

# UGSM-Monarch Business School

## Master Thesis Proposal

The Respiratory Therapist:  
A Study of Followership in Critical Care Situations

**PROGRAM:** Master in Philosophy in Business Research  
**PROPOSAL SUBMISSION DATE:** February 1, 2010  
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## THESIS ABSTRACT

In recent years, the role of *followers* within organizations has become an important theme in theoretical, applied and empirical research in leadership/management studies (Kellerman, 2008; Kelley, 2001; Hughes, Ginnett, & Curphy, 2006). According to Barbara Kellerman, “Times are changing. Followers are becoming more influential and leaders less”, (Kellerman, 2008, p.2). The primary focuses on *the leader* have created negative connotations in the meaning of being a *follower* and has lead to leader-centrism (Kellerman, 2007). Also, most of the leadership theories have a unidirectional perspective on how a leader should relate to a follower (Howell & Shamir, 2005). “Virtually no one leads all of the time. Leaders also function as followers; everyone spends a portion of their day following and another portion leading”, (Townsend & Gebhardt, 1997, para. 2).

Leadership can be defined as “a social process in which interacting individuals coordinate their actions to achieve shared goals”, (Vugt, 2006, p 355).

Leadership cannot be studied without examining the needs of and desires of the follower (Vugt, 2006). More so, there are followers who support the status quo and then there are others who create/lead change (Kellerman, 2007).

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The author, being a licensed practitioner in respiratory and anesthesia technology (“R.A.T.”), has realized that there are situations presented in health care where the roles are reversed. Often, it is considered that the leader should at times follow and at other times take on the lead role in order for teamwork to be effective (Bennis, 2010). It is stated that good leaders know how and when to follow and that they set examples in order to permit others to develop (Kelley, 2001). Moreover, one can propose that in health care the roles are reversed in order to ensure patient safety as leadership in healthcare is dispersed on a professional level of expertise/specialty (Leitko and Szczerbacki, 2001). Due to the above and, in the opinion of the author, followership remains an overlooked and understudied phenomena especially in terms of its importance to patient care.

### **RESEARCH QUESTION**

The aim of the research is to bring increased attention to the reciprocal relationship existing between the leader and the follower within the literature. As mentioned, it is believed that followership is an overlooked and understudied phenomena especially in terms of its importance to patient care. Thus, the thesis will attempt to answer the following specific research question:

#### **Research Question:**

“How do Respiratory/Anesthesia Therapists (“RATs”) view their role when it comes to being followers or leaders in critical care environments?”

## RESEARCH RELEVANCE

The relevance of this research project is to discover to what extent a Respiratory and Anastasia Technologist, (“R. A.T.”), whose position is typically associated as a follower, subscribe to a shared set of beliefs about their general role within critical care environment as considered and understood by those assuming a leadership role in the group. Research of this type is important to the general knowledge in this currently underdeveloped sphere. It is hoped that the results of the study may contribute to a better consideration of the R.A.T.’s understanding with regards to:

1. The empowerment to further explore their talents
2. The shifting of responsibilities and roles within their expertise
3. The improvement of their decision-making ability and finally
4. The promotion of their independent critical thinking.

Lastly, the study will examine the critical issue that at times a follower may bypass the leader to reshape the situation.

## LITERATURE REVIEW

The thesis will be grounded in the scholarly literature of the seminal writers within the discipline of *followership* and *leadership* studies. The literature review section will present a general overview of what the literature of the domain reveals with

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respects to elucidating the research question. General themes covered within the seminal literature revolve around the topics of:

1. The interaction between Leaders versus Followers
2. The question as to what constitutes followership
3. Typology
4. The changing role of followers within the organization.

Important authors that are noted within the above domain include: Thomas Carlyle, Francis Galton, Mary Parker Follett, Rich Hughes, Fred Fielder, Kenneth Blanchard and Paul Hershey, Robert House and Terance Mitchell, Victor Vroom and Phillips Yetton, Abraham Zaleznik, Ira Chaleff, Robert Kelley and Barbara Kellerman.

### **1. The Interaction Between Leaders Versus Followers**

Early research within leadership studies focused on the great person or great man theory (Alcock, Carment, Sadava, Collins, & Green, 1997).

