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Understanding rebel nurse leadership-as-practice: Challenging and changing the status quo in hospitals

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Abstract

Some nurses are responding rebelliously to the changing healthcare landscape by challenging the status quo and deviating from suboptimal practices, professional norms, and organizational rules. While some view rebel nurse leadership as challenging traditional structures to improve patient care, others see it as disruptive and harmful. These diverging opinions create dilemmas for nurses and nurse managers in daily practice. To understand the context, dilemmas, and interactions in rebel nurse leadership, we conducted a multiple case study in two Dutch hospitals. We delved into the mundane practices to expand the concept of leadership-as-practice. By shadowing rebel nurse practices, we identified three typical leadership practices which present the most common "lived" experiences and dilemmas of nurses and nurse managers. Overall, we noticed that deviating acts were more often quick fixes rather than sustainable changes. Our research points to what is needed to change the status quo in a sustainable manner. To change unworkable practices, nurses need to share their experienced dilemmas with their managers. In addition, nurse managers must build relationships with other nurses, value different perspectives, and support experimenting to promote collective learning.

KEYWORDS

leadership, nursing practice, positive deviance, qualitative research, rebels

1 | INTRODUCTION

The nursing profession is constantly evolving and nurses need to adapt and respond to the changing healthcare landscape (International Council of Nurses, 2022; World Health Organization, 2020). Some nurses are doing this by challenging the status quo and deviating from suboptimal professional norms and organizational rules and regulations to generate better outcomes for their patients or to improve unworkable processes (International Council of Nurses, 2022; World Health Organization, 2020). de Kok et al. (2021) call this "rebel nurse leadership," in which the leadership exhibited in daily practice is aimed at providing the best care for patients by challenging the status quo in organizations. Based on their scoping review, de Kok et al. (2021) define rebel nurse leadership as nurses who "have unconventional and non-confirmative behavior that varies or differs from norms, rules, codes of conduct, practices, or strategies. They challenge the status quo with their ability to develop and use social networks (peers, other

disciplines, and management) in- and outside their organization to obtain evidence-based knowledge, share information, and gain the engagement of others to provide better outcomes for patients and organizations" (p. 2580). Rebel nurse leadership is grounded in the idea that nurses have a unique perspective of the needs of patients and play a pivotal role in the healthcare system to keep processes on track (Allen, 2014). Therefore, nurses' voices and actions can be powerful change agents. The rebel leadership concept empowers nurses and other healthcare workers to take an active role in shaping the healthcare system (Bevan, 2013). Rebel nurse leaders bring new ideas, advocate for patients and better processes and structures, and promote a more collaborative and participatory approach to decision-making within the organization (de Kok et al., 2022, 2021). However, rebel nurse leadership is not universally accepted or well-understood in healthcare organizations as empirical evidence for this behavior is scarce.

While some view the behavior of rebel nurse leaders as a positive approach to promoting change and supporting patient care improvements, others view it as disruptive or even harmful to patient care and/or the organization (Banja, 2010; Petrou et al., 2020). For example, when deviance is normalized (Banja, 2010), that is when a deviant act is no longer regarded as one because everyone has adopted it, despite the presence of conflicting formal rules and regulations. Or when deviating creates tension between nurses and results in resistance among colleagues who do not want change. In the long term, this is not beneficial for changing the system. Studying deviating in daily practice is relevant as many of the issues that rebel nurse leaders address, such as person-centered care and better work practices, are complex, context-specific, and multifaceted. Understanding more about these issues requires a deep understanding of the systemic issues and insight into nurses' ability to navigate these issues. This can be difficult to grasp but is crucial to fully understand the potential of rebel nurse leadership.

