

# Through the Looking Glass: Reimagining Nursing Professional Governance in the Age of Complexity

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**I**t takes complexity to beat complexity.

—Uhl-Bien and Arena<sup>1</sup>

Nursing professional governance (NPG) is one of the most significant advances in nursing practice in the last 50 years in the United States and abroad. Although there have been advances in how NPG is designed and operationalized, in many health care organizations, NPG essentially operates as a complicated rule-bound bureaucracy, mimicking the organization's overall operational architecture and processes. This traditional bureaucratic design was appropriate, given its relatedness to the hierarchical structure in which health care systems flourished for many years, yet the evolving health care landscape demands a new approach to the governance of professional nursing practice. The purpose of the article is to demonstrate that NPG, if reimagined and operationalized as a complex adaptive system (CAS), can become the nexus for nursing and interprofessional engagement, experimentation, and innovation.



**T**he provision of health care is neither orderly nor predictable, despite attempts by health care organizations over the years to make it so. The rapidly changing environment, replete with expanding regulatory requirements, value-based and cost-reduction initiatives, and an increasingly savvy consumer, demands that leaders and clinicians alike adapt to change in ways they may not have previously considered. Health care is firmly anchored in an age of complexity, and organizations that are not nimble and responsive to an increasingly unpredictable environment will likely find a deepening chasm between organizational performance and internal and external stakeholders' expectations. Those who

work within NPG have, not only the capacity, but also the obligation, to adapt to the complexities of health care. To effectively transition professional nursing practice beyond the boundaries of a burdensome bureaucracy, nursing leaders must know how to lead and support NPG in this age of complexity.

## THE NEW WORLD

Leaders have long understood that they function in a complex environment, yet to *thrive* in a complex environment requires an understanding of how CASs operate. Uhl-Bien and Arena highlighted the “rich interconnectivity”<sup>2(p100)</sup> of

**Table 1.** Leader Enabling in a Complex Adaptive System

Current State	CAS
Schedules meetings with rigid agenda, speakers with allocated time, topics not on the agenda do not get addressed.	Facilitates an agenda-less adaptive meeting space. Encourages interprofessional participation with both ideas and solutions identified through participant dialogue.
Leads from a comfortable top-down decision-making structure, supporting action plans created by those higher up through strict unit-specific protocols and rigid disciplinary process to ensure compliance.	Operationalizes unit-specific solutions identified during interprofessional meetings by removing operational barriers and enabling staff to implement solutions.
Adheres to the organization's strategic plan with little capacity to adapt the plan as new ideas emerge and evidence-based protocols are established.	Enables new ideas to emerge by reducing real or perceived system and administrative burdens that have traditionally hampered clinicians' abilities to drive change. Supports the operationalization of unit-specific ideas throughout the system by linking and enabling staff across disciplines and departments.
Serves as the "repository of information" with challenges and opportunities that are identified by staff funneled through the leader for review.	Enables adaptive models of communication through which ideas are shared in real-time so that staff can contribute to the idea and generate a shared, evidence-based solution.
Rarely ventures outside of one's area of expertise, relying on past performance to guide future results.	Engages others outside of the immediate environment (e.g., researchers, administrators, other health care systems, and policy makers) to identify emergent ideas that may positively influence nursing/interprofessional practice.

*CAS, complex adaptive system.*

agents within a system, and within those interconnections are the building blocks for nursing and interprofessional innovation and leading in a CAS. When agents interact and adapt in complex systems, they produce outcomes that may not be completely predictable. The unpredictable nature of outcomes is the core of CASs. Plsek and Greenhalgh defined a CAS as a “collection of organizational agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected so that one agent’s actions changes the context for other agents.”<sup>3(p625)</sup> The unpredictability of a CAS is perhaps the most challenging aspect of CASs for leaders.