In 1840, Thomas Carlyle studied aristocrats (Great men) and their position of authority to formulate a set of leader characteristics (Carlyle, 1840). Carlyle's work concluded that leaders are born with specific characteristics that account for their ability to lead (Carlyle, 1840). The Great Man theory did not address gender issues nor the leadership-followership process and development (Alcock, Carment, Sadava, Collins, & Green, 1997); it focused mainly on men who were

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already in positions of leadership thereby taking a narrow view (Alcock, Carment, Sadava, Collins, & Green, 1997).

In 1892, Francis Galton shifted leadership research towards genetics and hereditary factors (trait theory) (Alcock, Carment, Sadava, Collins, & Green, 1997). Trait theory applied to great men who were in positions of authority or royalty (Alcock, Carment, Sadava, Collins, & Green, 1997). Galton attempted to explain that all of leadership abilities are derived from inheritance (Alcock, Carment, Sadava, Collins, & Green, 1997). Galton is credited with integrating statistical analysis on the study of great men, thereby embracing many aspects in human variation in leaders (Galton, 1892). His work compared various traits such as race, intelligence, age, personality and self-confidence, height and weight, fingerprint patterns and talkativeness.

In 1918, Mary Parker Follett brought forth a social psychology perspective to leadership studies. Follett merged concepts within social psychology to examine qualities of effective leaders (Follett, 1918). Follett's theories showed that leadership was a reciprocal process between leading and following during group psychodynamics (Follett, 1918). A leader must guide their group (followers) and the group must guide their leaders (Follett, 1918).

Follett classified three types of leaders: *actual leaders*, *official leaders* and *genuine (or real) leaders*. An *actual leader* was one who occupied positions as

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boss (Follett, 1918). *Official leaders* were servants of the people (Follett, 1918). A *genuine leader* (real) was chosen by the people to lead freedom and equality.

The most essential work of the leader is to create more leaders (Follett, 1918).

In 1968, Kenneth Blanchard and Paul Hershey's research was instrumental in developing the situational leadership theory (SLT) (Blanchard & Hershey, 1968).

The SLT concludes that effective leaders base their behavior on their follower's development (Hughes, Ginnett, & Curphy, 2006). In other words, a leader must vary their style based on the follower and the situation (Blanchard & Hershey, 1968).

The SLT categorizes two types of leader behaviors: *task* and *relationship*. *Task behaviors* involve the leader who solely dictates the responsibilities (what, how, when and who does it) of the group (followers) (Hughes, Ginnett, & Curphy, 2006). *Relationship behavior* involves two-way communication with their followers, namely: listening, encouraging, being supportive, clarifying, having importance, facilitating and giving support (Hughes, Ginnett, & Curphy, 2006).

In 1973, research by Victor Vroom and Philip W. Yetton lead to the design of the normative decision model. The model examined how the situation influenced leader effectiveness, subordinate's participation in decision-making process and group performance (Vroom & Yetton, 1973). The decision-making process

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during leadership is influenced by the situation, and to a large extent the information within the leader and follower (Vroom & Yetton, 1973).

In 1971 research by Robert House and Terrance Mitchell gave rise to the Path Goal Theory (PGT). The PGT focused on how the leader supports and motivates their followers to achieve goals. The leader's approach is dependent on the particular situations faced, i.e.: the follower's motivation, difficulty of the task and their capability. House and Mitchell describe four leadership styles: *supportive, directive, participative and achievement oriented*. *Supportive leadership* is similar to relationship behaviors in situation leadership theory (House & Mitchell, 1971). *Directive leadership* is similar to task behaviors from situational leadership theory (House & Mitchell, 1971). *Participative leadership* is based on advice giving and involvement of the group within the decision-making process (House & Mitchell, 1971). The level of participation will depend on the type of decision to be made. *Achievement oriented leadership* is based on carrying forth demands and being supportive with their followers (House & Mitchell, 1971). The leader sets very high goals for the followers, then provides continual support to empower and maintain confidence in the task.