Healthcare organizations contain intricate systems, consisting of complex responsive processes (Davidson, 2020), and often have several levels of management and decision-making (Uhl-Bien et al., 2020). Challenging the traditional (power) structures that exist in many layers and levels of decision-making is complicated in healthcare organizations. Besides the importance of understanding rebel nurse leadership practices from the perspective of nurses, it is also important to examine the role (nurse) managers play in these rebel nurse leadership practices. Research has shown that nurse managers can both stimulate and hinder nurses' leadership (Curtis & O'Connell, 2011; García-Sierra & Fernández-Castro, 2018; de Kok et al., 2023, 2022, 2021; Labrague, 2021; Labrague et al., 2020; Lalleman et al., 2016; Van Schothorst-Van Roekel et al., 2021), thus managers play a key role in giving rebel nurse leaders room to express their opinion (de Kok et al., 2022, 2021; Wallenburg et al., 2019). Managers and their management systems not only inspire nurses to exhibit rebel nurse leadership, aiming to innovate and improve the quality of care (Labrague, 2021; Lalleman et al., 2016), but also play a pivotal role in spreading good rebel nurse leadership practices throughout the organization (de Kok et al., 2021; Wallenburg et al., 2019). However, several studies have described that nurse managers can have a negative influence on nursing practice (Labrague, 2021; Labrague et al., 2020), decreasing the involvement of nurses in their job and preventing nurses from influencing their practice. Nurse managers and their management systems often do not welcome input from nurses that interferes with their search for control and efficiency (Van den Broek et al., 2014; Daly et al., 2014; Labrague, 2021; Labrague et al., 2020). As a result, nurse managers may hinder rebel nurse leadership practices by pushing nurses back, silencing their voices (de Kok et al., 2021), punishing them, or ultimately withdrawing their licenses (Bristol et al., 2018). This may cause nurses to feel "trapped" and/or "disciplined." As a result, nurses may surrender to silence and disempowerment, assimilate with the dominant discourse or values of an organization even if these conflict with their personal opinions, or leave their jobs (Brandi & Naito, 2006). Observing these practices provides deeper insight into the difficulties rebel nurse leaders face to effect desired changes, and even to be heard. It is especially relevant because rebel nurses risk being marginalized or excluded from the decision-making processes of the organization.

Based on the findings of our previous study (de Kok et al., 2022), we show that in response to the risk of being marginalized, excluded, controlled, or disciplined, nurses sometimes choose to act "under the radar" (i.e., in a way that is invisible to their colleagues) to influence their daily practices so that they match their professional judgments (Bevan & Fairman, 2017; de Kok et al., 2022; Wallenburg et al., 2019). Thorne (2021) describes this as "to make independent decisions on behalf of their patients—to enact the intelligence and expertise that their profession stands for" (p. 1). Acting under the radar, rebel nurse leaders focus on achieving their goals and avoiding opposition, resistance, and pushback from colleagues and management. This strategic move allows nurses to "experiment with their novel ideas" (de Kok et al., 2022, p. 7). Keeping the deviant actions of rebel nurse leaders hidden (under the radar) impedes the innovative spirit of a team and their ability to collectively learn from good practices. It also hinders the spread of innovations derived from their experiments as these new practices are not noticed or shared (Sheard et al., 2017; Wallenburg et al., 2019). Although some empirical research has been carried out on rebel nurse leadership (de Kok et al., 2022; Wallenburg et al., 2019), under-the-radar behavior has not been studied fully. This is why it is interesting to observe how this mechanism influences rebel nurse leadership practices and whether nurses can change their practices by staying under the radar.

The leadership-as-practice perspective is convenient to use in studying rebel nurse leadership practices. This perspective assumes leadership is not only something done by specific individuals (in designated positions) or assigned roles but is also a joint practice influenced by interaction with others (Raelin, 2016a; Raelin et al., 2018). According to Arena and Uhl-Bien, (2016) and Uhl-Bien et al. (2017, 2020), leadership practices are rich in interconnectivity, meaning that "when things interact, they change one another in unexpected and irreversible ways" (Uhl-Bien & Arena, 2017, p. 9). The interaction between nurses and other healthcare professionals,

managers, and patients determines whether and how nurse leadership occurs in practice. It involves relationship building, confrontation, and stabilization (Raelin, 2016a), and thus we included these factors in our study.

Our previous study on rebel nurse leadership practices described the leadership experiences of rebel nurses from an interview study. The aim of the current study is to describe in more depth how rebel nurse leadership is reflected in the nursing practice, and thereby provide insight into the "lived experiences" (Fairhurst et al., 2020) of nurses and nurse managers. Our aim is to understand the relationships by studying the contextual interactions and collaborations and thus gain insight into how nurses and nurse managers deal with the related dilemmas. Ultimately this will provide more insights into the difficulties rebel nurse leaders face to be heard and to effect the desired change within the organization. The key research question is: *How do nurses and nurse managers deal with the dilemmas of rebel nurse leadership practices in daily hospital work?*

2 | METHODS

We conducted a multiple case study (Stake, 2006) between January 2020 and December 2022 in two Dutch hospitals. We combined the data as both cases studied rebel nurse leadership practices and data collection was similar (Stake, 2006). We used several qualitative research methods to collect and analyze data, providing triangulation, and we used the checklist of standards for reporting qualitative research (O'Brien et al., 2014).

