

## “THERE’S ONLY ONE KING AND YOU ARE NOT HIM” FOLLOWERSHIP STYLES OF MEDICAL RESIDENTS IN PAKISTAN

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### ABSTRACT

**Objective:** To compare cross-cultural followership styles of resident trainees.

**Study Design:** Cross-sectional quantitative study.

**Place and Duration of Study:** Followership styles of trainees in four provinces of Pakistan, from Jun 2019 to Dec 2019.

**Methodology:** The survey of 300 resident trainees was done by direct administration of survey packets in the respective institutes. It included, consent form, demographic survey, return envelope and Kelley’s followership survey forms. The participants responded to each question. They were instructed to respond to a question with information that was to the best of their knowledge in the event that they were uncertain of its answer.

**Results:** Total 281 medical trainees participated in the survey. The age ranged from 20 years to 54 years with mean age of  $30.62 \pm 4.87$  years. A total of 139 (49.5%) males and 142 (50.5%) females participated in the study. One hundred and fifty six (55.5%) from civil hospitals and 125 (44.5%) from military hospitals. Most frequent followership style was pragmatist, 62 (44.6%) in male and effective, 64 (45.0%) in females. Effective followership style was most frequent in Hyderabad 14 (50%), Karachi 16 (61.5%), Lahore 18 (35.2%) and Quetta 19 (46.3%). Peshawar had equal effective and pragmatist styles i.e. 29 (42.6%) whereas, in Rawalpindi most common style was pragmatist 33 (41.7%).

**Conclusion:** This article provides new understandings of the multiple ways in which followership is experienced in the healthcare workplace in different cultural settings. Understanding the follower will have the purpose to educate leaders how to be more effective.

**Keywords:** Culture, Followers, Followership styles, Kelley’s followership styles.

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### INTRODUCTION

A lot of emphasis has been on leadership, with its earliest beginnings rooted in “Great Man Theory”. Leaders are tasked with active roles while followers mostly neglected and in passive role. The study of followership is a new phenomenon as compared to leadership however, Robert Kelley (1992) is considered as father of followership. Kelley’s (1992) model of followership offers the gauge whereby the leader can begin the process of internally evaluating him/herself as a follower. This lens introduces a self-awareness whereby the newly self-aware follower can then evaluate other relationships in

terms of collaboration<sup>1</sup>. Although cross-cultural leadership research has been widely undertaken, research is needed to help us understand cross-cultural followership. Greater understanding of how culture moderate’s followership behavior will allow teams to better access the insights of all team members leaders and followers in spite of cultural differences<sup>2</sup>.

Followership has been studied in limited cultural contexts. Qualitative research has demonstrated cultural differences in followership when quantitative measures did not.

This study is one of its kind which contributes to the literature by exploring whether and how culture impacts on the social construction of followership in medical trainees as there is little well documented history involving physicians as

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followers. Physicians have dual role of leader and follower especially while in rounding teams. Physicians need to understand duality of their role and the contribution they provide to patient and healthcare organization. Most of the physicians have to work in teams and it is important for physicians to understand the followership styles and how culture influences these styles so that better teamwork is done to achieve goals.

Most followership theory has been developed in only three of nine worldwide cultural regions: English speaking, Catholic Europe, and Protestant Europe<sup>3</sup>. These culturally bounded theories may fail to include potential intracultural differences in followership styles in asian cultures.

Pakistan came into existence on August, 14, 1947 from British Rule. Its population in 2019 is 228 million people per sq mi, with an area of 340,499 sq mi. Islam is the major religion of the people of Pakistan. It is a Muslim dominated country with 95 percent Muslim and only 5 percent others. Khyber Pakhtunkhwa (KPK) is the northern most province of Pakistan. Major languages in the province are Pashto & Hindko. Peshawar is the Provincial capital. Punjab is situated on the eastern side of Pakistan. Major languages of the province are Punjabi & Seraki. Sindh is on the south of Pakistan and by the Arabian Sea. Sindhi language is the major language of the province. On western most site of Pakistan is situated the province of Baluchistan. Pashtun (Pathan) and Baloch make the two distinct and major ethnic groups of the province, while Sindh origin being on the third<sup>4</sup>.

