Editorial

Managing complexity

It is worth occasionally reminding ourselves that the roots of the word 'manage' lie in the Latin word *manus*, meaning 'hand'. To manage a situation often implies a 'hands-on' approach to 'sorting it out'. Indeed, the 'sorting out' is often literal. To manage research data usually entails sorting them into themes and category, and before computers took over the job, this usually meant physically moving around cut up pieces of manuscript or index cards by hand. The first thing that the new Prime Minister of the UK did on taking office was to restructure the Cabinet, that is, to sort his ministers into new jobs. To take another topical example, on arriving at Hogwarts School of Witchcraft and Wizardry, new pupils are managed by the 'Sorting Hat' into houses. And one of the first acts of most new managers of large organizations such as hospitals and universities is to restructure or sort staff into new departments. There is, perhaps, a universal feeling that to control a situation or an organization, we must first sort and categorize its components.

To some extent, this is the approach adopted by the editors of the JNM. Papers are sorted into themes, much in the way that qualitative researchers manage data. The papers published in this edition appear on first sight to be rather disparate with little in common to unite them into a theme. However, on closer inspection we can see a unifying concern with sorting, whether it is people, roles or abstract concepts. In some cases, the sorting process is fairly simple and straightforward. Fagerstrom and Rauhala describe a benchmarking system for managing resource allocation and personnel administration, and Gunningberg and Idvall applied a similar strategy to sorting, comparing and managing levels of pain in two departments of a Swedish University Hospital. Hewison outlines a framework to enable nurses to sort, manage, and thereby get involved in policy issues, and Kahya and Oral, in their study of role evaluation, employed the NHS JE system (a rather more sophisticated version of the Sorting Hat, perhaps) to evaluate the Turkish nursing service, and concluded that two new categories of jobs were required.

However, there is a growing realization in other papers that this simple 'sorting' aspect of management runs into problems when the situation is more complex.

Ahmad *et al.* noted that 'as a service becomes more complex, the relationship between its components becomes critical', and advocated a care pathway approach to improve communication between and within services. Tracey, in her study of gender imbalance in career progression, observed that 'the complex web of gender influence' resulted from 'a multifaceted interplay of factors' which required targeted intervention and development by managers. Dwyer resolved a complex web of workforce issues and staff shortages in a regional ICU in Australia by the introduction of a flexible 12-hour shift system, which was positively evaluated by the nursing staff. We can begin to see that as the situations to be managed grow in complexity, the management systems for 'sorting out' the problem take on a greater degree of both flexibility and specificity.

In all of the above cases, a managerial approach of restructuring or re-sorting seems to have a positive impact on the situation. However, as situations and structures become even more complex, there appears to be a turn away from direct management interventions towards a more facilitative or 'hands-off' approach. Thus, Mills describes a similar staffing problem to Dwyer, except with the added complexity of being situated in a rural Australian setting with all the additional complications that brings. Whereas Dwyer 'sorted' the staff into a new shift system, Mills sorted them into 'community collectives', aimed not at managing staff but at allowing them to manage themselves through peer mentoring. It would appear that we eventually reach a level of complexity at which hands-on management of the local situation is untenable, and responsibility has to be handed over to a wider collective.

It is at this point that management, with its implications of a 'hands-on' approach to 'sorting out' the situation gives way to leadership (and let us not forget the Latin word *educare*, meaning to lead, is also the root of the word 'education'). Thus, Abbott notes that the emergence of the role of nurse consultant in the UK appears to be disparate and multi-dimensional in response to 'complex multi-professional and multi-organizational environments'. Furthermore, this new role appears to be concerned with 'leadership across

boundaries' rather than with hands-on 'managerial needs of specific teams'. Kanste *et al.* uncovered a complex relationship between leadership styles and burnout, but noted that 'rewarding transformational leadership' and the hands-off approach of 'active management-by-exception' both protected staff from depersonalization.

Finally, Hurley and Linsley observe that the authoritarian philosophy and structures of nursing management are completely inadequate to cope with the 'sheer complexity of health organizations and the socio-cultural influences impacting upon them'. In such complex situations, 'managing' staff simply does not work. What is required is a humanistic approach which seeks to 'develop staff towards collaborative individualism'. Instead of sorting staff into categories based on rank, tenure and position, 'groups are established and disbanded around projects'. The keywords for working successfully in complex settings such as the health service and the higher education sector are fluidity, flexibility and porous boundaries. As Dumbledore, erstwhile headmaster of Hogwarts School of Witchcraft and Wizardry, says towards the end of the final Harry Potter book, 'You know, I sometimes think we sort too soon'.

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