The value of active followership

The interdependence of leaders and their teams is at the core of a newly emerging concept in the field of health care. As Joy Whitlock explains, it has the potential to improve care quality and safety.

Abstract

Followership is an emerging concept based on human factors science. It describes a set of skills and behaviours that help improve team performance. An effective leader creates vision, sets direction and enables a culture in which others can thrive and work together to deliver the goals. Like leadership, good followership is increasingly being recognised as an important component for high performance. Good followership is based on good communication and ‘upward influencing’ (Willson 2012). This article discusses the concept and provides scenarios to illustrate examples of good and poor followership, and how they affect care.

Keywords
Followership, leadership, performance, teams, risk, safety, quality

Healthcare environments are hazardous and there is much evidence of potentially avoidable harm done to patients (Vincent 2010, Health Foundation 2011a, Francis 2013). The Francis (2013) report into events at Mid Staffordshire, for example, reveals that patients were harmed because of a combination of systemic bullying, poor systems and lack of processes designed to deliver reliable care, and that members of the board failed to listen to concerns raised by staff, patients and relatives.

Healthcare professionals have had their reputations damaged in the wake of findings that show that the Mid Staffordshire NHS Foundation Trust board focused on finance at the expense of quality and safety, ultimately leading to poor patient care (Edwards 2012).

In this time of financial austerity, it is incumbent on healthcare professionals to make the best use of resources. There is a growing body of evidence about the benefits of investing in quality to reduce costs (Marshall and Øvretveit 2011, MacArthur et al 2012) by, for example, increasing the quality and safety of care to prevent ‘never events’, such as pressure ulcers, healthcare-associated infections, thrombosis and wrong-site surgery.

However, this requires the development of high performing teams that can deliver safe, effective, efficient, timely and equitable, patient-centred care (Institute of Medicine 2001).

Much is written about the role of leadership in achieving this, but followership can also contribute to improving quality and safety. Followership, defined as ‘upward influence’, describes individuals’ behaviours and contribution to their teams that affect outcomes (Willson 2012). It is an active process that, alongside good leadership, can create conditions that are conducive to increased safety and high performance.

Safety and reliability

Errors can be categorised as ‘human’ or ‘system’ (Willson 2012). For example, a human error might be administration of the wrong drugs to a patient, despite checking processes in place. System errors can be classified as ‘active’, leading to harm, or ‘latent’ errors, which are accidents made more likely to happen. Such errors can be related to insufficient resources, poor equipment, unnecessary variation in operating systems and processes, or lack of performance monitoring.

System errors are usually the result of management decisions, and poor structures and systems (Atrainability 2012, Willson 2012). The Swiss cheese model (Reason 2000), a metaphor in which the holes in the cheese represent active and latent errors, illustrates how, if all the errors align during a chain of events, all preventive barriers will be breached and a serious incident will occur.
According to the Health Foundation (2011b), a ‘high reliability’ organisation ‘operates in a complex environment where accidents might be expected to occur frequently, but which manages to avoid or seeks to minimise catastrophes’. Research shows a correlation between organisations that operate this way and good performance (Health Foundation 2011b, Leonard and Frankel 2012).

Behaviour influences good and bad performance, and can be classified as ‘skills based’, ‘knowledge based’ or ‘rules based’ (Atrainability 2012). Errors are more likely when staff experience stress, overload, fatigue or illness, or when they are inexperienced or complacent.

Skills-based errors include slips and lapses, habit traps, reversion to familiar sequences, repeated, missed or blended procedures.

Knowledge-based errors occur because of lack of knowledge, deteriorating levels of awareness of clinical staff and confirmation bias, in which what is perceived is distorted to fit the situation (Atrainability 2012).

Rules-based errors occur when formal rules, such as policies and procedures that determine who, what, where, how and when care is delivered, are applied badly, misapplied or used at the wrong time (Atrainability 2012).

Rules are broken because they underpin poor system design or simply do not make sense so people work around them and create local ways of operating, maybe with higher risks. These become the accepted way of functioning. High reliability environments are alert to these and build a culture of safety, learning and improvement (Carthey and Clarke 2009).

With health care becoming increasingly complex, staff need to have highly technical skills and these need to be continuously developed. There is a direct link between complexity and the potential for errors (Leonard and Frankel 2012), and preventing errors requires an understanding of the risks and how to manage them.

Andrews-Evans (2012) identifies a number of underlying causes for nursing failures and, to address them, recommends a framework encompassing leadership and cultural factors. She suggests that effective leaders help promote and develop the culture of safety in highly reliable organisations.

Leonard and Frankel (2012) identify three attributes of highly reliable environments, despite hazards that present on a daily basis:

- Psychological safety, where people can raise concerns and are respected.
- Organisational fairness, where people are not held accountable for system failures.
- Learning systems, in which defects are identified and fixed.

Certain aspects of health care can be hazardous, and much is being done to increase technical skills, reduce risks and improve the safety of the systems used to deliver care.

So what can be done by individuals and teams to enhance psychological safety, organisational fairness and learning systems, and to improve performance?
Operating theatre

Scenario 1. Poor followership
Dr Jones was often late because she was training for a marathon and put her personal goals first. She was technically highly skilled, but difficult to manage and colleagues thought she was verbally aggressive when challenged.