2.1 | Setting and study participants

We built this study on two case studies on rebel nurse leadership practices in the Netherlands. We chose these two cases because since both organizations were already paying attention to developing nursing leadership, we assumed that studying rebel nurse leadership would be more accessible here than in organizations that paid little attention to nurse leadership practices.

In hospital 1 (H1, three locations, 2700 employees including 970 nurses) we chose to study rebel nurse leadership practices from the perspective of bedside nurses who were taking part in a nurse leadership program. All H1 bedside nurses, with various levels of education (vocational degree, bachelor's degree, master's degree) (Van Kraaij et al., 2023), could apply to follow the program. Management held job interviews to select the most suitable candidates. We invited all included in the program to participate in this study and those who accepted ($N = 45$) allowed us to shadow them at work and during relevant meetings (i.e., nursing advisory board meetings, leadership development program meetings, and/or management meetings) or to come to a focus group interview. We also invited several other stakeholders ($N = 16$) involved in nurse leadership development to participate in the focus groups. We shadowed 10 nurses (22%) and the focus groups included five nurses (11%) and eight stakeholders (50%) (see Supporting Information: Table S1).

In hospital 2 (H2, eight locations, 5000 employees, including 1930 nurses) we chose to study rebel nurse leadership in context and therefore also included the perspective of nurse managers. H2 did not support the development of nurses' leadership with a dedicated program as in H1 but delegated the task of developing nurse leadership to nurse managers. All H2 nurse managers ($N = 50$) were eligible and therefore invited to be shadowed or interviewed. Five nurse managers (10%) agreed to be shadowed and five (5%) agreed to participate in the interviews (two of whom were also willing to be shadowed). Additionally, through purposive sampling (Palinkas et al., 2015) we compiled a mix of participants with a maximum variation of knowledge and experience with the role of nurse managers in nurse leadership development (together with the nursing advisory board). These individuals were invited to participate in semistructured (focus group) interviews. Nurses ($N = 10$), managers ($N = 10$), policy advisers ($N = 5$), and one member of the board of directors ($N = 3$) were then invited to participate, 10 of whom agreed (see Supporting Information: Table S1).

2.2 | Data collection

2.2.1 | Shadowing

Shadowing (Czarniawska, 2007; McDonald, 2005) improves understanding of the interactions, collaborations, and contexts of rebel leadership development (Husebø & Olsen, 2019; Lalleman et al., 2017). In H1, nurses were shadowed in their daily practices between January 2020 and December 2021 by the lead researcher (EdK) to understand their experiences and the dilemmas they encountered in rebel nurse leadership practices. In total, 69 shadowing hours were captured in observational, thick description reports (52 h of nursing practice and 17 h of meetings). In H2, nurse managers were similarly shadowed in their daily practices between December 2020 and July 2021 by three researchers. In total, 46.5 shadowing hours were captured in observational thick description reports.

2.2.2 | (Focus group) interviews

After three researchers analyzed the shadowing phase data, we held semistructured (focus group) interviews (Kallio et al., 2016) in both hospitals to gain a deeper understanding of our findings. All interviews were audio recorded and transcribed verbatim. Besides the interview transcripts, we made field notes to maximize the verbal and nonverbal information obtained (Holloway & Galvin, 2017). In H1 we held two online semistructured focus group interviews (70 and 90 min; using Microsoft Teams). We used a predefined interview guide that included topics on rebel nurse leadership practices derived

from our analysis of the shadowing data. In H2, we held 15 individual semistructured interviews, both in person and online (using Microsoft Teams). Each interview lasted 60–120 min. We used the same predefined interview guide, complemented by topics on the work of the nurse manager observed during shadowing.

After analyzing the individual interviews and observational reports, three held three member-check group interviews to deepen our understanding of the retrieved data. Participants discussed the collected data in depth to explore their values, beliefs, and dilemmas about rebel nurse leadership practices and the role of nurse managers in these practices. Each interview lasted 45 min.

