RESEARCH ARTICLE

# Building A Model for High-quality Nurse Leader-Follower Relationships

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## Abstract

**Background:** The leader-follower (L-F) relationship in the nursing sector is an important aspect in the delivery of healthcare. While studies that primarily focus on the nurse leader have yielded very important contributions, it is also necessary to look at how the followers see their relationship with the leader, in the context of the practices and culture of their environment.

**Purpose:** This study aimed to identify factors that affect the quality of nurse leader-follower relationships and propose a model for fostering high-quality L-F relationships among nurses.

**Design and method:** The study utilized a descriptive qualitative design using a deductive, semantic thematic analytical approach. Semi-structured in-depth interviews were conducted among 11 staff nurses from different tertiary hospitals in Metro Manila. Data analysis and interpretation were performed using Braun, Clarke and Hayfield's thematic analysis.

**Results:** Analysis showed that 19 factors, which influence the quality of leader-follower relationships among nurses, can be categorized into context factors, follower characteristics, and leadership characteristics. These factors gave rise to a model for high-quality nurse leader-follower relationships. At the core of the model is the leader and followers, who both possess characteristics perceived to be the main factors in building high-quality relationships. The relationship takes place in the context of professional nursing practice, organizational context and work unit context. These three spheres of context are specific to nursing services in hospitals.

**Conclusion:** The model highlights the characteristics of leaders and followers needed in high-quality nurse leader-follower relationships and the context in which they operate. It could be useful in guiding the staff development programs for nurses, as well as, improvements in the work environment.

## Introduction

COVID-19 pandemic has brought about severe challenges upon the health workforce. While still expected to deliver ethically safe practices, work with minimal resources, and ensure zero errors in the delivery of patient care, healthcare professionals have suffered general psychological distress, anxiety and burnout in carrying out their work in myriad of settings during this time of global crisis (Oleksa-Marewska & Tokar, 2022). These experiences are even more felt by the nursing workforce, who constitute one the largest group of healthcare workers globally (Ajanaku & Lubbe, 2021), and whose practice provides a significant impact in the healthcare delivery system. The role of nurses was even more significant during this time. They are at the frontlines taking care of patient

needs and spending the most time at the bedside, which increases their risk of contracting the virus.

In the Philippines, the pandemic has intensified the challenges experienced by the nurses. These include healthcare disparities and gaps in the country's health policies, risk communication strategies, and allocation of resources (Tomanan et al., 2020). In the event of surges, where many people are brought to the hospital with varying severity of the disease, hospitals are prompted with unfavorable work conditions such as inadequate staffing ratios, lack of personal protective equipment (PPE) supplies, and shortage of rooms with adequate ventilation (Gilo et al., 2020). Aside from

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hazards in the physical work environment, nurses experience anxiety, fear, and emotional distress during their clinical work "(Arcadi et al., 2021).

These challenges call for a shift in the way nursing leadership is exercised. Expectations on nurse leaders to conduct the day-to-day operations of the ward is further compounded by the need to navigate the unique needs of staff nurses brought about by this crisis.  Nurse leaders are integral in facilitating the achievement of positive patient outcomes, staff engagement and healthy work environments  (Giordano-Mulligan & Eckardt, 2019). However, in healthcare research, there is "little theoretical or empirical testing that focuses on the relational aspects of leadership —(Jungbauer et al., 2018,p.28), an aspect which is important in furthering a culture of safety behaviors and positive practice environments.

This study is focused on the leadership relationship between the nurse leader and staff nurses in hospital settings. Constructionist views on leadership acknowledges the active role followers play in influencing the leader (Stanley, 2017), and thus, this research sought to gain a deeper understanding on the followers' perception of this relationship by asking: *From the followers' perspective, what are the factors that affect the quality of leader-follower relationships in the context of nurses in the Philippines?*

## Methods

A descriptive qualitative study framed within Braun, Clarke and Hayfield's deductive, semantic thematic analysis approach was used to understand the factors that affect the nurses' quality of leader-follower relationships in hospital settings. Eleven staff nurses from four different private tertiary hospital, who have worked for at least six months in their current hospital, were interviewed in this study. Nurses who assumed formal leadership positions were excluded. The background characteristics of these respondents are presented in Table 1.