The path goal theory had two follower variables: satisfaction and personal view of their own abilities (Hughes, Ginnett, & Curphy, 2006). A follower would support a leader's behavior based on their level of satisfaction or leading, in order to see if it would be accepted (Hughes, Ginnett, & Curphy, 2006). Leader directives would

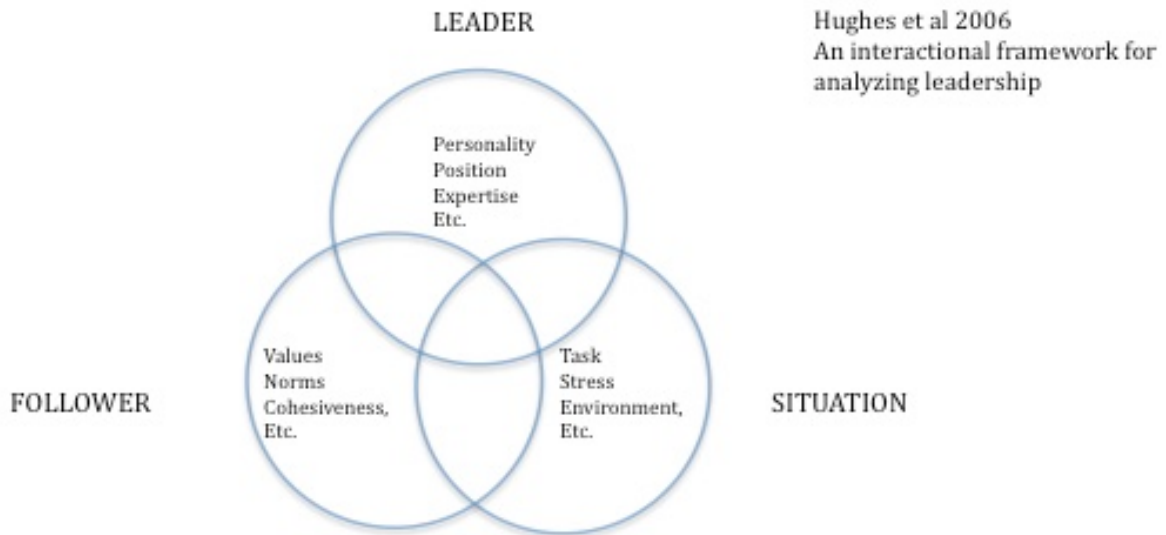
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not motivate a follower if they felt confident in their abilities and skills of performing the task (Hughes, Ginnett, & Curphy, 2006).

Rich Hughes et al (2006) interactional framework model depicts leadership as a function of three elements not simply as a function of one person. These elements are: *the leader, the follower and the situation* (Hughes, Ginnett, & Curphy, 2006). The framework allows for leadership scenarios to be examined on each level of analysis separately. The model allows for the exploration of the interactions among the independent elements and their overlapping areas of convergence. Using this model, the leadership process can be better understood by not only looking at the leader-follower relationship but also by considering how they affect each other and how they are affected by the situational dynamics surrounding the leadership process. Similarly, the follower and situation may be examined in parallel.

The interactional framework model of leadership analysis by Hughes et al (2006) will guide the principal part of the research. For illustrative purposes the model is reproduced below.

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Present day leadership models focus on a democratic approach that emphasizes social awareness and relationship management (Serio & Epperly, 2006). It is shifting from a top-down, hierarchical structure to a more flat structure based on a collaborative approach, as shown below.

Concepts of Leadership: Traditional versus Modern	
(Serio and Epperly, 2006).	
Traditional	Modern
Leader crafts Vision	Group crafts vision that leader articulates
Leader demands performance	Leader inspires performance
Paternalistic Model	Partnership model
Emphasis on leader's intellect	Emphasis on leaders emotional intelligence
Leader seeks to control others	Leader seeks to empower, motivate and empathize with others
Team focuses on work arena	Team seeks balance between work an home

## 2. The Question As To What Constitutes Followership

There is no simple answer to this question, as there appears to be no clear distinction amongst the two concepts of leadership and followership (Hughes, Ginnett, & Curphy, 2006). Instead, leadership and followership are two points along a continuum in which the people pass from “active followership” to “small-I” leadership (people who lead) (Townsend & Gebhardt, 1997).