Both the semistructured focus group interviews and individual interviews were led by two members of the research team—one acting as moderator, the other as facilitator. The moderator interviewed and the facilitator assisted with practical issues and made field notes.

2.3 | Data analysis

Following Stake (2006) and Abma and Stake (2014) data were analyzed in two phases: First the individual hospital cases and then comparing and contrasting the findings from both cases (Creswell, 2021). For both cases (H1 and H2), the first phase involved condensing and triangulating the shadowing and (focus group) interview data to understand the particular activities and observed practices. For each case, we paid attention to the contextual elements and interactions that emerged in rebel nurse leadership practices and how these influenced the practices (Abma & Stake, 2014). The observational reports, transcripts, and field notes were analyzed using the six steps of thematic analysis described by Braun and Clarke (2006). The lead researcher (EdK) familiarized herself with the data, derived codes from the qualitative data, and then discussed the coding with two members of the research team. Then the lead researcher (EdK) developed the final coding lists for each case and merged and clustered the codes into the themes and subthemes of each case. The descriptions of the themes were discussed with the whole research team until a consensus was reached.

After the individual case analysis, both cases were examined together to identify their similarities and differences in rebel nurse leadership practices (Abma & Stake, 2014; Creswell, 2021). After comparing both coding lists and looking for corresponding themes in the data, we developed an overarching coding list with terms for how rebel nurse leadership is reflected in nursing practices and the dilemmas nurses and nurse managers encounter. The overarching coding list and all data were included in the final three steps of thematic analysis (Braun & Clarke, 2006). Then, going beyond theming (Thorne, 2020), the lead researcher (EdK) examined the combined data and critically reflected on the interrelationships between the two cases. She discussed her findings with the other researchers and the whole team agreed on the most characteristic rebel leadership practices.

2.4 | Ethical considerations

All participants were informed of the study objectives before data collection began. Participants were informed that participation was voluntary and that they could withdraw at any time. All participants signed the informed consent form. All data were anonymized before the analysis. The Medical Research Ethics Committee of University Medical Center Utrecht (number 19-183) approved the study. Data were stored according to the Dutch Data Protection Laws.

3 | FINDINGS

Rebel nurse leadership is expressed in diverse ways, from invisible (under the radar) unsustainable changes to visible acts that set improvement to practice in motion. We focus on three characteristics of rebel leadership that portray the contextual and relational richness of their practices. They illustrate how nurses and nurse managers deal with rebel nurse leadership and the common dilemmas they encounter in practice, as we saw happening during our observations and focus group interviews.

3.1 | High fives for climbing onto air mattress carts

3.1.1 | Prologue

Nurses are responsible for determining the risk of pressure ulcers and for starting interventions (e.g., arranging for an air mattress) to prevent pressure ulcers from forming during the patient's hospital stay. In H1, nurses must contact the mattress supplier each time they need to arrange for an air mattress. Because patients regularly need air mattresses in the observed department, the supplier delivers three mattresses at a time on one cart. To ensure the supplier gets paid for each mattress, the cart is locked with a combination code (that often changes). To get the code, nurses have to call the supplier to confirm they want to use the mattress for a particular patient. The nurses also have to report the risk-reducing intervention in the electronic patient record.

3.1.2 | Characteristic rebel practice

> Kim[1] saw that her patient needed an air mattress as indicated by the standard risk-scoring method. She collected a few nurses and together they went to the department storeroom without telling me [Ed: the shadower] what they were going to do. I saw the nurses kick off their clogs and climb onto a locked cart,

[1]Names of the participants are fictional.

> which was open at the top. They pushed the mattresses out, got down off the cart, and gave each other a high five. Then they left the storeroom with big smiles, going back to work as if nothing had happened. Kim explained to me later that this is not the first time they have done this as the code of the combination lock often does not open the cart and they have to wait too long to get an air mattress. Although Kim had several opportunities to talk to her nurse manager about this unworkable practice during her shift, she did not. Kim kept her action quiet.
>
> (Nurse, H1, O9)

3.1.3 | Epilogue

This first observed rebel practice reflects how nurses dealt with an unworkable process. In this case, they were losing a lot of time arranging a mattress for their patient because they needed to get a code from the supplier to unlock the cart, and the code was often incorrect. Kim knew the air mattress was important and found a way to bypass the unworkable system to get one quickly. This was not an exception. In both H1 and H2, we regularly saw nurses working around the system to ensure their patients' needs were met. Nurses often had creative solutions for systemic problems. They challenged the status quo by finding workarounds like "elephant paths" (meaning they establish a more efficient alternative to counter an outdated or inflexible routine; think of how people—and elephants—cut corners on winding paths to take a more direct route).