The provinces of Sindh, Punjab, Baluchistan and Khyber Pakhtunkhwa do not have resemblance roots and cultural background and each province has distinctive language, ethnicity and culture, and its cause the cultural diversity in Pakistan<sup>5</sup>.

This article addresses that gap in the literature by examining the effects of cultural differences on followership styles in four Provinces of Pakistan, to investigate the critical question of

what are the cross-cultural effects on the followership styles of medical trainees<sup>6,7</sup>.

## METHODOLOGY

Cross-sectional survey was done to get pertinent information on followership styles of trainees in four provinces of Pakistan from Jun 2019 to December 2019. The researcher submitted written permission from the ethical committees of institutes prior EC/81, to conduct survey explaining the research project and data collection procedure. The survey was carried out by direct administration of survey packets in the respective institutes which included, consent form, demographic survey, return envelope and Kelley's followership survey forms. The participants were asked to respond to each question. They were instructed to respond to a question with information that was to the best of their knowledge in the event that they were uncertain of its answer. Participants were told that their response will remain anonymous and confidential.

The target respondents were resident trainees from a range of specialties and at various stages of training, from 8 teaching hospitals of Pakistan taking 2 teaching hospitals per province (one from army setup and other from civil) selected on systematic random approach, whereas trainees were selected through non-probability, convenient sampling. A total of 300 questionnaires were circulated amongst<sup>8</sup> teaching hospitals of all the four provinces. Open epi calculator was used to calculate sample size using population proportion of 0.25, alpha 0.05 and beta 0.80. Out of which 281 survey forms were collected, 12 were not properly completed and hence not considered, 7 were not returned. 68 Questionnaires received from Khyber Pakhtunkhwa (KPK), 118 from Punjab, 54 from Sindh and 41 from Baluchistan.

The measurement instrument was Kelley's (1992) followership survey, from which measurements of the dependent variables i.e. followership styles, was done. This followership instrument of Kelley (1992) was designed to measure two dimensions, independent critical thinking and

degree of active engagement in task that contribute to effective or in effective followership. Participants were asked to rate their participation in situations requiring them to act as followers, using a 6-point Likert scale ranging from 0 = Rarely to 6 = Almost Always, allowed respon-

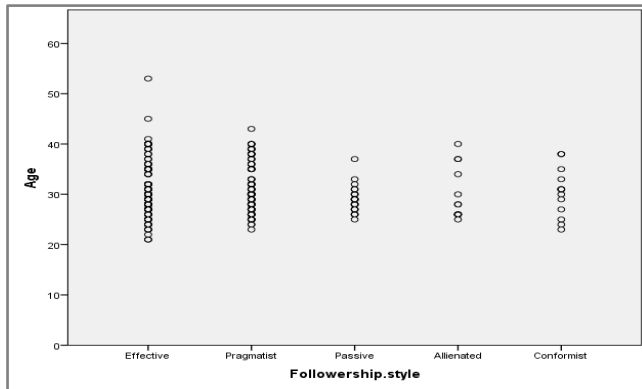


Figure-1: Relation of age with followership style.

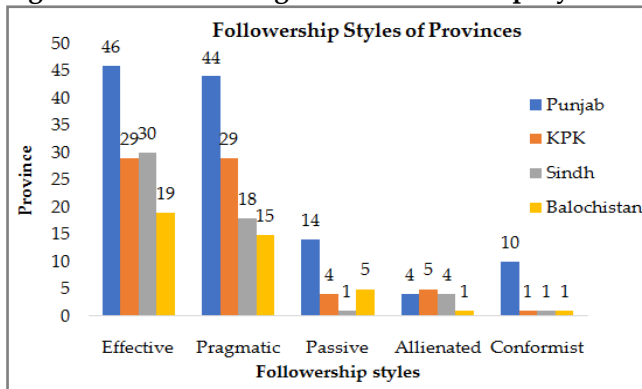


Figure-2: Followership styles of provinces.