Leadership is defined as a social influence process shared among all members of a group (Hughes, Ginnett, & Curphy, 2006). Susan Baker (2007) defines followership as, “a process by which a person fills the role of follower, supporting the views of a leader and consciously and thoughtfully working toward shared goals of the leader or group” (p.15). Barbara Kellerman (2008) states, “followership implies a relationship (rank) between subordinates and superiors, and a response (behavior) of the former to the latter”, (p. 2). The distinction between effective leaders and effective followers is within the role they play, not based on intelligence (Kelley, 2001). Followership results in generating both effective leaders and effective followers (Kelley, 2001). One must follow in order to lead (Kellerman, 2008; Latour & Rast, 2004).

Robert Kelley is credited as being one of the first researchers to give voice to the follower (Kellerman, 2007). His research produced positive correlations between the follower and their importance to leadership (Kelly, 2001; Hughes, Ginnett, & Curphy, 2006). Kelley (2001) brought forth the notion that most individuals more

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often follow than lead and subordinates should be considered as supervisors and superiors.

As is seen in the literature, the term “follower” often takes on a negative connotation. Being a follower is associated with ‘being passive”, “blindly obedient subordinates”, “lacking drive and ambition”, “inferior” or “lacking the right stuff” (Baker and Gerlowski, 2007). The research shows a shift in the understanding that an overly centric preoccupation with leadership theory prevents the field from discussing the importance of followership (Baker and Gerlowski, 2007, Kellerman, 2007; Kelley, 2001).

Susan Baker and David Gerlowski’s (2007) research has shown that “[t]he view of followers has shifted from one that saw followers as passive, blindly obedient subordinates who unquestionably obeyed the directives of their superiors to one that recognizes followers as active and collaborative participants in the leader-follower relationship“, (p.17). It is believed that all successful leaders need good followers and the combinations of leaders who listen to followers are unbeatable (Cavell, 2007).

Ira Chaleff (2009) states, “If [followers] are to be effective partners with leaders, it is important to remember ...followers...possess [their] own power, quite apart from the reflected power of the leader”, (p. 19). Chaleff believed that within every organization, vested power is shared amongst the leader and follower (Chaleff,

2009). A democratic hierarchy may allow for power to be distributed amongst the leader and the follower (Chaleff, 2009). In an autocratic hierarchy, the follower can reclaim their power when the leader must step down. There still exists imbalances in formal power amongst leaders and followers, despite this fact a follower must learn to connect with their power and learn how to use it (Chaleff, 2009).

In revolutionizing the traditional leader-follower role, developing followership perhaps is more essential than leader development (Latour & Rast, 2004). Latour and Rast (2004) state, “a dynamic leadership program should produce individuals who, when the moment arrives seamlessly transition to lead effectively while simultaneously fulfilling their follower roles in support of their superiors”, (p.103). Such notions lead to a shift in the research towards studying follower topology.

### **3. Typology**

Within the study of followership there are four paradigms that categorically identify followers amongst themselves.

In 1965, Abraham Zaleznik distinguished between two different dimensions of followers. The first being *dominance* versus *submission*, secondly, *activity* versus *passivity*. *Dominant followers* are those who want to control superiors (Kellerman, 2008). *Submissive followers* are those who want to be controlled by

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superiors (Kellerman, 2008). *Active followers* are those who encroach and intitate (Kellerman, 2008). *Passive followers* are those who sit back and let things happen, do nothing at all, or very little (Kellerman, 2008).

Zaleznik went even futher in depth with his theory to catogeorize four groups of follwers: *Impulsive, compulsive, massochistic and withdrawn*. *Impulsive* groups tend to be rebellious, courageous and at times spontaneous (Kellerman, 2008). The *compulsive* group want to dominate their superiors but resist from doing so based on being passive (Kellerman, 2008). The *masochistic* group want to submit to the control of their superior. Lastly, the *withdrawn* group do not care much about what happens at work but behaves appriopriatley (Kellerman, 2008).