Semi-structure open-ended questions touched on describing high-quality relationship with leaders. All interviews were audio-recorded with the consent of the respondents, then transcribed. Repeated analysis and intercoding was done to ensure the trustworthiness of the identified themes.

## Results

There were 19 themes identified from the analysis of the transcripts, which could be clustered into context, follower (F) characteristics, and leader (L) characteristics.

**Table 1.** *Background Characteristics of Interview Participants*

| Participant | Age | Sex | Years at Work | Area of Assignment |
|---|---|---|---|---|
| N1* | 26 | F | 5 | Pediatrics ward, PICU |
| N2** | 30 | M | 4 | Surgery, EENT |
| N3* | 33 | M | 4+ | Neurology, COVID CCU (pandemic) |
| N4** | 25 | F | 1+ | Operating room |
| N5* | 34 | F | 10 | Pediatrics ward, EENT ward, Infection control (pandemic) |
| N6 | 30 | F | 5 | Operating room, Emergency room |
| N7 | 26 | F | 3 | Obstetrics ward |
| N8 | 22 | F | 0.92 | Oncology unit, Pain Management unit, Senior wellness unit |
| N9 | 27 | F | 5 | Emergency room |
| N10 | 30 | M | 3 | Special unit: GIT unit |
| N11 | 34 | M | 3 | Medical – Surgical ward |

Note.  *Interviewed before pandemic; follow-up interviews were conducted
       ** Interviewed before pandemic; no follow-up interview; migrated to other countries for work

## Context

For context factors, the themes are as follows: 1) professional-personal boundaries; 2) emphasis on standards of care; 3) collaborative practice of nursing; 4) adherence to hospital protocols; 5) hierarchical culture; 6) workload and work arrangement; 7) level of teamwork among staff; 8) relationship-building activities; and 9) staff values and attitudes.

*Professional-Personal Boundaries.*

A common theme from the participants' description of their relationship with their leaders is personal and professional boundaries. Staff nurses described their work relationships with the head nurses and supervisors as different when they are at work compared to their interactions off-duty.

> At work [the leader] addresses me as "Ma'am", then outside of work she addresses me as "sister". I address her as "Ma'am"…it is professional… there [are] boundaries. (N1, lines 69-71)

*Emphasis on Standards of Care*

Participants noted that emphasis on standards of patient care contributes to their relationship with their nurse leaders. When a leader is perceived to be implementing what is "ideal" in terms of how the ward is managed and how care is given to patients, respondents appreciate and respect their leader more.

> [My leader] does not negate principles in nursing. Whatever is the teaching, whatever is ideal as a nurse, that is what she does. (N3, l. 172-174)

While perceived similarities between patient care practices seem to strengthen the L-F relationship, differing beliefs on how work should be done in the ward paves the way for them to talk further and arrive at a compromise.

> There are times we are not aligned, but it is okay with both of us. We both keep our minds open. If this is her opinion, and this is mine, we just agree to have a middle ground. (N4, l. 221-223)

*Collaborative Practice of Nursing*

Several respondents also felt that the collaborative nature of the practice (e.g., communicate to ensure that patients receive continuous and thorough care) has led to the building and strengthening of relationships with their leaders.

> The constant communication…they created [chat] groups where they discuss all our patients' treatments, doctor's [orders] so that we will not have difficulties knowing them. (N8, l. 175-179)

*Adherence to Hospital Protocols*

In cases when the staff nurse sees that their leaders stand their ground when it comes to the implementation of the hospital policies, the staff nurse accords more respect and trust on their nurse leaders.

> There are times that they send the patient to the ward even if that patient is not admitted... Our head nurse requested a dedicated area for these kinds of patients…, but the management did not do anything about the request. (N1, l. 248-260)

*Hierarchical Culture*

Nurses described that there is a positioning hierarchy in their respective work units, which is often unexpressed but is understood by all of the staff in that area. This sets the tone on how nurses would interact with their leaders.

> There is superiority among some nurses. Senior nurses act in a certain way. (N8, l. 227)

Some respondents expressed that this hierarchy is felt much more when conflict between doctors and nurses arise. The staff nurse interprets his/her leader's behavior and decisions based on how this leader resolves such issues, and this affects the level of trust and respect that he/she gives his/her leader.