We also observed that, overall, nurses felt positive about their deviating actions. Kim and her colleagues celebrated their success with a high five, having solved their acute problem at that moment (the ad hoc need for an air mattress). However, the deviating action did not solve the real problem—the time-wasting administrative process and malfunctioning combination lock. Still, the nurses felt satisfied with their deviating action. In their eyes, they had improved an unworkable practice, and this encouraged them to continue their deviating actions. In other instances, we saw that rebel practices were often quick fixes or applied local ingenuity, which made us wonder if rebel nurse leadership practices ever lead to sustainable solutions. In fact, we noticed that the nurses did not discuss changing these unworkable practices to turn them into sustainable, long-lasting solutions. Instead, they continued to compensate for their unworkable practices on a daily basis.

We also noticed that some nurses no longer recognized that their actions were deviating from their daily work because they had become part of their normal routine. They only became aware of their workarounds after the researchers shared their reflections on shadowing and during the interviews. Nurses are adept at arranging patient care but could be more aware of how they compensate for poor arrangements and achieve desirable outcomes by deviating. However, even when nurses were aware of their workarounds, they were still not always willing to discuss them with their nurse manager. A good example is Kim's case. She had many opportunities to discuss the unworkable practice with her nurse manager but chose not to do so. In the next example, the nurse did raise the unworkable practice with others but still concealed her rebel action.

3.2 | Crumbling suppositories sparking internal conflict

3.2.1 | Prologue

When outpatients are scheduled for minor surgery, preadmission and preoperative assessments are done in advance. They also get the prescriptions for the medicine needed after the operation, which they can collect from their own pharmacy. This means that patients arrive well-prepared on the day of surgery and can be discharged quickly because everything they need at home has been arranged. H1 has agreements in place with pharmacies to ensure sufficient medicine is in stock to cover different doses of frequently prescribed medicines.

3.2.2 | Characteristic rebel practice

> When Janet asked the mother if her son was ready to be discharged, the mother said that her pharmacy had given her the regular suppository for adults instead of the one designed for children and told her to cut them in half. Janet thought for a moment. Then she went to the drugs cabinet, grabbed five suppositories with the correct dosage for children, and gave these to the mother. She knew that the hospital wouldn't be reimbursed for the cost, so she asked the mother for the name of her pharmacy. Later, at the nurse station, Janet explained to me (Ed: shadower) that she is not allowed to do this, but she knows that a suppository will crumble if it is cut in half. Janet didn't like that. So she sent an email to the attending physician and pharmacy to make new arrangements without revealing that she had given the mother suppositories from the hospital's stock.
>
> (Nurse, H1, O6)

3.2.3 | Epilogue

In many cases we observed, nurses experienced an internal conflict. In this example, Janet expressed this internal conflict. On the one hand, she wanted to be a good employee and adhere to the essential healthcare system requirements. The hospital outsources the dispensing of medicines. She wanted to adhere to protocol, which the hospital expects of her, requiring her not to dispense the

hospital's stock of medication for patients to use at home. On the other hand, she allowed herself to be guided by her professional knowledge and experience to meet this patient's care needs. Feeling responsible for providing good care, she gave the mother the proper suppositories, fully aware that she was deviating from the rule against giving patients the hospital's medication for home use. She told the shadower that she did not feel like a bad employee because she was convinced that this was the only way she could give good quality care.

In contrast to Kim's rebel practice, Janet spoke up about the problem in an email to the physician and pharmacist but, interestingly, she only reported the problem and did not express her internal conflict or reveal her deviating action. During interviews, most participants mentioned that when challenging and changing nursing practices, it is necessary to openly acknowledge the internal conflicts that spark the deviating actions. Nevertheless, nurses, their managers, or other colleagues seldom did this in their daily work. Therefore, it was not an exception that Janet did not share her internal conflict and voice her deviating action. It was unclear why Janet did not mention it, but we understand that nurse managers are often too busy to take the time to sit with their nurses and reflect on internal conflicts in general. Additionally, when nurse managers did have the time, they often could not solve the problem (right away) and the internal conflict persisted. As a result, nurses felt they were not being taken seriously if they spoke up about their problems because nothing changed when they did. Nurses in the focus group interviews said that this makes them feel powerless and hence reluctant to talk about any problems that might arise in the future. However, we also noticed nurses often settled for the given answers and solutions and avoided the confrontations required to change these practices. They avoided having conversations with their nurse managers. The next example goes up a level to show a rebel leadership practice that was openly discussed with management and brought about a sustainable systemic change.