In 1995, Ira Chaleff focused on empowerment of followers and came up with four different degrees in which a follower supported their leader: *Implementers, partners, resources* and *individualists* (Kellerman, 2007). *Implementers* reinforce the leader's perspectives are team oriented, respectful of authority, supportive, dependable, and compliant (Chaleff, 2009). *Partners* complement the leader's perspectives, maintain peer relations with authority, focuses on strength and growth, confront sensitive issues, they are mission oriented and purpose driven (Chaleff, 2009). *Resources* type: avoids the attention of authority, makes complaints to third parties, executes minimum requirements, their primary interest lie elsewhere, they are uncommitted but brings specific skills and are

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available and present (Chaleff, 2009). Lastly, *Individualists* are: untimidated by authority and focused on the self, marginalizing, rebellious, irreverent, reality checker, independent thinker, self-assured, forthright and confrontational (Chaleff, 2009).

Robert Kelley (2001) distinguished five different followership styles based on their level of motivation and behavior: *alienated follower*, *passive follower*, *conformist*, *exemplary* and *pragmatic*. The *alienated* follower is an independent and critical thinker. The *passive* follower does not think for themselves. The *conformist* lacks independence and critical thinking. The *exemplary* follower is a constant critical thinker and is active within the organization. The *pragmatic* follower walks the middle road and does not ask too many questions (Kelley, 2001).

Barbara Kellerman's (2008) research brings forth five different guises of the follower: *Isolates*, *Bystanders*, *Participants*, *Activists* and *Diehards*. An *isolate* is completely disengaged from decisions and does not care who the leader is. A *bystander* watches rather than acts, they make decisions only to stand aside. *Participants* support their leader and group trying in order to make some impact. *Activists* are deeply engaged, passionate, hard working and a very powerful asset in an organization. *Diehards* are willing to die for the cause, are the most committed with intense dedication (Kellerman, 2008).

#### **4. The Changing Role Of Followers Within The Organization**

The leader-follower relationship is progressing through a period of dynamic change, one of which is the increasing pressures within organizations to function with reduced management resources (Hughes, Ginnett, & Curphy, 2006). A second is a trend towards power sharing and decentralization of authority (Hughes, Ginnett, & Curphy, 2006). Followers can influence “the upward” as they are often at the bottom where the problems occur which may enable them to become more skilled (Kelley, 2001; Hughes, Ginnett, & Curphy, 2006)

This section explored seminal literature involved within the study of followership-leadership paradigm. All of the above-mentioned sections will be instrumental in carrying forth a thorough examination of followership. The aim of the thesis will develop a working model of followership style, influences and behavior within field of respiratory therapists.

### **RESEARCH METHODOLOGY**

The thesis research methodology will be qualitative by way of a phenomenological research approach in order to be able to isolate the main aspects and influences on followership. Study participants will be chosen from the field of respiratory therapy specifically located within the main teaching hospitals of the MUHC, McGill University Health Center, in Montreal, Quebec. These hospitals being: The Jewish General Hospital, The Montreal General Hospital, Royal Victoria Hospital and St. Mary’s Hospital.

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1. Interviews: The general strategy for the interviews is to follow a qualitative approach using the semi-structured methodology where broad questions are posed permitting free-flowing responses by interviewees. This methodology is considered most appropriate in order to capture subtle meanings and personally held beliefs and to avoid imposing external thought complexes on participants. A sample questionnaire list is provided in Appendix A and B.
2. Follow Up Interviews: There will be at least three follow up interviews with the interviewees to discuss extraneous findings, receive feedback and to further clarify inter-relationships among the leader–follower variables of interest.

### **RESEARCH PLAN**

Participant interviews will take place over a one-month period, from February 21 to April 10, 2010 for approximately 1 hr and 30 min in length each at a location that is amenable to the participants. The respiratory therapists will be interviewed concerning their positions and roles played within the organization; how they serve or challenge those in leadership positions; and how they interact with other healthcare workers within critical care settings.

## RESEARCH BUDGET

The total cost of the research is estimated to be \$1,125.00 Canadian. The author will fund these costs privately. No scholarly or governmental grants will be sought or used in carrying out the research. No extra supervisory costs or other cost are being requested from UGSM-Monarch Business School. The budget is presently fully funded and research may begin immediately.

