2014-11-01

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2014-11

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10.1111/nicc.12138
Nursing in Critical Care
Wiley

Coombs MA 2014. Followership: the forgotten part of leadership in end of life care

Editorial. Nursing in Critical Care 19, 6, 268-269

Author copy. First published: 20 October 2014 https://doi.org/10.1111/nicc.12138

Followership: the forgotten part of leadership in end of life care

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'Follow the leader' - that's how the saying goes. And as a result, what we have been taught about successful teams as we progress through our nursing careers has been always focussed on leadership. If we take a look at the recent high profile reviews about care in the National Health Service (NHS) and across the world, the driving focus for health service change is on the appointment of high profile leaders who, it would appear, will fight the good fight and change health care culture and standards almost single handedly. The logic of this is that health care staff will be directed by, and quite literally, follow the leader.

This is how it has been to date: leadership is King. And let's be quite clear, leadership is undoubtedly important. Health care organisations, hospitals, and critical care units will stand or fall through effective or ineffective leadership. We need to understand what leadership is, and what it is not. Models and frameworks such as the NHS Healthcare Leadership Model (http://www.leadershipacademy.nhs.uk) are helpful in articulating the key attributes of high quality leadership skills. For me, leadership is about the provision of a safe and supportive environment that enables staff to undertake their role. Leadership is not about ignoring poor performance but about stepping up to take responsibility for the team; it is not about accepting poor workmanship but about holding to account on agreed well-defined team performance metrics.

So clearly leaders are important, but some claim that leaders contribute no more than 20% to the success of organisations (Kelley 1992). Those who follow the leader are actually critical in contributing the remaining 80%. Furthermore, most people working in organisations, irrespective of their title, spend more time following than leading. In fact,

most people move back and forth between being a leader and a follower on a continuous basis throughout the working day. Think about your own clinical shift, you may take direction on what patient allocation to take, which patient to care for, but then you organise and direct that care on a minute to minute basis. Similarly, your Chief Nurse may lead the nursing workforce, but is also a follower to the Chief Executive. We are all leaders and followers. To date, much attention has been paid to what makes a leader successful in health care because the thinking has been that as the leader succeeds, so does the organisation. However, this perspective ignores the fact that leaders need followers in order to achieve the shared goal of delivering patient services.

So just as effective, well-developed leaders and followers are needed for healthy and high performing organisations, both ineffective leaders and followers contribute to toxic organisations (Padilla et al 2007); and by toxic organisations I mean organisations, units or teams with poor morale, high levels of chronic stress and inconsistent decision making. In such organisations, the impact of destructive leaders is felt, but such leaders do not operate in a vacuum. Leadership scholars now recognise that 'situation matters' and that destructive leaders are often enabled in unstable environments. In such contexts rapid change is often occurring and quick, decisive decision-making is often required. If there is a lack of organisational checks and balances in place, this allows poor leadership behaviour and abuse of power to go unnoticed. However, it is not just about leaders and environments. There is a third element that contributes to the toxic organisation and that is susceptible followers. These may be followers who are ambitious or selfish in their outlook, who want to 'keep in' with destructive leaders, or who believe themselves to be insignificant in the organisational or unit pecking order.

So if a hospital or unit is failing, if it is unhealthy or toxic, it is not just about the leaders, it is also about those that follow. So what is the opposite of susceptible followers, and what do they do look like? Chaleff (2009) explored followership and what skills effective followers demonstrated in working with leaders to fulfil organisational goals. Courage and a developed moral integrity were key. Effective followers demonstrate courage to assume responsibility for themselves and the organisation. Followers exist in partnership with leaders so that leadership is about 'power with,' not 'power over'; followership is therefore not subservient

nor unassertive, but supportive of the leader and the tough decisions to be made. Courageous followers are willing to stand up and stand out when appropriately challenging the leader in giving sound advice and honest opinion. That is to say, in followership, there is no place for telling people what they want to hear but what they need to hear. Through this, followers participate in service transformation and stick with the leader and the group during difficulties in order to achieve sustainable change.

So why is followership important in end of life care in critical care? Nurses are the constant factor at the bedside (Kirchoff and Kowalkowski 2010) and how nurses act, or do not act, impacts on the end of life decision making processes and on the experiences of patients and families. During end of life care, nurses adopt various roles including: information broker, supporter, and advocate (Adams et al. 2011). Nurses act to communicate information from patients and families to the clinical team, nurses offer support and empathy to patients, families and all members of the clinical team during end of life care, and nurses co-ordinate and mediate timely family meetings. These discrete areas of the nursing role are all part of followership during end of life care in critical care. In choosing how to act and behave during these times, nurses can demonstrates effective followership that can improve the experience for all involved, and can make a difference to patients and families.

So as always, how we enact our role or how we make our contribution to end of life care is about choice. The delivery of effective, high quality, compassionate end of life care is about leaders and followers all working to a common purpose, a shared goal. It is about understanding that without leaders and followers, care would not be delivered. Both are needed. A leader will not achieve anything without followers, and it takes guts to follow effectively.

So here are my take home points about followership. Be remarkable in your role whatever your focus may be; be it practice, education ,management or research. Understand your context and use your influence from wherever you are in the organisation. Be a cheerleader and mentor to your team and to those who work with you. Collaborate with those next to you or besides you and focus on collaborations and relationships. Make good decisions and know when to be bold and when to be subtle. Lead like you are at the top: do not use the

phrase “they are….” but instead speak in terms of “we are….”. A simple but powerful change of words. And finally, don’t just be a good follower on your unit, be a great one.

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