3.3 | A hip fracture process on the radar

3.3.1 | Prologue

Nurse managers are responsible for ensuring the continuity and effectiveness of nursing and sustaining and improving the quality of care. To do so, they have to work closely with their nursing team. A well-known method for improving the quality of patient care is collaborating on projects and action plans. To make the right choices before changing work processes, consensus on the blueprints of plans is crucial. However, it is not always feasible to capture everything in plans that everyone supports. Moreover, the complex nature of hospital organizations makes drafting these plans very time-consuming and thus slows down the improvement process.

3.3.2 | Characteristic rebel practice

> The orthopedic department (OD) and emergency department (ED) wanted to start working with a new and quicker way of admitting patients with a hip fracture. The nurses and nurse managers of both departments were still discussing the blueprint of this new process and had not formally agreed to it. Vic, the OD manager, told me (Ed: the interviewer) that Peter, an OD nurse, decided to experiment with this new process one evening shift. Peter's colleagues supported him, and the process went smoothly. The next day, Jamie, the ED nurse manager, emailed Tess, the OD nurse manager, with a copy to Vic, their superior, to express disapproval of Peter's actions as he had chosen to apply the new admission method without formal consent. Jamie asked Tess to discuss this with Peter. Vic was surprised by the email and contacted both nurse managers. He encouraged them to treat this experimental—deviating behavior—as a learning opportunity, to find out about the nurses' motivation, and reflect on the outcome if they disapproved of this behavior. Vic told me (Ed: the interviewer) that nurse managers often struggle to sit back and see what happens when nurses challenge the status quo and show rebel nurse leadership.
>
> (Unit manager, H2, I6)

3.3.3 | Epilogue

This characteristic practice shows that the interplay between nurses and nurse managers can influence changes to the status quo. In several practices, we noticed that nurse managers find themselves “stuck in the middle” between having the responsibility of ensuring the continuity and effectiveness of care and their nurses' wish to control and decide their own practices. Nurse managers also have to deal with traditional structures and must deviate from them to support rebel nurse leadership practices. We repeatedly heard from managers, directors, and advisers that rebel nurse leadership is acceptable to ensure the continuity and effectiveness of care and improve its quality “as long as patient safety is not compromised.” However, in this last characteristic practice, Jamie, the ED nurse manager, immediately rejected Peter's behavior even though things went smoothly for the patient. In Jamie's opinion, only when the project team had a complete, approved plan could it be implemented in practice, whereas Peter wanted to see how the new way of working worked out in practice. Nurse managers can obstruct and hinder rebel nurse leadership practices by their disapproval and holding rebels accountable for deviant actions, which may contribute to these practices staying under the radar.

Nurse managers often said that nurses should be open about their deviant actions to build confidence in rebel nurse leadership practices. This view contrasts with the secrecy in which rebel nurse leadership practices typically occur. When nurses stay under the radar, nurse managers are likely to respond with control and discipline because they feel less confident about the skills and knowledge of their nurses. The fear of something preventable from going wrong also encourages nurse managers to act like this. As seen in the practices of Kim and Janet, it seems that nurses need their manager's support to be transparent. They need to feel confident that their managers' will be supportive when they show rebel nurse leadership. To ensure the continuity and effectiveness of nursing and improve care quality, nurses and management must trust that rebel nurse leadership practices will benefit quality, and will not endanger patients or undermine organizational (power) structures.

In a few situations, we noticed that nurse managers explicitly trusted their nurses' rebel actions. In these cases, the nurse managers had faith in the nurses' knowledge and skills, fostering a sense of appreciation and respectful cooperation. Nurses and nurse managers listened to and valued each other's perspectives during discussions. They reflected by asking questions and being aware of each other's rationale, and instead of directly rejecting a change, learned together by experimenting. We noticed that nurses voiced their internal conflict and deviating actions more often in this situation. and nurse managers considered the encountered problem more in their collaboration and reflection with nurses. As a result, nurses and nurse managers were better able to address the unworkable practices and, together, challenge and change these traditional structures.

