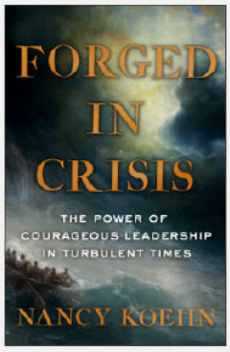
# Want to fix healthcare? Lead like Lincoln

By Joanna Weiss | October 26, 2017

In her new book, "Forged in Crisis," Harvard Business School professor Nancy Koehn profiles five very different leaders — Abraham Lincoln, Frederick Douglass, Rachel Carson, British explorer Ernest Shackleton, and German clergyman Dietrich Bonhoeffer — who were thrust into extraordinarily challenging situations.

Koehn, who frequently moderates roundtable conversations among healthcare executives, talked to athenaInsight about how the lessons from her book apply to a turbulent time in American healthcare.




**Q** **The subtitle of your book is "The Power of Courageous Leadership in Turbulent Times." It comes out at a political moment when leadership issues are top of mind. But it also comes as a critical moment in healthcare.**

**A** To quote the Anglican Book of Common Prayer, it's a perfect storm — the winds are fast and thick, and the waves are high — in terms of the different catastrophes that leaders are facing on a daily basis, particularly the organization-threatening challenges of revenue collection and pay and reimbursement. There is a need for healthcare leaders to really own the mission, which is the animating reason of why they're in this job.

**Q** You argue the role of a leader, in a time like this, is to bring the organization along. One striking thing about the story of Ernest Shackleton — who led rescuers to the stranded crew of his ship, The Endurance, after it sank off Antarctica — was the importance he saw in maintaining the morale among the people that he was leading, even in the face of what he knew might be an insurmountable challenge. How does that apply to healthcare?

**A** Morale is directly related to cohesion. That's a piece that's really important in healthcare right now. How do we keep people's sense of purpose, sense of togetherness, sense of the ability to tackle the challenges? Managing teamwork — which is managing morale — is the most critical element there is.

I don't think Shackleton stood a prayer without the fact that he hired for attitude and trained for skill. The most important resource healthcare leaders [control] is not reimbursement power, it's not lobbying power, it's not information control or accessibility. It is our ability as leaders to believe we can do this, and our ability to instill that belief in the people that we lead.

**Q** To that end, the book makes you think about the persona of a leader. Rachel Carson was enormously influential, and yet she doesn't fit the mind's-eye profile of a leader as someone who stands at the podium delivering an oratory.

**A** My book — I hope, lastingly — helps us revise some of our thinking about leadership. I hope it'll be a gas tank for women and introverts all over the world who think if you're not born a silver-backed gorilla [type], with extraordinarily powerful capabilities in public speaking and a hard-driving bent, you can't be a real leader.

Rip that page up. We've got leaders that come in all shapes and sizes. Look at Bonhoeffer. He was never hard-charging. He was slow and mostly quiet and methodical and kind and compassionate and competitive and scared and brave. And he was an extraordinarily important leader.

**Q** In one of your roundtable sessions, a healthcare executive once said that he and his colleagues are "driven by the tyranny of the urgent" — the pressure to put out every fire all at once, to be running down the halls instead of paying attention to pace.

**A** The higher the stakes, the more elevated the emotional temperature, the more likely it is that we're not going to make our best decision. We can combat the tyranny of the urgent. We don't have control over the stuff that's pressing in on us; we do have control of how in the moment we respond. That's real power.

**Q** You also write about Abraham Lincoln — who was striking for his pace, but also for his clarity of purpose and vision. When he brought the Emancipation Proclamation to his cabinet, he didn't ask for their approval. He knew he what he wanted to do.

A The reason he could get to that point is because he had looked at the issue of slavery, looked at its place in the war, looked at alternatives to emancipation. He had surveyed the issue from all sides. And that's what healthcare leaders have to do. They can't do that in every situation. There are all kinds of times you have to make much smaller and faster decisions. But with the big stuff, you bet we can do that. You can get to a point where you can say, "I own the responsibility, and this is what I've decided to do."

## Q In the roundtables that you've led with healthcare leaders, are there particular challenges that have struck you? Particular solutions that align with the lessons in your book?

A Let me start with the challenges. The most prevalent one is the extraordinary uncertainty every which way healthcare leaders turn. We're so buried in the details —not just the trees rather than the forest, but the leaves and the stamens on the leaves — that we don't step back as leaders and own what we really do best.

Lincoln discovers as a lawyer — and then implements as a president — that leaders really only have to own and focus on three important things on a regular basis. Those three shift, but it's never 10 on a given day. It's never 10 in a given month. It's three. We need to get better and better at delegating or letting go of the other seven.

## Q And the solutions?

A Brave and relatively rapid-fire experimentation is the first one. I can't tell you the number of institutes and roundtables I've lead where someone raised a hand and said, "We've dealt with that and here are some of the things we're piloting and here's where we've had traction."

And the piloting isn't, "We got a grant to do this two years ago, then we spent another year working on this and now we've got some prototype up and running." The piloting is relatively small, swift experiments — trying those, jettisoning what doesn't work, and moving into what does.

A second solution is to reach across organizations, whether they are community organizations, other healthcare organizations, the world of public health. Bridging those boundaries has tremendous traction on specific issues.

A third thing is this point I mentioned earlier — about ways that leaders have successfully reignited the central mission of the organization and put it first and foremost, and have found ways to communicate that with traction in the organizations.

## Q Owning that mission and vision feels so central to these times, in particular.

A I can say with great confidence that the world has never needed courageous healthcare leadership more than it does right now. Never ever. Not even close.

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