> My head nurse made a letter to make a stand, then the doctor still demands us to follow his orders. They argued. My head nurse told the doctor, "that patient is not admitted." She stood by [the hospital policy] that we are not supposed to attend to a patient who is not admitted. (N1, l. 254-258)

The hierarchical culture is also palpable when errors that happen in the unit are blamed on nurses. When a leader goes against this "blame culture" by preventing correction of the staff in front of other health personnel and looking instead at how things can be improved in their system and processes, this leader earns the trust and respect of the staff.

> In the whole hospital, there is a stigma that everything that goes wrong is attributed to the nurse. With [my leader], she doesn't blame the nurses without investigating first. She would usually say it is the system's fault. (N2, 372-373)

In units where this hierarchy is not perceived and felt by the staff, nurses shared that their work relationships are better with their leaders.

> I appreciate our [unit leaders] better because I know of friends from other hospitals who tell me that in their work units, their leaders assert their seniority over them. Here, it is not like that. (N4, l. 200-201)

*Workload and Work Arrangement*

Nurses perceived that they are taking heavy workloads not because of the nature of the clinical duty itself, but because of the way the nurse-patient ratios are managed. A lot of the respondents also described scheduling problems in their work settings.

> We are understaffed…we have an ideal nurse-patient ratio, right? In PICU it is [up to] 1:3 but that is not being followed by my head nurse. (N1, l. 198, 203-204)

High turnover rates, both for staff and head nurses, were a factor in establishing relationships between leaders and followers. Some nurses find it difficult to maintain a good working relationship with anyone because of the fast-paced turnover of nurses in the hospital.

> In my other ward, the persons assuming the head nurse's role change[s] frequently. The phasing is so fast because they resign after two years. That's how fast the phasing is. (N2, l.55, 290-291)

This condition was aggravated during the COVID-19 pandemic, as some wards were closed because of the lack of nurses. Many nurses were reassigned to other wards; thus, they had to readjust to a new work environment, as well as, new leaders and teammates.

> At first we did not have a ward assignment because they do not know where to put us yet. All of us staff in ENT ward were assigned to different wards because our ward was closed. The COVID-19 cases that time was increasing. (N5, l. 238-240)

Furthermore, the pandemic context has brought about challenges in the work context due to emotional struggles of the staff and the leader.

> I guess everyone felt vulnerable. [My head nurse]'s family went through a very difficult time during this pandemic. Our feeling of vulnerability [was a factor]. (N3, l. 754-766)

*Level of Teamwork among Staff*

One of the themes that came up in the interview was how nurses feel that the teamwork present in their respective units helped set the tone for high-quality relationships with their leader.

> It's like everyone in the unit has that kind of personality. Like that head nurse that I'm thinking of…it's like everyone just meshes well. (N7, l. 117-119)

*Relationship-building Activities*

In work units where teamwork as a theme cropped up, the respondents revealed that they engage in offline team-building activities to build camaraderie among the group. The staff nurses and their leaders participate in these activities along with the rest of the group.

> We have what we call "happy hour"…Almost everyone is there, including the doctors. We would say "let's have our happy hour because our duty is so toxic". (N1, l. 232-236)

The staff nurses also engage in sessions that allow them to give feedback to each other in a non-threatening way.

> Before, we have certain activities where everyone will write your weaknesses and strengths on a piece of paper. Then you will read this paper…there are some who say sorry and admit they are sometimes difficult to deal with at work. (N1, l. 590-593)

However, due to the restrictions that the pandemic brought, these activities have been limited and subsequently affected the climate at work.

> The COVID situation has affected our work because there was a division between staff and they started counting each other's work. Then we did not have any [emotional] outlet…after work, we go straight home. Work. Home. We don't go out with friends anymore because of the anxiety of contracting COVID. Then others were quarantined, too. (N1, l. 739-743)

*Staff Values and Attitudes*

In some instances, the staff nurses described that the whole unit staff are cohesive and defined by their attitudes and what they value as a group. For instance, one nurse shared that she saw that there was a collective effort exerted by the group to be nice to everyone regardless of their rank or position.