4 | DISCUSSION

This paper contributes to the nursing leadership literature by describing how nurses and nurse managers deal with rebel nurse leadership practices and dilemmas. This study also adds insight into the complexity of rebel nurse leadership practices in both the short and long term (Arena & Uhl-Bien, 2016; Uhl-Bien et al., 2020). Research shows that sustainably changing systems is hard and relies on relationships between people collaborating to go beyond deviation. As Weberg (2012) states, "the capacity for the system to effectively change and innovate [comes about] because effective change and innovation occur through relationship building, nonlinear processes, and co-evolution. […] Changing the deep assumptions of the organization requires new ways of acting and interacting within the informal culture" (pp. 269–270). Using the leadership-as-practice perspective (Raelin, 2016a, 2016b), we could study the dynamics and interconnectivity of current rebel nurse leadership practices and describe three characteristic practices exemplifying the informal culture and rules that nurses and nurse managers have to deal with. These leadership practices by rebel nurses were characterized by internal conflict, a positive feeling when deviating, local ingenuity instead of changing the status quo, and not voicing internal conflicts or revealing deviating actions.

Our study shows that deviating behavior always starts with an internal conflict. In line with previous research, this internal conflict was caused by the difference between "work as imagined" and "work as done" as described by Hollnagel and Clay-Williams (2022). Nurses want to act on their fundamental beliefs to provide good quality care (de Kok et al., 2022) and do justice to their intelligence and expertize as professionals (Thorne, 2021). To do this, they sometimes have to deviate from norms, rules, codes of conduct, protocols, and guidelines, or organizational strategies (de Kok et al., 2021). Our study shows that nurses feel satisfied when they act on their fundamental beliefs, intelligence, and expertize even if it requires challenging the status quo and their actions are just quick fixes.

We observed that actually changing nursing practices through rebel nurse leadership is difficult. Therefore, the extent to which nurses influence their practice, in the long run, is questionable. According to McNamara and Fealy (2010), nurses have a "compensatory mode" for all that is poorly regulated in the healthcare system. They generate workarounds to regulate patient care if the systems do not match their professional standards (described in guidelines, protocols, and organization policy) (Debono et al., 2013; Hollnagel & Clay-Williams, 2022). We noticed that internal conflicts were triggered when nurses were disturbed by needless and noncontributing organizational imperatives. Allen (2014) shows that nurses are adept at coordinating and organizing patient care trajectories, and are seen as the "glue" in the healthcare system that aligns the elements (materials, knowledge, people) needed to meet individual patient needs. While Allen (2014) appreciates this, McNamara and Fealy (2010) are more dismissive of the "compensatory mode" and find it obstructive to professional nursing practice. In their opinion, workarounds help to reveal practices that are badly organized and limit the quality of care. However, these often remain invisible to others, which has two consequences. First, management and others in the organization do not see what kind of unworkable practices nurses encounter. Therefore, they cannot support their nurses in changing these unworkable practices or introducing (smart) innovations and solutions. Second, nurses try to solve everything themselves, which is time-consuming, frustrating (Debono et al., 2013; Edmondson, 2004), and often makes truly changing nursing practices problematic. Our study shows that undisclosed rebel nurse leadership practices often lead to ad hoc solutions and quick fixes. According to Lalleman et al. (2016) ad hoc problem-solving results from the dominant urge to meet acute care needs. However, we also noticed that deviating actions foster job satisfaction and pride and make nurses feel in control of their practices such that nurses feel encouraged to continue deviating in the interest of their patient care.