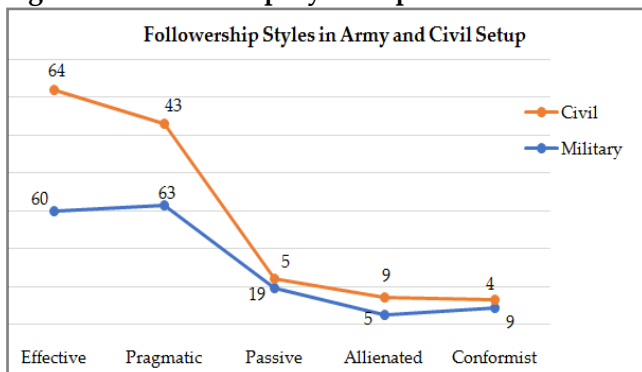


Figure-3: Followership styles in Army and Civil Setup.

dents to indicate their responses. Survey consisted of 20 questions and each question focused on "Think of a specific but typically followership situation and how you acted."

The selection of participants was based on a non-probability, convenient sampling from organizations who consented to participate in the research. Pakistan is located in South Asia and four provinces of Pakistan have multiple institutes where training of medical residents is carried out. All data were entered twice and validated to reduce key stroke errors. Careful observation of data was done to look for any inconsistencies and out of range responses. Original records were checked where necessary. Chi-square test used to calculate frequencies and *p*-values using SPSS 22.

**RESULTS**

Total 281 medical trainees participated in the survey. The age ranged from 20 years to 54 years with mean age of 30.62 ± 4.87 years. The relationship of age with followership style was as shown in fig-1. The number of participants from each

Table-I: Number of participants from cities.

City	Frequency (%)
Hyderabad	28 (10)
Karachi	26 (9.3)
Lahore	51 (18.1)
Quetta	41 (14.6)
Rawalpindi	67 (23.8)
Peshawar	68 (24.2)

city were as shown in table-I. The gender wise respondents' composition was males 139 (49.5%) and females 142 (50.5%).

The participants were selected from military 156 (55.5%) and civil 125 (44.5%) teaching hospitals.

The followership styles on basis of gender are shown in table-II and table-III shows the followership styles related to each city.

The prominent followership style of Punjab, Sindh and Baluchistan was effective style 38.9%, 55.5% and 46.3% respectively, while KPK had equal number of effective and pragmatist styles i.e. 42.6%. The pragmatist style was 37.2%, 33.3% and 36.5% in Punjab, Sindh and Baluchistan respectively. Passive followership style was 11.8%, 5.8%, 1.8% and 12.1% in Punjab, KPK, Sindh and Baluchistan respectively, which

shows that passive style was more frequent in Baluchistan. Alienated style was 3.3% in Punjab, 7.3% in KPK, 7.4% in Sindh and 2.4% in Baluchistan being more frequent in KPK. Conformist style was 8.4% in Punjab, 1.4% in KPK, 1.8% in Sindh and 2.4% in Baluchistan, being more frequent in Punjab.

The followership styles of civil and military setup are shown in fig-3.

**Table-II: Relation of gender with age.**

Gender	Followership Style					p-value
	Effective	Pragmatist	Passive	Alienated	Conformist	
Male	60 (43.1%)	62 (44.6%)	5 (3.6%)	6 (4.3%)	6 (4.3%)	0.020
Female	64 (45%)	44 (30.9%)	19 (13.3%)	8 (5.6%)	7 (4.9%)	

**Table-III: Relation of followership style with cities.**

City	Followership Style					p-value
	Effective	Pragmatist	Passive	Alienated	Conformist	
Hyderabad	14 (50%)	9 (32.1%)	-	4 (14.2%)	1 (3.5%)	<0.02
Karachi	16 (61.5%)	9 (32.1%)	1 (3.5%)	-	-	
Lahore	18 (35.2%)	11 (21.5%)	9 (17.6%)	4 (7.8%)	9 (17.6%)	
Peshawar	29 (42.6%)	29 (42.6%)	4 (5.8%)	5 (7.3%)	1 (1.4%)	
Quetta	19 (46.3%)	15 (36.5%)	5 (12.1%)	1 (2.4%)	1 (2.4%)	
Rawalpindi	28 (41.7%)	33 (49.2%)	5 (7.4%)	-	1 (1.5%)	