> When there is a new nurse at the training level, they already emphasize that everyone in the unit is supposed to be nice to each other. [The head nurse] tells us that we cannot quarrel or intimidate the newcomers. (N7, l. 119-122)

When the nurse leader becomes a role model in terms of being knowledgeable and consistent at work, that is imbibed by the staff as their own work values and that creates an ambiance that paves way for higher quality work relationships within the ward.

> I think that the consistency of character that our head nurse showed really stuck with all of us. So even if she is not around, we have camaraderie. (N3, l. 365-366)

Lastly, the values that the staff nurses in the ward hold plays a role in the maintenance of L-F relationships in that unit. For example, N11 shares that because they value their reputation

as a ward, they want to do their work well so that their leader will be proud of them.

> We don't want many errors because we don't want incident reports which will mean that we will be audited. So we exert efforts to do our job well because it is embarrassing [to be audited]. It is embarrassing for our boss. (N11, l. 403-405)

**Follower Characteristics**

The following themes are clustered under the factor of follower characteristics: 1) caring behavior; 2) competence in bedside care; 3) desire for personal growth; 4) efforts in relationship building; and, 5) openness in communication.

*Caring Behavior*

Staff nurses also shared that they make efforts to build a good working relationship with their leaders. When there is an opportunity, staff nurses extend their care and concern towards their leader, which in turn positively impacted their L-F relationships.

> When she [head nurse] was quarantined, we [brought] her food. Whatever conflict we had before became okay after [this instance] (N1, l. 944-946)

They also show empathy towards their leaders when they see that their leaders encounter difficult moments both at work and in their personal lives.

> [During the pandemic], my head nurse's father got admitted for a long time…so during this time I was able to look for medicines [for her father], but prior to that, [I conveyed my concern] through simple text messages. (N3, l. 576-578)

*Competence in Bedside Care*

One factor that positively influences L-F relationships is the competence that staff nurses have when it comes to clinical work because their leaders trust them in doing bedside care.

> I don't give her a headache. I think she has built her trust on me because during my probationary period, I was already performing well as a bedside nurse. I think she saw that I had integrity in what I do…that I am reliable. (N11, l. 114-116)

*Desire for Personal Growth*

Staff nurses who exhibit a need to develop and to grow as an individual and as a more competent nurse contribute to the development of high-quality L-F relationships. They make extra effort to seek opportunities to enhance their skills, and they

perceive that their nurse leaders trust and interact with them more.

> If I am given a task, I would perceive that my head nurse trusts me because she sees that my performance is good. I like it when I am given new work tasks because I learn from them. (N11,l. 243-244 & 250-251)

Staff nurses who have desire for personal growth are more inclined to take criticisms positively. If they are being corrected by their leaders, they do not feel bad towards them, but rather take this action as part of their learning curve.

> When my head nurse corrects me, even jokingly, I take it as [part of] my learning curve. (N10, l. 339)

*Efforts in Relationship Building*

The participants shared the effort that they put in building a relationship with their nurse leader. For some staff nurses, they go the extra mile to prepare for their work and to understand their work unit first out of respect for their head nurse.

> I report to duty 30 minutes ahead of time. If I am for 6-2 shift, I will arrive at 5:30 am. Even if it is still dark outside, I am there because I don't want my [head] nurse to arrive ahead of me. Then I will already prepare the code cart and ID tags. (N3, l. 60-61)

Staff nurses also try to reach out to their leaders and consciously engage them in non-work related matters. They perceive that the relationship is better when they get to know their leaders on a personal level. Sometimes, they try to be closer to their nurse leaders by disclosing their personal lives, too.

> I try my best to have a relationship with whoever is my immediate supervisor. I know I have to make an effort. (N11, l. 121-122)

*Openness in Communication*

One behavior that is indicative that the follower has a high quality relationship with his/her leader is open communication, e.g., that they can be vocal about what they think and how they feel about certain work situations.

> Open communication…[Our head nurse] takes what we don't like into consideration because she knows that she is not the only one who is going to be affected at work. (N5, l. 355-357)

> I have to say it's the open communication. it's easy to express what you are feeling. (N7, l. 67-68)

Furthermore, the kind of openness in communicating exhibited by some of the participants showed that they also give feedback

and advice to their leaders in order to improve their management in the ward, and their relationships with other staff with whom they do not have a high-quality relationship.