Health care professionals practice in a probabilistic world where predictability is elusive and certainty rare. Leaders of health care organizations and NPG systems that seek order, predictability, and efficiency in the age of complexity may not be able to effectively weather the proverbial storms they face in complex environments if they lack the thinking, structures, processes, and strategies to flourish in the age of complexity. Although a new way of both thinking and acting are paramount, one must understand and accept the notion that “it takes complexity to beat complexity.”<sup>1(p10)</sup>

### NURSING PROFESSIONAL GOVERNANCE

Nursing professional governance will not be in a position to effectively embrace complexity if it does not become a CAS. A rule-bound bureaucratic system that serves as the foundation

for most NPG structures will not be capable of meeting complex challenges because the organization has not evolved its repertoire of possible behaviors and actions to a more complex state of readiness and response. Transitioning NPG to a CAS requires NPG to be redefined. The following definition is offered: Nursing professional governance is a dynamic system comprising multiple spontaneous, multidirectional, interprofessional networks operating under simple rules and with expanding degrees of freedom (autonomy) to determine nursing standards and solve clinical and systems problems through the acquisition of resources, real-time decision making, implementation of actions, and dissemination of new knowledge.

### GOOD NEWS

The good news is that health care organizations do not need additional equipment, rules, or policies to operate as a CAS. However, current resources, ways of knowing, and effective leadership behaviors will need to be framed through the lens of CASs. For example, NPG bylaws have traditionally been detailed tomes of structure and process. Through the lens of a CAS, traditional NPG bylaws are constraining, forcing our practice into rigid boundaries that are rarely crossable. In the world of CASs, NPG bylaws are simplified and have few rules, promoting innovation and collaboration to produce best practices in response to a continually changing environment. Also required is a more engaged and empowered point

of care (POC) staff with nurse leaders who are skilled facilitators rather than bureaucratic managers. Leaders must continue to decentralize decision-making, enabling and expecting experimentation and innovation by POC staff within the framework of evidence-based practice. [Table 1](#) provides a comparison between how leaders enable in many current forms of NPG and how enabling looks in CASs.

Point of care staff must be empowered to freely cross real or imagined organizational or interprofessional boundaries. When fully operationalized, NPG functioning as a CAS will be the conduit to achieve the organization's mission, vision, and values, and will align the organization with the domains of the Quadruple Aim: improving patient experience, improving the health of populations, reducing the cost of care, and improving clinicians' experience with providing care.<sup>4,5</sup>

## OPERATIONAL AND ENTREPRENEURIAL SYSTEMS

The proposed system of NPG is based on Uhl-Bien and Arena's<sup>2</sup> framework of entrepreneurial and operational systems for adaptability. No organization can function without an operational system (OS). The OS ensures that human, material, and fiscal resources are made available where, when, and in the quantity needed for safe and effective patient and family care via its formal structures and positional power arrangements. The OS is also accountable for ensuring all regulatory requirements are met.

The OS, although vital to organizational success, is "biased toward order."<sup>1(p10)</sup> That proclivity for order, as Uhl-Bien and Arena noted, is antithetical to innovation and adaptability. As the OS pulls the organization back to order during times of disruption, it can stifle emergence, innovation, learning, and adaptability. The OS, if not managed well, will prevent agents within a system from acting in unison to identify novel approaches to enhance patient, family, and provider experience. This disharmony results from limiting the degrees of freedom necessary for staff to act on ideas. In CASs, the OS is not privileged over the entrepreneurial system (ES), which is primarily accountable for the generation of novel approaches to patient care delivery. Operational leaders are responsible for aligning and executing ideas that emerge from the ES into organizational systems, processes, and structures that produce innovative and sustainable results in compliance with all regulatory requirements. In addition, OS leaders remove or diminish barriers to implementing new approaches to clinical practice and safe and effective patient care.

Just as no organization can do without an OS in today's complex health care environment, neither can it do without an ES. In CASs, the ES is the primary location for the organization's "innovation, learning and growth."<sup>1(p12)</sup> In a CAS, the primary location for ES activities are the unit-based councils (UBCs). The UBC's role within the ES is consistent with Porter-O'Grady's<sup>6</sup> tenet of NPG that the majority of decisions regarding nursing practice must be made at the point of care. The point of care is where the complexities of patient care services collide moment-to-moment with the everyday contextual realities of providing care. The ES still requires guidance, or the ideas and innovations coming from

it can be so lofty that they are essentially undoable for any organization. Leaders within the ES are accountable for facilitating the production of novel approaches to problems in ways that ensure alignment with desired organizational outcomes. Although neither part of the system is privileged over the other, both require some modicum of guidance.