## DISCUSSION

With the growth of multinational corporations and an increasingly global workforce, working in teams with members from two or more provinces occurs with increasing regularity. The leaders need to be culturally competent and need to explore how followers from different cultural setups see themselves, and respond appropriately. As such the role of followers can no longer be ignored especially with the realization that followers actually get the job done. Followership is also influenced at the subcultural level. Consider how followership varies between civilian employees versus those in the military, members of tribes versus urban residents. This is just a starter list that can energize our inquiries<sup>8-12</sup>.

Do some cultures produce more yes-people or star followers? If so, then why? Do cultures characterize followership differently, thus producing different followership styles and behaviors that are not generalizable across

cultures? Or are there universal followership styles, motivations, and role performance? It was seen that the frequent followership style in male gender was pragmatist while in female effective followership style was more frequent. Passive, alienated and conformist styles were also more in female as compared to male. This study gave us a slight idea of followership differences in male and female therefore, further exploration of this

phenomenon may assist in either discarding the misconception of gender differences or the support of such commonly held views by various researchers. Pragmatist followership style was more common in military setup as compared to civil setup where, effective followership style was more common. Passive followership style was more frequent in military setup as compared to civil. Therefore, followership can no longer be considered as given and secure, but has to be viewed as the target, medium and outcome of internal and external control. Therefore, to understand an organization's likelihood of success or failure we need to understand its followers, not only its leaders<sup>13-15</sup>.

It is noteworthy to note that in all four Provinces frequent followership styles were effective and pragmatist. In one of the studies it is stated that if effective followership skills are not learned and put into practice, leaders are destined to fail and the mission will be ultimately negatively impacted. There are nine different



principles for leading up, and they align closely with the concept of effective followership.

Lead-Up Principle discusses lifting the load which is done in four ways: doing your own job well, providing solutions to problems or challenges, standing up and for your leader when appropriate, and asking a leader how to help. These are ways to help leaders to be more effective, and in turn helps the follower learn to be a better leader<sup>7</sup>. Followership in a hierarchical context is associated with the subordinate position in an organizational hierarchical set up<sup>16</sup>. Follower are typically seen as lacking initiative or influence<sup>8</sup>. More recent theories are moving beyond this limited view of followership as subordinates, not just as passive followers. In our survey passive followership was seen more in Baluchistan and more in military setup as compared to civil set up, which signifies the point that culture effects the followership styles<sup>9</sup>. Military organizations, which have hierarchical set up as well as culture of Baluchistan promotes passive followership style. The province, Baluchistan, is the least developed among the four provinces of Pakistan (Punjab, Sindh, Khyber Pakhtunkhwa (KPK). Problems such as lack of employment and of commercial activities abound. Baloch society is conservative<sup>10,15</sup>. It was interesting to note that second province having highest number of passive followership style was Punjab although data was collected from two most developed cities of Punjab i.e. Lahore and Rawalpindi<sup>11,12</sup>. He who must be a good leader must be a good follower first<sup>14</sup>. By analyzing this data it was clear that millennial followers are more effective and pragmatist followers which is a good followership style eventually leading to good future leaders. According to one study in 2018, followership styles with greater active engagement and independent critical thinking were associated with increased job satisfaction, decreased burnout, and workplace performance metrics<sup>17</sup>. Another study in 2019 showed relationship was found between gender, nationality, type of organization ownership and position occupied

by the individual within a business organization, for the preferred followership style<sup>18</sup>.

## CONCLUSION

This article provides new understandings of the multiple ways in which followership is experienced in the healthcare workplace in different cultural settings. Understanding the follower will have the purpose to educate leaders how to be more effective.

## CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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