> When I felt that the staff had ill-feelings towards him, I tell him "don't be too toxic at work". (N1, l. 463-464)

**Leader Characteristics**

The staff nurses also relayed leader characteristics that they perceive to affect the dynamic of their relationship with their nurse leader. Themes include: 1) competent in managing the ward; 2) being fair and objective; 3) creates a safe and positive space; 4) being caring and supportive; 5) managing his/her emotions; and 6) effective in being a coach and communicator.

*Competent in managing the ward*

Staff nurses shared that the leaders have high-quality relationships with those who are good managers. They admire these leaders who pay attention to details in the ward, and those who show sound decision-making when problems arise.

> She implements what is ideal. Even in the little details in the ward, she wants what is ideal. I see that she works that way and that is important for me. (N3, l. 88 & 168)

Followers trust their leaders who they see as competent in handling difficult situations in the unit and because of this, they view the leader as engaging and approachable.

> He is engaging in the sense that he knows what he is doing…he knows what to do in certain scenarios. (N10, l. 94-97)

> If there is lack of staff in the ward, she steps down from her role as supervisor. She will take charge of the ward. She is very flexible and approachable. (N9, l. 420-421)

*Fair and Objective*

One of the most commonly occurring themes across all interviews is the leader's fairness and objectivity in relating with all the staff. It matters to the staff nurses that their leader does not show partiality. *"They treat all their nurses the same way."* (N8, l. 128)

The respondents also shared that they appreciate it when their leader showed respect and objectivity in dealing with issues that arise in the ward.

> You would still feel that she respects you even if you made a grave mistake… she will not identify you as that person so you are not shamed by others. (N11, l. 204-206)

> When there was an issue inside the ward, she talked to both parties before she told us "This is what we will do…" (N4, l. 43-45)

*Creates a safe and positive space*

When nurse leaders strive to maintain a positive atmosphere in the ward, their efforts are highly appreciated by their staff. This atmosphere is commonly described as family-oriented.

> At work, she maintains good working relationships with everyone and a family-oriented atmosphere. (N5, l. 197-198)

> In this kind of environment, the staff nurses shared that they generally feel safe to ask questions and to share details about their personal life. It's easy to ask questions if there is something you are unfamiliar with, you feel safe being in that environment with that person. (N7, l. 68-69)

In some instances, the leader makes an effort to keep the team spirits up. This is observed in the sharing of N9.

> She is funny during our conversations and when we are stressed at work, she jokes around to divert our attention away from the stress. (N9, l. 245-246)

When the leaders show that they are open to be corrected by their staff, they feel more at ease to interact with them.

> He is not hard to correct…you have a chance to correct him. He is not closed to these and he doesn't carry himself as "all-knowing". (N10, l. 126 & 134-135)

*Caring and supportive*

Staff nurses shared a lot of stories about their leaders showing care and concern for their needs. Many appreciated when their leaders offered themselves to help their staff nurses especially when their wards are very busy.

> When the ward is busy and I'm running around from room to room, she will ask me, "Are you okay? Can you still bear the work? Is there something that I can do to help you?" (N7, l. 185-187)

The mere presence of the leader with whom they have high-quality relationships gives the respondents a sense of security when they are doing their clinical duties, especially if the leader conveys care and support.

> She is there to be with you. She is there to assist you. (N3, l.359)

> She'll be like "I will take care of this, you take care of that". It feels like she is really checking up on her nurses. (N7, l. 187-189)

The leader's presence is something that the respondents value because they feel that they are supported. They shared

that these leaders will not leave accountability on the staff alone when problems arise in the unit.

> When a problem arises, our head nurse will not let us shoulder the problem alone. (N4, l. 31-32)

> [The nurse leaders] won't let you face it alone…[When the higher ups] were asking me to explain what happened, they were there with me in the room to also explain [their part and] their point of view of what happened. They didn't just let me go into it alone. (N7, l. 161-164)

One of the supportive behaviors that these leaders displayed which mattered immensely to the participants is the way their leaders defend them in front of authority figures in the hospital.

> The OPD supervisor insisted that we had to replace the lost item, but our head nurse was firm with saying that we did not lose it. (N6, l. 109-111)

> During the first time that I assisted a doctor, that doctor got angry with me for some reason that I don't know. He defended me from that doctor. (N10, l. 191-194)

*Manages one's emotions*

A characteristic that is admired by the respondents is the capability of their nurse leaders to regulate their emotions in events of crisis or mistakes.