Research Budget	
Item	Cost CDN \$
Parking - 15 Days @ \$20.00	\$300.00
Meals – 15 Days @ \$15.00	\$225.00
Reproduction Expense - Questionnaires	\$25.00
Reproduction Express – Manuscript Copies X 4 Hardbound	\$300.00
Qualitative Analysis Software	\$200.00
Miscellaneous Supplies & Other Costs	\$100.00
<b>Total Costs</b>	<b>\$1,150.00</b>

## RESEARCH TIMELINE

There are many factors that influence the followership process and its elements. Time constraints with respect to fieldwork may take place at Easter weekend and spring break. Moreover, the availability of the respiratory therapist for interviews

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may change frequently as the work is typified by shift work scheduling, which will create difficulties in arranging interviews. Similarly, interviewee's duties may require them to work overtime causing missed appointment times.

The following schedule represents the best estimate of important milestones for the completion of the study.

Research Timeline	
Date	Stage
January 2009	Project / Study Start
January 2009 – June 2009	Initial Literature Review Stage General Leadership Theories
June 2009 – December 2009	Final Literature Review Stage Leadership Theories As Applied to Medical Studies
January 2010 – February 2010	Interview Design Finalization Preparation And Scheduling of Meetings
March 2010	Interviewing of Participants
April 2010 – June 2010	Writing of Manuscript and Completion of Study
July 1, 2010	Thesis / Manuscript Submission

## BIBLIOGRAPHY

Alcock, J., Carment, D., Sadava, S., Collins, J., & Green, J. (1997). *A Textbook of Social Psychology* (3rd Edition ed.). Scarborough, Ontario, Canada: Prentice-Hall Canada.

Anaconca, D., Kochan, T., Scully, M., Maanen, J., & Westney, D. (2005). *Managing For The Future: Organizational Behavior and Processes*. Thomson South Western.

Avolio, B., Walumbwa, F., & Weber, T. (2009). Leadership: current theories, research and future directions. *The Annual Review of Psychology* , 60, pp. 421-449.

Baker, S., & Gerlowski, D. (2007). Team effectiveness and Leader-Follower Agreement: An empirical Study. *Journal of American Academy of Business* , 12 (1).

Bennis, W. (2010). Art of Followership. *Leadership Excellence* , 27 (1), 3-4.

Bennis, W. (2008). *The Art of Followership: how great followers create great leaders and organizations*. (I. C.-B. Ronald E. Riggio, Ed.) San Francisco, CA, USA: Jossey-Bass.

Blanchard, K., & Hershey, P. (1968). *Situational Leadership (Blanchard-Hershey)*. Retrieved from 12manage.com:  
[www.12manage.com/methods\\_blanchard\\_situational\\_leadership.html](http://www.12manage.com/methods_blanchard_situational_leadership.html)

Carlyle, T. (1840, May 5). *On Heroes, Hero-Worship , and the Heroic in history*. (R. Burkey, Ed.) Retrieved July 26, 2008, from [www.fullbooks.com](http://www.fullbooks.com):  
[www.fullbooks.com/Heroes-and-Hero-Worship1.html](http://www.fullbooks.com/Heroes-and-Hero-Worship1.html)

Cavell, D. P. (2007). Leadership or Followership: one or both? *Healthcare Financial Management* , 61 (11), 142-144.

Chaleff, I. (2009). *The Courageous Follower: Standing up to and for our leaders* (3rd Edition ed.). San Francisco, CA, USA: Berrett-Koehler Publisher.

Follett, M. P. (1918). *The New State* . (V. Shreibman, Ed.) Retrieved from [www.sunsite.utke/FINS/Mary\\_Parker\\_Follett](http://www.sunsite.utke/FINS/Mary_Parker_Follett)

Galton, F. (1892). *Hereditary Genius: an inquiry into its law and consequences*. (G. Tredoux, Ed.) Retrieved from [www.galton.org](http://www.galton.org)

## The Respiratory Therapist: A Study of Followership in Critical Care Situations

House, R., & Mitchell, T. R. (1971). *The Path-Goal Theory*. Retrieved from 12 manage : The Executive Fast Track:  
[www.12manage.com/methods\\_path\\_goal\\_theory.html](http://www.12manage.com/methods_path_goal_theory.html)

Howell, J., & Shamir, B. (2005). The Role of Followership in the Charismatic Leadership Process: relationships and their consequences. *Academy of Management Review* , 33 (1), 96-112.

