [12].

### 3.2. Organizational performance

Four studies examined the correlation between followership style and organizational or team performance measures. Two studies, examining these concepts within healthcare, found a positive correlation between followership style and organizational performance. Greene et al., based on US national survey data, examined the association between the followership styles of infection prevention staff across US hospitals and the hospital infection practices [13]. The authors found an association between followership styles characterized by higher active engagement and critical thinking when compared against observance with hospital infection policies. Travis demonstrated an association between *exemplary* and *pragmatic* followership styles and higher team coordination traits among hospitalists in Indiana, US [14].

Two studies examined followership styles and organization performance in non-health care settings but found mixed results. Beebe found that a followership style characterized by higher active engagement was positively associated with organizational safety culture among workers across multiple American industries [15]. However, Caesar found no association between followership style of employees and bank performance among chartered Canadian banks [16].

## 4. Discussion

Modern healthcare requires that we work in increasingly complex teams containing both putative leaders and followers. Importantly, no member of the healthcare team is leader on day-one, and all spend time as a relative subordinate. In other words, everyone in healthcare works, or has worked, in the followership role, regardless of eventual seniority. How people view their roles affects both the quality of work and interpersonal interactions [17]. Therefore, to understand an organization's likelihood of success or failure we need to understand

its followers, not only its leaders. Our review shows a marked lack of followership literature compared to leadership literature.

The identified studies highlight the importance of the relationship between followers and leaders. Effective organizations appear to have titular leaders and followers with overlapping values and qualities. This should allow members to move fluidly in and out of leadership and followership roles based on the situation. Chaleff's *courageous follower model* emphasizes that good followers do not merely serve leaders, but that both positions serve a complementary role within a partnership [18]. For example, good followers possess the courage to support the leader as well as the courage to challenge the leader. Kellerman's work on followership emphasizes that while followers do not have formal power, they have knowledge and skills and relationships and can exert positive or negative influence depending on whether they feel engaged, valued, and if they see a benefit [19]. This is relevant for those in administration because clinical teams have moved away from authoritarianism towards a flatter hierarchy. If the dynamic between leaders and followers has changed, examining followership traits is one way to explain and to mitigate this new dynamic.

Even if there is an increasing interest in the importance of followership, our systemic review demonstrates that this is not reflected in the number of published studies. There is only one article on followership for every sixty articles on leadership in the medical literature even though 80% of healthcare workers are followers. This is important because our literature review supports the hypothesis that followership styles affect individual and organizational performance. Specifically, followership styles with higher levels of active engagement and critical thinking are more often associated with personal accomplishment, job satisfaction and organizational performance. In our modern healthcare environment, there are demands to do more with less, and increased reports of increase burnout and disengagement. If followership is adaptable or teachable then it may be an avenue by which to address individual resilience and organizational performance.

However, questions remain and should guide future research. These include whether followership style relates to the workplace culture or to one's predefined role. Research should also interrogate to what degree styles change over time or as one's role changes. Unfortunately,

any current discussion is limited by the paucity of high-level data. The small sample sizes and heterogeneity of the study populations limits generalizability. The bulk of the data is self-reported and therefore also limited by response bias.

Our main conclusions are that there has been insufficient attention given to followership and that it is associated with important end points. Critical Care Medicine is an ideal starting point for training initiatives that focus on leadership. This specialty could also champion initiatives and studies that focus on followers. After all, few patients are at greater peril or face as diverse threats as those in Intensive Care. Before and after studies could be conducted on the effect of altering team structure and altering the style of team interaction. The current data suggests that we start by investigating the association with medical errors, infection rates, team resilience, staff satisfaction, and adherence to guidelines. However, as with other critical care studies, there may be less obvious associations. At the risk of speculation, these could include staff retention rates, patient and family satisfaction, and even cost or length-of-stay. Importantly, these studies would examine the whole team and their role as followers including nursing staff, respiratory therapists, environmental services and patients and families.

The multidisciplinary nature of critical care also makes it an ideal environment to study followership across specialty, profession, level of training, and seniority. Regardless, optimizing followership is an exciting and potential method of promoting optimal care delivery. The ultimate goal is to leverage the satisfaction and engagement of practitioners in order to maximize the benefit and safety of patients.

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