> She is not hot-tempered. She maintains her poise and composure. If ever she gets angry, she still has composure. (N11, l. 200-202)

> She's been a fighter ever since the start of the pandemic. From the transition to close the ward from COVID, to the reopening of the ward, to the time she was preparing for her wedding, and then the hospitalization of her father, until her father's wake and burial. (N3, l. 906-906)

*Effective coach and communicator*

Leader behaviors with whom participants have a high-quality relationship are behaviors that enable the followers to develop the competencies on their own. They act as guides and coaches for their staff nurses.

> [Our head nurse] explains [what needs to be done] thoroughly and then guides us by demonstrating to us first, then she will observe us demonstrating the task after. (N8, l. 100-102)

> She asks too many questions and gets the answer from us. She will teach us what is ideal, but she does not spoon feed us the answers. (N3, l. 64-65 & 110)

The staff nurses appreciate their nurse leaders when they serve as role models and when they actively mentor them in their career goals. The inspiration that they get from their interaction with these leaders are viewed as empowering by the staff nurses.

> I consider my leader as an empowered supervisor compared to other supervisors who handled me because she knows how to explain and help me redirect my career goals. (N9, l. 234-235)

> I appreciate her. I look up to her and I think this is a big factor [in the relationship]…to encounter someone like her who I consider as "best" and it inspires me to also be like that person. (N3, l. 148-155)

As a communicator, these leaders are described as active listeners and effective in conveying messages and even criticisms.

> She is very open to listen to whatever you would say but at the same time if we are wrong and she disagrees with us, she knows how to tell us [her disagreement] and she knows how to convey her criticism constructively. (N9, 331-332)

A participant also shared that because of the quality of their relationship, she can communicate with her leader without too much elaboration.

> [My head nurse] understands what I am saying without me having to elaborate too much. (N6, l. 534-535)

## Discussion

The findings elucidate themes that pertain to the attribute of the person—both the leader and the follower—as those that mainly affect the quality of leader-follower relationships. Filipinos are, by nature, collectivist (Jocano, 1998 as cited by Paraiso, 2021) and relational; they tend to value the attributes of the person as a key precursor in the whole leadership process (Ilac, 2018).

At the heart of the positive leader-follower relationship are some characteristics common to both. A leader trusts a follower who is competent at doing bedside care; likewise, the follower respects a leader who is competent in decision-making and managerial and bedside work and sees them as a role model. This is supported by a study conducted by (Hookmani et al., 2021) which incorporated competence as one of the pillars in its framework for on-job mentorship program to promote a conducive mentor-mentee relationship in the context of nurses.

Display of caring behaviors towards each other, a core value of the practice of the profession, also contributes to high quality-F relationships. In the nursing field, caring is an essential core value that is integral and permeates all aspects of the practice of the profession. Creating a context of caring through promotion of a "culture of compassion" was essential to maintain the energy and morale of nurses in a unit in order for them to radiate this care to their patients (Hookmani et al., 2021). This study have operationalized "leader caring" and "follower caring". From the perspective of the follower, the leader is most often felt when the leader is readily available, physically or virtually, to support them with their needs in order to carry out the nursing tasks correctly and efficiently. Follower caring, as a social exchange, is expressed mostly as concern for the leader in their personal struggles.

Lastly, the ability to communicate is essential in building high-quality relationships. The content of the communication is primarily geared towards improving processes on patient care, but staff nurses perceive that communication in a high-quality relationship is characterized by the leader taking a "listener" and "feedback-giver" role, and the follower taking on the "speaker" or "initiator" role. These findings contextualize what good and meaningful communication is in the Philippine nursing context, which is a necessary ingredient in fostering organizational resilience, especially in times of crises (Duncan, 2020).

The L-F relationship is a collaborative relationship that is characterized by having personal and professional boundaries between the nurse leader and the staff nurses, by high levels of respect and trust between them. This L-F relationship is set in a context that can be seen as nested spheres, namely the work unit context, organizational context, and professional nursing practice.

