

Solving Leadership Problems by Going to the Zoo: The Pull of Diverse Experiences

EXECUTIVE SUMMARY

- Being confronted with a diversity of thinking can break up the old models in our head and open new pathways to innovation.
- In health care, it is extremely important to be exposed to very different situations that can potentially create very different answers for us; hence the trip to the zoo, to a factory known for quality outcomes, or other venues that will open new vistas in our mind.
- Anytime we try to do something that worked in the last 5 years, we are flirting with disaster.
- Health care is constantly changing and if we attempt to cover the present with the templates of the past, we will fail.
- Immersing people in situations where they can share openly with very diverse people and ideas will create the culture consistent with behaviors that eagerly engage in seeking diverse answers to the issues of the future.



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UR USUAL WAY OF LEADING people through problem solving is to follow a pattern of brainstorming, looking for evidence, calling in content experts, and dialoguing with other people in health care. Have you ever thought of solving problems by going to the zoo? That's exactly what Heath and Heath (2009) suggest as a way of finding new answers. Their mes-

sage to us is to stop looking for experts within our fields and find someone who has already solved the problem in a totally unrelated field. These authors relate the story of a group at Procter & Gamble who were stuck on a problem and went to the San Diego Zoo to examine their program of biomimicry, which tries to solve problems by imitating solutions found in nature. By the end of the day, they found eight new ideas they could have never imagined by only talking to themselves. It took a totally unrelated setting to break the stereotype thinking impeding their progress. These authors tell us we should look outside our field

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for patterns that could match our work. For example, patient safety learned from a visit to an airline company, high-reliability processes from a visit to an automobile plant, customer service from a visit to a veterinarian, and the list goes on. These authors note it is counterintuitive for us to look outside our fields when we have invested so much time in learning the specialty of our profession. And, unfortunately, we spend most of our time within the walls of our company or industry. However, being confronted with a diversity of thinking can break up the old models in our head and open new pathways to innovation.

The Arrogance of Being Different

It's hard for us to imagine someone in an unrelated field having answers for health care. But that is probably where many answers for us lie. It is not unusual for people in health care and nursing to comment on their importance and to continually say "we're different." When Disney is held up as a model of customer satisfaction or checklists based on the experience of airlines are discussed, it is easy for us to answer arrogantly that we are different and these other industries have little if anything to contribute to our knowledge of health care. We like to say health care is more complex, has many more variables, and cannot be reduced to fit a practice outside of health care. However, there are very little data for that assertion. We know that Lean engineering processes have taken many unnecessary steps out of health care processes and improved safety and reduced costs in many situations. So isn't it time to give up the arrogance of being different and search for new models that will help us in the next generation of health care?

Moving Personal Identity Mindsets

Heath and Heath (2010) report that one way people make choices is to rely on the identity model — adopting a professional and personal identity over time that dictates how we make decisions. Any change violating that identity is doomed to failure. The authors suggest the leader's job is to move mindsets from closed to an open framework that will accept some change and move the person out of the confines of her/his position and industry. Moving people from a fixed mindset to a growth mindset, for example, will morph people into a mindset that allows one to learn from many sources including other industries. But how do we do that?

Pushing vs. Pulling

In many of our high-pressure responsibilities as leaders, it's easy to get into a rut of chasing the numbers to achieve objectives. We can get exceptionally focused and avoid looking to the left or right for answers and instead push relentlessly for results. However, in the world of new pressures and an unknown future, the push strategy will demand that old strategies will be used on new situations that require different solutions. Hagel, Brown, and Davison (2010) tell us pull strategies will be more successful for our future than the push strategies of the past. According to these authors, in the past we could rely on stocks of knowledge but we know now the life cycle of this knowledge is extremely compressed. We now need to transform our thinking by participating in relevant flows of knowledge that are interactions which create knowledge and transfer knowledge across individuals. Access to new ways of thinking and new information is the first step in these authors' belief push must be changed to pull. A trip to the zoo might just

The second level of pull involves attraction (Hagel et al., 2010). These authors write that our success in finding new information depends on serendipity, which they describe as the chance encounter with someone or something we didn't know existed that turns out to be very valuable. In order to have these encounters, we must get ourselves out of the ordinary and routine and allow ourselves to be assaulted with talent and ideas from a variety of sources outside our ordinary lives. In health care, it is extremely important we are exposed to very different situations that can potentially create very different answers for us; hence the trip to the zoo, to a factory known for quality outcomes, or other venues that will open new vistas in our mind. To achieve this level of pull, the authors discuss the third level — "creation spaces" — that integrate teams within a broad learning ecology to unleash divergent thoughts and solutions to uncommon issues.

With this level of attraction operating, people move into a self-learning model of chasing what they love and create collaborative creation spaces that are addicting and result in new models that will change our future. The leader's role changes from that of pushing to coaching and building environments that will root out old messages and replace them with newer more usable information. "Learning at Lunch," 30-minute brown bag sessions with an non-health care speaker or topic, and social media support to connect with dialogue outside health care, are examples of the "creation spaces" these authors say could change health care.

Integrating the Zoo

Anytime we try to do something that worked in the last 5 years, we are flirting with disaster. Health care is constantly changing and if we attempt to cover the present with the templates of the past, we will fail. We must open our minds to new and different learnings and support people who are working on the edge to create innovative ideas. So how can a leader use the principles of visiting the zoo to find new ideas? Here are some thoughts.

 Where did you have the last staff meeting? Same old place? Why not some unusual place in the building such as within a related department, outside, or in another organization with people from

- that organization providing information about how they work?
- Who comes to your meetings? Why not invite a
 patient who can tell you what works and what
 doesn't? Invite a manager of a fitness studio and ask
 her how she motivates people to want to be
 healthy. Invite a Lean engineer from a local organization to talk about Lean processes in other industries.
- Schedule a night at the movies for features such as *Avatar*. Followup with a discussion of principles that could be applied to health care.
- Schedule regular visits to unusual businesses outside of health care and set up a scavenger hunt for new ideas that can be brought back and readily implemented.
- Suggest staff routinely open meetings with a brief story about something they learned in another venue such as a restaurant or ball game this week that could easily be adapted to their unit. This could be a unique and memorable experience at a car wash, a lesson learned from their child, or something read about from another industry. This discussion can be provocative once people start to think about learning from outside health care.

Experiences like these will start to shift the identity model of people to include openness to diverse ideas from a broad selection of non-health care situations. Fried and Hansson (2010) note "Culture is the byproduct of consistent behavior" (p. 248). They believe you don't create a culture and that it happens by actions not words. If you want to create a culture of openness to new innovative ideas, then people must have the experience of living the experience. Preaching about openness to new ideas won't work. Pushing for openness to new ideas won't work. Immersing people in situations where they can share openly with very diverse people and ideas will create the culture consistent with behaviors that eagerly engage in seeking diverse answers to the issues of the future.

Summary

Health care reform will rework everything we know about health care today. It will be a new reality in many ways. If we can embrace change and look for diverse and divergent answers to new problems rather than continually believe we in health care have all the answers and are "different" from other industries, we will create better care for our patients and communities than we have had in the past. But if we allow ourselves and our staff to remain isolated in the silo of health care, we won't have the answers. It is time to go to the zoo and learn from others. \$

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