Nurse leaders play key roles in both the ES and the OS, oftentimes managing the tension between the two. Nurse leaders continually protect those who operate in each system, shielding the ES from being pulled back to a state of equilibrium in which new ideas are quashed and protecting the OS from being pushed beyond acceptable performance standards. While transitioning innovation into practice, nurse leaders also assist those operating in the ES to understand the return on investment for their innovative approaches to care. These functions are performed in what Uhl-Bien and Arena<sup>2</sup> call adaptive space (AS). NPG, as proposed as a CAS, will only be as successful as a nurse leader's ability to use AS as an effective bridge between the 2 systems.

## THE SPACE BETWEEN

Adaptive space as described by Uhl-Bien and Arena<sup>2</sup> is the space in which the ES and OS converge. Within the AS are systems of networks in which spontaneous ideas take shape and innovative approaches to care emerge. Within NPG, AS is the convergence of those who provide care, those interdisciplinary partners who support patient care, and those operational leaders who set the organization's strategic plan. Adaptive space is not without tensions generated by the divergent mindsets of those operating in both the OS and ES. The nurse leader functioning within a CAS embraces and promotes that tension as only through the resulting turbulence will novel ideas emerge. Adaptive space can appear chaotic, and oftentimes is, yet the nurse leader effectively manages that chaos. By promoting a degree of chaos through which new ideas emerge, yet pulling participants back from the edge of the abyss when the chaos becomes fatal to performance, nurse leaders facilitate the emergence of new approaches to addressing quality, safe care.

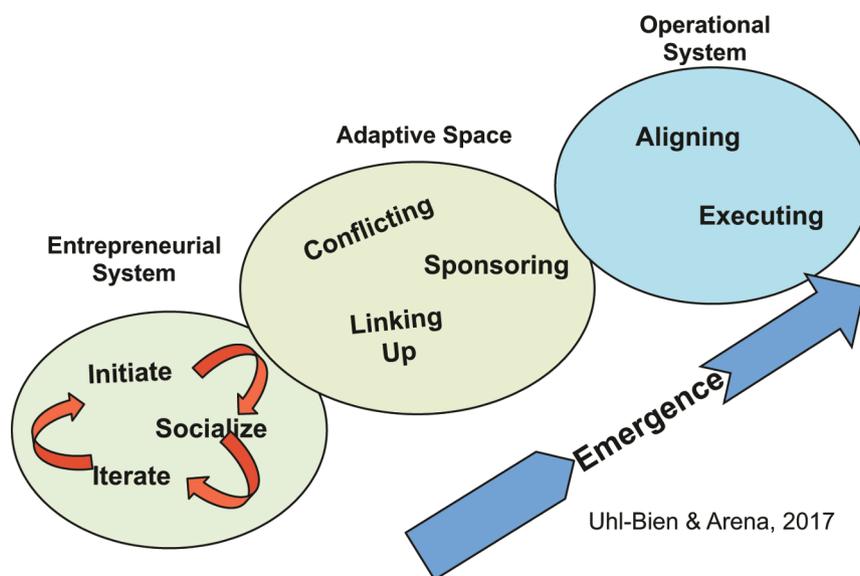
Structures and processes within traditional NPG structures must transition to support all three elements of a CAS—entrepreneurial, operational, and adaptive. Nursing professional governance structures need open local entrepreneurial systems connected by adaptive space to formal operational systems. Foundational principles including decisional authority and clarity of outcomes must be clear. Each element must be purposefully supported. Many current models of NPG rely heavily on formal operational leadership. Critical to the success of a newly defined NPG in the age of complexity is the nurse leader's ability to manage the adaptive space through which new ideas emerge. [Figure 1](#) provides an excellent visualization of complexity leadership behaviors as envisioned by Uhl-Bien and Arena.<sup>1</sup>

## BRIDGING THE CONNECTIONS

Organizations will need to utilize technology in some form to effectively connect nurses and other professionals at all

**Figure 1.** Complexity Leadership Behaviors View  
 Reprinted from Uhl-Bien and Arena.<sup>1</sup> CAS, complex adaptive system; NPG, nursing professional governance.

## CAS and NPG



levels and in all settings so that work can be done in an adaptive space. The most effective technology platforms will be those that quickly and efficiently allow others within the care environment to see newly proposed evidence-based practice changes and to provide real-time feedback on those proposed changes. The platform should provide for professional discourse, while facilitating collaboration and debate among health care professionals through features like blogs and discussion boards. A robust platform will have the functionality to catalog, search, and save practice decisions, policies, and quality improvement initiatives.