They did not want to create conflict, so they tolerated the situation. A culture of late starts evolved because they did not want to waste time waiting around for the doctor to arrive. Morale was low and team members did not like working with Dr Jones. Staff felt stressed and theatre lists over-ran, so staff often finished work late.

Team members undertook the usual pre-operative checks on a patient before Dr Jones arrived, and saved some time by ticking the boxes on the World Health Organization (WHO) checklist, but skipped introductions and the safety briefing.

When a crisis that required urgent intervention arose, the team’s stress levels became exceptionally high and their judgement became blurred. A junior team member was concerned about the intervention, but did not feel secure enough to speak up. An irreversible and catastrophic mistake was made and a patient died. Accusations and blame were rife.

An investigation was undertaken, which included a root-cause analysis. At the inquest, the coroner issued advice on the proper application of the WHO checklist.

The family was distraught and submitted a formal complaint.

Scenario 2. Good followership
Dr Jones was often late because she was training for a marathon and put her personal goals first. She was technically highly skilled, but difficult to manage and colleagues thought she was verbally aggressive when challenged.

However, team members used their followership skills. They had learned the art of good communication and were able to have difficult conversations.

Dr Jones was informed that her lateness was prevented and, when surgery was started on time and staff usually went home promptly.

The WHO checklist was completed properly, including introductions and safety briefings, and staff discussed potential problems that could occur during surgery, and appropriate plans were agreed.

When a crisis that required urgent intervention arose, stress levels were high, but actions were taken as planned. However, a junior member of staff had concerns and was able to voice these, and Dr Jones thanked the individual for the brave followership.

An irreversible and catastrophic mistake was prevented and, when surgery was completed, the team gathered for a debrief and lessons were learned.

Unfortunately, the patient died two days later. A formal investigation was completed, including a root-cause analysis, which was then disseminated.

At the inquest, the coroner was satisfied that actions had already been taken and the family was satisfied with the outcome.

Followership
An exploration of the interdependence of leaders and followers by Kean et al (2011) suggests that followers make judgements about leaders and then decide whether to follow them or not. It also suggests that there is a distribution of power between leaders and followers that affects outcomes, and that depends on decisions to follow or not.

According to Williams (2012), ‘active followership is a personal commitment to courageously contribute in a collaborative environment. It is an active process and requires commitment and personal responsibility’.

Good followership is underpinned by human factors science. Carthey and Clarke (2009) state: ‘Human factors encompass all those factors that can influence people and their behaviour. In a work context, human factors are the environmental, organisational and job factors, and individual characteristics which influence behaviour at work.’

According to Carthey and Clarke (2009), the following common human factors can affect risk:

- Physical demands.
- Device or product design.
- Teamwork.
- Process design.

To introduce and enable followership there must be leadership. Followership, however, is everyone’s responsibility, and requires followers to have specific attributes (Willson 2012), such as to:

- Be actively self-aware, checking emotions, energy, stress and mood.
- Modify behaviour accordingly.
- Bring positive energy to the team.
- Be prepared to question and challenge others.
- Be questioned and challenged oneself.

It is also about knowing when to follow, and when and how to lead.

Where there is good followership, there is a constant display of appropriate behaviours that include (Willson 2012):

- Putting group goals ahead of personal goals.
- Arriving on time.
- Attempting to be an effective leader or follower, depending on what each person needs to be in a given situation.
- Being gregarious/friendly/outgoing/welcoming.
Being optimistic: looking for positive lessons to be drawn.
Recognising the needs of others and showing empathy.
Integrating into different cultures and being humble enough to work in new ways.
Everyone managing his or her own stress, frustration or anger, and not taking it out on others.
Being an effective listener and communicator.
Showing integrity and being inherently trusting and trustworthy.
Creating positive energy, which can be as simple as smiling.

Performance
Good followership or failed followership have the potential to prevent or contribute to errors respectively. Along with good leadership, good followership can produce a more trusting environment with appropriate upward influence that helps avoid errors and contributes to continuous learning and improvement.

According to Willson (2012), selection and training should also include followership skills to optimise performance. One example of an organisation that employs staff for their technical and attitudinal skills is the Mayo Clinic, Rochester, Minnesota, in the US (Leonard and Frankel 2012), where the skills of its staff contribute to upholding the values of the organisation.

Poor and effective followership
The panels on pages 21 and 22 present two sets of fictitious, yet representative, scenarios that highlight the potential effects of good and bad followership. They demonstrate the potential adverse consequences of failed followership and how applying good followership through upward influencing could improve performance.

Leadership and followership skills must be appropriately and effectively applied at all levels. These are non-technical skills based on good communication, teamwork and trust.

Conclusion
Healthcare environments are hazardous but can be made safer through understanding the risks, improving communication and creating open environments that enable learning. There is an interdependence between leaders and followers, and both are required to improve the quality and safety of patient care.

Followership is an emerging concept, consisting of a set of skills and behaviours associated with human factors science, but it is not a panacea for shortfalls in the delivery of health care.

However, followership, if applied consistently, could make a significant contribution towards establishing high performing, safety-conscious organisational teams with the will and conditions for continuous quality improvement. The attributes required can be learnt and could be incorporated in training at all levels.

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References