Acting "under the radar" not only keeps deviating actions quick fixes but also reduces the nurses' ability to confront (Banja, 2010). Raelin (2016a) indicates that relationship-building, confrontation, and stabilization are important in complex leadership practices. However, confrontation was rare in the rebel nurse leadership practices we observed. Nurses seldom voiced their tensions and seldom started conflicts with peers or their managers to change their unworkable practices. In line with Raelin (2016a), Uhl-Bien et al. (2020) stipulate

that a conflict is a "natural process that begins when agents in a system begin to ideate around novel solutions in the face of complexity pressures" (p. 111). In our view, this conflict is connected to rebel nurse leadership practices, because nurses experience internal conflicts that stimulate rebel leadership behavior. In contrast, research has also shown that discussing conflicting perspectives supports collaboration and the building of collective leadership in complex practices (Follet, 2011; Streeton et al., 2021; Uhl-Bien et al., 2020; Verhoeven et al., 2022). We noticed that speaking up and discussing conflicting perspectives and dilemmas in daily practice helped nurses and nurse managers find a collaborative perspective. According to Davidson (2020), it is critical to talk about value, which cannot simply be assigned or entrusted to an organization by the "leader," rather it should emerge from conversations about relational processes and experiences that occur in practice. Therefore, the next step to support rebel nurse leadership practices is for nurses and nurse managers to confront each other with their own perspectives, norms, and ideas to build their relationship, enhance stabilization, and create sustainable change. This will also help show that rebel nurse leaders are "the good folk" (McKeown, 2020) who act with positive intentions (Petrou et al., 2020). As McKeown (2020) phrases it, rebels "can be both heroically radical on a grand stage and gloriously radical in the everyday" (p. 1025). Moreover, they can achieve valued outcomes in organizations (Petrou et al., 2020).

4.1 | Strengths, limitations, and future research

Although we collected a multitude of data with various methods to provide in-depth insights into rebel nurse leadership practices, there are some limitations to this study. Studying this topic is complex as we need to capture the interactions, collaborations, and contexts surrounding rebel nurse leadership (de Kok et al., 2022) and this behavior often takes place under the radar. Shadowing improved our understanding of rebel nurse leadership, but the researcher's presence may have influenced the observed practices. To reduce the limitations of shadowing as much as possible, we remained critical of the observed practices, were consciously aware of researcher bias and subjectivity, and considered the impact of the researcher's presence on the observed practices (Czarniawska, 2007; Ferguson, 2016; McDonald, 2005).

In addition, because both settings under study (H1 and H2) were already developing nurse leadership, it is possible that these two organizations valued rebel leadership practices more than organizations that pay little attention to rebel leaders. However, it became clear during our study that nurses and nurse managers were still experiencing dilemmas with rebel leadership practices despite the attention given to nurse leadership. We believe a strength of our findings is that they show how complex rebel nurse leadership practices are.

Our study reveals what nurses and nurse managers have to deal with rebel nurse leadership. The secondary, comparative analysis between H1 and H2 cases revealed an avoidance of confrontation in rebel nurse leadership practices. Further research is needed to better understand this avoidance and to determine what is needed for nurses to confront and, importantly, voice their internal conflicts.

5 | CONCLUSION

Rebel nurse leadership practices build upon highly complex and interactive relationships. In daily practice, rebel leadership starts when nurses experience an internal conflict that instigates and accelerates the deviant behavior needed to meet their professional needs and provide individual patients with the best care. Deviating behavior fosters positive feelings among rebel nurses because these actions influence their mundane practices for the better. Nonetheless, deviating actions are often short-term solutions to unworkable practices rather than sustainable changes. Depending on local ingenuity for quick fixes does not help alter the status quo or create lasting solutions. An important, influential factor is the tendency of rebel nurses to act under the radar to avoid being disciplined or held accountable. As a result, others involved miss the opportunity to learn from the deviating practices to fix similar problems. Moreover, as rebel practices stay invisible and unknown to others, nursing managers cannot fully support their nurses in addressing unworkable practices. Hence, the problem with creating lasting solutions and sustainable change. Our study shows that to achieve sustainable change, nurses must voice their concerns and bring attention to the unworkable practices and other issues that management has overlooked. From a relational perspective nurses and nurse managers need to value each other's perspectives and share their dilemmas to learn together.

AUTHOR CONTRIBUTIONS

Eline de Kok, Pieterbas Lalleman, and Anne Marie Weggelaar designed the study. Eline de Kok performed the data collection. Eline de Kok, Pieterbas Lalleman, and Anne Marie Weggelaar analyzed and interpreted the data. Eline de Kok, Pieterbas Lalleman, and Anne Marie Weggelaar prepared the manuscript. Lisette Schoonhoven commented on the manuscript. All authors approved the final version for submission.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data supporting the findings of this study are available on request from the corresponding author. The data are not publicly available because of privacy and ethical restrictions.

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