An advanced technology platform would support decision-making and implementation of new practice through automated notifications to key stakeholders. The records for these decisions and minutes from real-time meetings can be housed for retrieval for all to see and data extracted for various purposes, like evidence for Magnet Recognition®. The richest elements of applying technology to NPG as a CAS are the inclusivity and the acceleration of nursing best practice across systems. Although not any 1 technology platform has been developed to fully address the operational, entrepreneurial, and adaptive needs of a CAS, programs such as Microsoft SharePoint, commonly used in many health care organizations, could be a starting point. Programs used in the educational space such as Canvas and Blackboard could also be considered.

### FROM IDEA TO ALIGNMENT—AN EXEMPLAR

A clinical nurse (CN) has just returned from a national conference where he learned of an innovative approach to patient and family care, and introduces the innovation to the unit

leader (UL). The UL also feels the innovative approach has great promise to improve patient care. The following exemplar identifies the UL's role as she navigates the ES, AS, and OS.

#### Entrepreneurial System

The role of the UL at this stage of the adaptation process is to support the CN in taking ownership of the innovative idea and introducing the idea to staff colleagues on his work unit. The UL coaches the CN to encourage and facilitate discussion of the innovation among colleagues. This iterative process of discussion, evaluation of best practices, and synthesis of relevant research results in an innovation that aligns with contextual approaches to patient and family care within the work unit. Without allowing the iteration and alignment process to occur, the CN may run into the all-to-familiar brick wall: "if it was not invented here, it will not work here!" After a majority of staff agree with and buy in to the innovation, the CN requests time with the UBC.

#### Unit Adaptive Space

The UBC serves as the unit's AS where innovations are ultimately rejected or accepted. The UL, who does not serve on the UBC, agrees to sponsor the innovation to the UBC. Input is sought from other stakeholders, including representatives from the quality department, materials management, and key physicians who admit patients to the unit. As the innovation is discussed and iterated within this space, tensions can arise as issues of alignment emerge with unit and organizational priorities, current practice, cost, return-on-investment, and staff acceptance. Imperative to work in the adaptive space is the UL's ability to facilitate the tension without allowing

the tension to descend into chaos, which could result in the premature rejection of the innovation. Using an appreciative inquiry approach, the UL moves the UBC through the tension, beginning with areas of strongest agreement first then moving to areas of disagreement. The innovation was accepted following a robust and thorough discussion.

### Operational System

Following acceptance of the innovation by the UBC, the UL transitions the innovation through the OS, ensuring alignment with organizational priorities, codifying into policy, implementing into practice, and continually evaluating for effectiveness and sustainability.

### CONCLUSION

Nursing professional governance is one of the most significant advances in nursing practice and governance in the past 50 years, yet it must evolve to remain an effective platform for change. Freeing NPG from the bureaucratic rule-bound entity that it is in many health care organizations and enabling it to transform into a CAS is no easy task. Imperative for any health care organization to thrive in an age of complexity is POC staff who have the capacity to exert maximal local influence over clinical practice. Point-of-care staff who encounter barriers to effective patient care will always be in a better position to assess best practice and implement innovative approaches to clinical problems than most administrators who have long since provided clinical care, or are far removed from the contextual issues surrounding clinical care.

The nurse leader's role is as McChrystal stated, "eyes on—hands off."<sup>7(p7)</sup> The leader is to enable and encourage innovation and experimentation across the organization, enabling the chaos through which ideas emerge, and protecting that process from being constrained by the OS or being led astray from the organization's strategic plan by the ES. Nursing professional governance envisioned through the lens of CASs must be designed with the necessary degrees of freedom for nurses to act and guided by simple rules to effect positive and sustainable change.

Nurse leaders have the capacity to encourage innovation to emerge from anywhere in the organization by linking the ES and OS of NPG with AS. The time has come for nurse leaders to become familiar with and work within this AS to create and sustain NPG structures in which nurses engage interprofessional colleagues and network with others outside of nursing. Adaptive space is where innovations emerge from disorder. Within this AS is where innovations are transitioned to operational principles that guide cutting edge nursing practice in support of quality, safe patient care. **NL**

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