Hughes, R., Ginnett, R., & Curphy, G. (2006). *Leadership: enhancing the lessons of experience*. New York, New York, USA: McGraw-Hill/ Irwin.

Jones, H. R., & Johnson, M. (1972, June). LPC as a Modifier of Leader-Follower Relationships. *Academy Journal of Management* , 185-196.

Jung, D. I., & Avolio, B. J. (1999). Effects of Leadership Style and Followers' Cultural Orientation on Performance in Groups and Individual Tasks Conditions. *Academy of Management* , 42 (2), 208-218.

Kellerman, B. (2008). Followership: How Followers are Creating Change and Changing Leaders. 1-5. Harvard Business Publishing.

Kellerman, B. (2007, December). What Every Leader Needs to know About Followers. *Harvard Business Review* , 1-9.

Kelley, R. (1988, November-December). In Praise of Followers. *Harvard Business Review* , 142-148.

Kelley, R. (1990). Managing the New Workforce. *Machine Design* , 62 (9), 109-113.

Latour, S., & Rast, V. (2004). Dynamic Followership: The Prerequisite for Effective Leadership. *Air and Space Power Journal* (Winter), 102-109.

Leitko, T., & Szczerbacki, D. (1987, 15). Why traditional OD fails in Professional bureaucracies. *Organizational Dynamics* , 52-65.

Serio, C., & Epperly, T. (2006). Physician Leadership: A New Model for a New Generation. *Family Practice Management* , 13 (2), 51-54.

Spencer, H. (1896). *The Study of Sociology*. Retrieved from Questia: Trusted Online Research:  
[www.questia.com/read/92677756?title=The%20Study%20of%20Sociology](http://www.questia.com/read/92677756?title=The%20Study%20of%20Sociology)

## The Respiratory Therapist: A Study of Followership in Critical Care Situations

Townsend, P., & Gebhardt, J. (1997, December). *Followership: An Essential Element of Leadership*. Retrieved from Quality Digest:  
[www.qualitydigest.com/dec97/html/townsnd.html](http://www.qualitydigest.com/dec97/html/townsnd.html)

Vroom, V., & Yetton, P. W. (1973). *Vroom and Yetton's Normative Model*. Retrieved from Changing Minds: [www.changingminds.org/disciplines/leadership/theories/vroom\\_yetton.htm](http://www.changingminds.org/disciplines/leadership/theories/vroom_yetton.htm)

Vugt, M. .. (2006). Evolutionary Origins of Leadership and Followership. *Personality and Social Psychology Review*, 10 (4), 354-371.

Zalezink, A. (1965). *Zaleznik's Follower Typology*. Retrieved from Changing Minds:  
[www.changingminds.org/disciplines/leadership/followership/zaleznik\\_follower.htm](http://www.changingminds.org/disciplines/leadership/followership/zaleznik_follower.htm)

## APPENDIX A

### SAMPLE FOLLOWER QUESTIONNAIRE

#### A. RESPIRATORY THERAPIST PROFILE

1. Gender: M or F
2. Title and main units of work (Can circle more than one): NICU, ICU,  
PACU, ER, OR, WARDS
3. Other areas of specialty or study:
4. Years within the discipline:
5. Place of Birth:
6. Age Range: 30-35, 35-40, 40-45, 45-50, 50-55, 55-60, 60-65, 65-70
7. Center(s) of practice: McGill University Health Center (MUHC) or McGill  
Affiliated teaching hospital
8. Cultural background:
9. Religious or philosophical upbringing:
10. How were you prepared for your expected competencies during your  
studies?

## **APPENDIX B**

### **FOLLOWERS CHARACTERISTICS SURVEY**

1. Define the following terms: Leadership, Leader, Follower and Followership?
2. What determines leaders and followers within your area of expertise?
3. Are you a leader, follower or both? How does your role identify with these concepts?
4. Is leadership something that is transferable within your position and/or in particular situations?
5. What are some of the departmental or organizational influences that effect the leadership process?
6. What are key characteristics to be effective in critical care situation?
7. What do you admire in others who lead?
8. Who leads changes when crisis occurs within a critical care setting? Who leads the situations when the leader isn't available at the moment?
9. What type of influence does the leaders power have on the follower within critical care situations?
10. How do followers influence leaders behaviors and attitudes?