Editorial: Leadership when there are no easy answers: applying leader moral courage to wicked problems

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Editorial: Leadership when there are no easy answers: applying leader moral courage to wicked problems

Conventionally the ability to solve problems and provide guidance during difficult times is considered a central role of leaders. Nursing as a profession exists in a context of almost continual change and transition and is charged with ethical oversight of, and leading improvements in care quality and the patient experience (Phillips & Byrne 2013). It has long been held that in challenging times and when crises present, effective leaders are solution focused, take command and reduce uncertainty through decisive action. In contrast with this view of leadership, leaders often find themselves faced with darker or intractable problems for which there are no clear solutions, or no distinct point at which the problem can be resolved. When faced with these types of challenges, leaders may respond in a range of ways both positive and negative ways including perhaps at worst avoidance (Jackson et al. 2013). To address the volatile challenges of our time, we argue that one proactive, adaptive approach is for leaders to exercise moral courage (for discussion of leader moral courage, see Hutchinson et al. 2015).

While rational linear models of problem management are common-place in leadership and management discourses, the distinction between problems that can be tamed or solved relatively easily; and complex, intractable or ‘wicked’ problems requires a more contextualised interpretation of leadership capabilities. Globally nurse leaders face inordinate challenges and a significant number of healthcare issues that can be characterised as wicked problems (Australian Government, 2007; Grint & Holt 2008). Factors such as the emergence of new high-risk diseases, increasingly complex technology, workforce reform, escalating costs of healthcare, unprecedented population demand for service and intractable clinical service problems have coalesced to create a leadership context of volatility and risk (Ferlie et al. 2013). Healthcare is also impacted by a range of global population, environmental and access to care concerns. Fear of collapse in the global economy, refugee crises, human resources for health, universal health coverage and climate and environmental issues all challenge healthcare systems. Each of these problems are daunting and innately resistant to conventional management and leadership strategies.

Exploring such issues, it has been proposed that problems can be conceptualised as either tame, crisis or wicked (Rittel & Webber 1973). Tame problems are those where causes and solutions are already understood. These problems involve limited uncertainty, can be solved through linear cause and effect reasoning, and while they may be complex, can be resolved. This type of problem is amenable to management. Crisis problems are time pressured, require urgent action and may have serious system consequences (Chilingerian & Savage 2005). These problems can threaten organisations and communities. While often on a larger scale than tame problems, they are still amenable to command and control solutions. In contrast, wicked problems are complex, often intractable and without an obvious solution (Rittel & Webber 1973). These problems are resistant to traditional management solutions, and as well as being intractable or novel, they exist within contradictory or volatile environments (Kolko 2012). The wicked nature of these problems does not relate to them being ‘evil’, instead, it refers to their darker or unsolvable nature (West Churchman 1967). These problems are often social problems, or the produce of complex systems – solutions to one problem cannot be applied to another, and solutions are often partial, or create further problems (Juzwishin & Bond 2012).

Many healthcare issues are deeply complex social and economic issues, others arise from the nature of the healthcare industry itself. Healthcare leaders at all levels are faced with some of the most complex and challenging problems confronting leaders. In recent years the global economy has been impacted by fears of collapse. For countries with precarious economies, the impact upon health and healthcare is significant. Weak health systems collapse when confronted by disasters such as the recent Ebola crisis in a number of African countries. Concerns about wicked problems and their impact on healthcare delivery have also surfaced in relation to other disasters and crises such as hurricane Katrina, and the recent earthquakes in Nepal which highlighted failures in coordinating and rapidly deploying population sustaining resources (Head & Alford 2013). Wicked problems do not only exist outside of healthcare organisations. Virtually all healthcare institutions face the internal challenges of dealing with uncivil, disruptive and bullying behaviours among the workforce. The intractable nature of this problem reflects the internal workings and power dynamics of organisations themselves (Hutchinson & Jackson.
2015). As a consequence, leaders seeking to ensure a more inclusive and just work environment are faced by a formidable set of barriers. Added to this, fiscal and structural reform, workforce shortages and scandal about uncaring and ineffective practices has raised awareness of issues for which there may be no simple solutions (Hutchinson & Jackson 2015). Wicked problems are not simply the concern of those tasked with managing institutions; clinical leaders and clinicians confront wicked problems on a daily basis. Challenges such as reducing pressure ulcer rates, finding solutions to obesity, implementing evidence-based practice, supporting graduates in their transition to practice and developing effective collaboration and care management across teams and services continue to defy simple solutions.

The wicked nature of problems can leave leaders and clinicians feeling powerless or without solutions, leading them to focus on ‘small points in the chain’ (Fraser 2009, p. 79) or ‘softer’ problems rather than more troubling issues. In modern organisations, short-term planning and reporting cycles can create pressures to ‘tame’ wicked problems through expedient solutions (Grint 2008). One of the challenges in addressing wicked problems is resisting the temptation to find expedient solutions and a shallow focus to what are deeper problems. When wicked problems first came to the fore, West Churchman (1967, p. 142) warned ‘that whoever attempts to tame a part of a wicked problem, but not the whole, is morally wrong’. This challenge evidences the moral dimension of wicked problems. Leaders risk deceit when they seek to tame a part of a wicked problem for expediency and do not admit that their solutions are limited or that they cannot solve the problem through applying traditional management strategies.

Nursing and health leaders are faced with the challenge of addressing intractable problems. If leaders are to uphold fundamental values in decision making, while at the same time guiding and influencing others to achieve ethical standards, they require sufficient moral imagination and courage to formulate moral choices and actions (Hutchinson et al. 2015). Courageous, robust and moral nursing leadership has come to increased prominence as a means of addressing many of the problems faced by health services. The complexities of moral leadership and committing to moral action have recently been distilled in a framework to guide leader moral action (Hutchinson et al. 2015). The framework provides a detailed understanding of the individual and contextual factors which impede and facilitate moral action and suggests factors that leaders can foster, both in themselves and others, to action moral courage. Drawing upon two domains of this framework (cognitive processes and moral resourcefulness) provides insight into how leaders can apply moral courage to wicked problems.

Solutions to wicked problems have an extended trajectory and emerge slowly. These problems are likely to be solved through open reflection, and trying and learning. This requires leader transparency, perseverance and the courage to risk failure or to appear inactive. Moral leader courage in addressing wicked problems also requires the capacity to more openly enter into discussion on the volatile and difficult nature of the problem. Both leaders and followers need to be ‘prepared to think and accept the unthinkable’ (Clarke & Stewart 2003, p. 278). Wicked problems are also less amenable to leader influence and require collective collaboration and creativity to search for solutions which may be uncertain (Fraser 2009). Therefore, addressing wicked problems requires: the moral resourcefulness to engage in challenging conversations; the display of visible integrity; and, an overarching concern for openness in forming solutions. Given many of these problems are entrenched in accepted practices and systems; they will only be resolved by changes in established practices and ways of thinking. Addressing wicked issues ultimately requires the moral courage to challenge conventional wisdom; the generosity to involve those affected in finding solutions and the humility to work within the paradox of failure being part of the solution.

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