Leading Complex Adaptive Health Systems: Generating Creative Intelligence (CI^4)

Conference Theme: Leadership in Collaboration

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It is increasingly recognized that health systems, as knowledge-based systems, must look beyond traditional ways of leading – building more collaborative, creative and generative organizational capacities. Adaptive management models are needed in order to pursue and ensure high standards of quality for health and safety in care. Creating environments in which staff collaborate to generate ideas together – working through solutions that are responsive to complex and ever-changing needs – requires non-traditional approaches to leading and leadership that are "fit for purpose"as well as "open to opportunities".

We argue that the success of quality and safety agendas in health systems is dependent upon knowledge creation strategies that move beyond using 'Competitive Intelligence' (CI^1) or 'Collaborative Intelligence'(CI^2) and/or Continuous Improvement (CI^3) processes. New approaches to leading and leadership are needed and these must acknowledge and consolidate the lessons learned from leadership approaches that generate 'Competitive Intelligence' (CI^1) and 'Collaborative Intelligence'(CI^2). Used in combination, these new leadership approaches will support enhanced levels of understanding and responsiveness [i.e., 'Creative Intelligence' (CI^4)] in ways that better meet needs within complex and adaptive health systems.

Competitive Intelligence (CI^1) is accrued in large part through Continuous Improvement (CI^3) processes (i.e., gathering, analyzing, and applying information for short term and long term planning needs) for the explicit purpose of achieving competitive advantage. CI^1 is supported by non-distributive, *hierarchical models of leading and leadership* which often stifle opportunities for collective creativity. Collaborative Intelligence (CI^3) is defined as the capacity to ask and seek answers together and is frequently linked to models of *shared leadership*.

Historical examinations of leadership raise questions about whether existing conceptualizations, even those including shared leadership models, suffice in supporting the goals of complex, adaptive health systems. We argue that genuine commitment to quality for health and safety in care must be based on a complementary commitment to hybrid approaches to leading; approaches that support collaborative, creative and generative organizational capacities. Conceptualizing and implementing leadership approaches that enable generating, enhancing and applying 'Creative Intelligence' (CI^4) must become a current challenge and a future goal for leading complex health sytems towards quality for health and safety in care. The essence of leading for 'Creative Intelligence' will be much more than the sum of its parts: $(CI^1/ CI^3)(CI^2) = CI^4$ (see table 1).

Keywords: leadership; collaborative, competitive and creative intelligence; health systems

Table 1: Building Creative Intelligence

$(CI^1 / CI^3)(CI^2) \approx CI^4$	Lessons learned from leadership for *Competitive Intelligence,* which is built on a foundation of *Continuous Improvement* processes when combined with lessons learned from leadership for *Collaborative Intelligence,* will generate the essence of leading for ***Creative Intelligence***.

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