The most immediate context is their work unit, where they experience heavy workload, substandard nurse-patient ratios, and unsuitable work schedule arrangements. These conditions, which already existed before the COVID-19 pandemic, were heightened during the pandemic as new protocols were put in place for nurses to comply with, and with some wards closing due to lack of health human resources.

The organizational context is reflected by the themes on adherence to hospital protocols and hierarchical culture. Trust and respect for their leaders increase when they observe that their leaders are consistent in implementing hospital protocols such as staff scheduling and abiding by nurse-patient ratios. The emphasis on bureaucratic structures is not inherently unfavorable; however, the existence of the "blame culture" as a result of compliance-driven and rule-oriented work settings poses a risk of demoralizing individuals and teams, which can ultimately hinder the delivery of excellent patient care (Murray et al., 2018).

The nursing literature often uses the term professional boundaries to denote nurse-patient relationships, and separate individuals properly (Hanna & Suplee, 2012). In this case, the participants used the term to demarcate the lines between relationships at work and in their personal lives. Furthermore, professional nursing practice emphasizes putting patient care at the center, which is by essence collaborative in nature. Thus, the whole sphere of professional practice has necessitated L-F interactions to occur, and that they be successful in terms of delivery patient care. These findings can be summarized in the model for High-Quality Nurse Leader-Follower Relationships (Figure 1).

While nurses often mentioned their difficulties in their organizational and work unit contexts, this seemingly did not affect the chances of them having high-quality relationships with

**Figure 1.** *Model for High-Quality Nurse Leader-Follower Relationships*
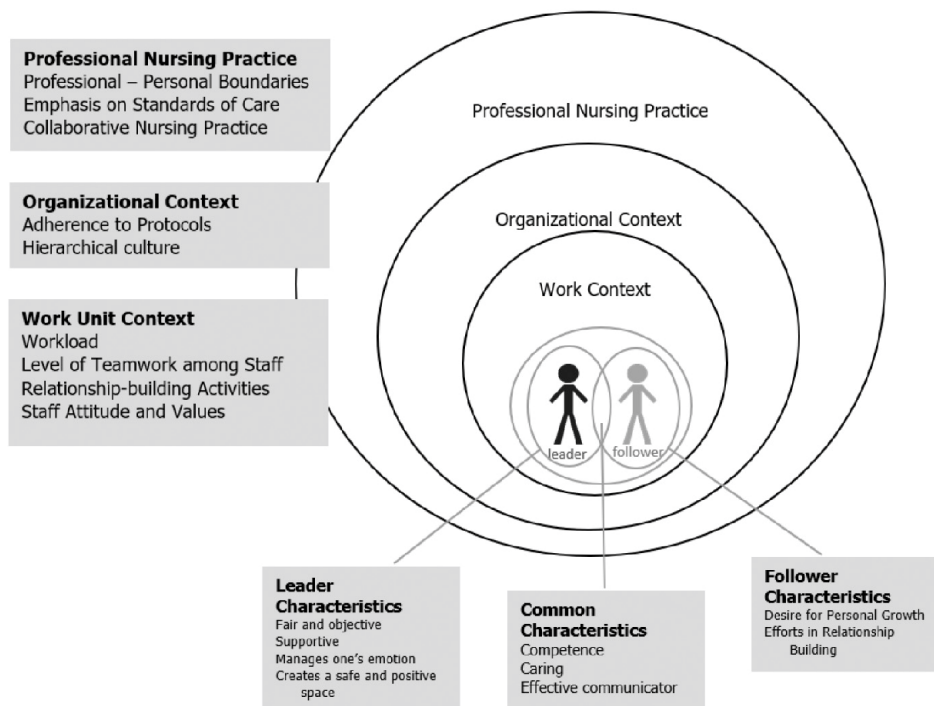
nurse leaders. Despite being in difficult circumstances, staff nurses still found a leader with whom they have a high-quality relationship.

## Conclusion

The main factors that contribute to high-quality L-F relationships are mainly attributed to the characteristics of the key actors in the leadership process—the leader and the follower, which sits at the core of the proposed model. Despite staff nurses' negative perceptions on their work settings that are compounded by the challenges imposed by the current pandemic, the development of high-quality leader-follower relationships is indeed possible. Hence, this study proposed a model for building high-quality leader-follower relationships among nurses in hospital clinical settings.

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