# NAVIGATING VUCA ENVIRONMENTS:

# HOW PROBLEM-SOLVING STYLE COULD BE THE ANSWER

Reader view

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According to a Nuffield Trust report published last year, the staff turnover rate across all professions working in hospitals and in community health roles in the NHS hit 11.2% in the 12 months to June 2023. A separate report by The Kings Fund also found that stress and understaffing could be the main reasons for this exodus.

As the reports suggest, there are a number of complex factors at play here, including the increasing demand for services and expectations of staff and leaders.

It's been widely reported that the NHS is operating in a VUCA environment - Volatile, Uncertain, Complex, and Ambiguous - so much so that Trusts, such as Yorkshire and Humberside, are now covering this challenge in their Future Leaders Courses. But, why?

When VUCA becomes the norm, individuals often slip into a survival mindset, leading to heightened feelings of stress and anxiety. The knock-on effect is a drop in retention and fewer people wanting to join the sector, along with reduced capacity for creativity for those that are working hard to meet both short- and long-term challenges.

So, how can understanding a person's problem-solving style be the answer to navigating VUCA environments - helping to drive better adaptability, productivity, and retention - and how does this fit in with the Government's new 10-year plan to develop a national healthcare service which is fit for the future?

**Understanding problem-solving style**

As with a heartbeat, every one of us has a preferred problem-solving style; an innate and unchanging preference for the ways in which we generate ideas, utilise structures to act on those ideas, and respond to rules and group norms.

Decades of research by Dr MJ Kirton, and a network of global practitioners using *Adaption-Innovation Theory* (KAI), highlights two different styles of problem-solving, ranging from adaptive to innovative with both styles capable of being highly creative. Adaptive individuals prefer clear rules and structure, refining systems incrementally. They are more systematic, methodical, and risk averse. While, on the other hand, innovative people are more likely to ignore or change the rules to stay engaged. They prefer to challenge norms, and more often than not introduce unconventional, radical solutions to problems. In short, they are less constrained by existing rules or conventions.

KAI shows that when fully understood, problem-solving style can be leveraged to optimise the cognitive diversity within teams, ensuring team members complement each other and the task at hand, helping to reduce conflict and along with it drive successful outcomes. This makes it particularly useful in VUCA environments; aiding effective communication and understanding of one another, helping to achieve a balance within teams, and ultimately reducing the already high levels of volatility, uncertainty, complexity and ambiguity they may be experiencing.

Despite this, when it comes to optimising the diversity of staff and teams in practice, problem solving style is often underutilised. So how can it be leveraged for success?

**The challenge**

With the increased challenge of resource constraints, transformational policy requirements, and accelerating demand, many staff (and leaders) find themselves in a VUCA ecosystem.

Whilst a VUCA environment is largely conceived negatively, it can present unique opportunities, such as new partnerships and collaborations, the ability to let go of paradigms and find new perspectives, and a change in direction to find new ways of doing things.

That potential, however, isn't always easy to access under pressure. There is substantial evidence* from cognitive neuroscience, psychology, and communication studies showing that people find it harder to hear, understand, and process information when they are in stressful situations.

The challenge is to shift beyond that into a space where that potential - such as creativity, collaboration, and success-orientated thinking - can flourish. That is where understanding and utilising problem-solving style comes into play, along with the theory of Problem A and Problem B.

**Problem A vs. Problem B**

The Government's 10 year plan will see a greater integration of a range of partners and participants as more stakeholders become involved; as such, the cognitive diversity within groups and teams will expand too. So, what does Problem A and Problem B look like in this instance.

**Problem A (the problem we got together to solve)** is the task, challenge, or opportunity that needs addressing. For example, redesigning healthcare delivery to meet the three shifts to digital, community and preventative care, along with improving patient outcomes, and reducing waiting times in the NHS. It's the technical or strategic challenge facing the organisation.

**Problem B (the problem created in us being together)** is the situational management involved in solving Problem A. Namely, differences in thinking styles, values, communication, and perspectives. Problem B arises from interpersonal conflict between team members and different stakeholders, poor alignment, and/or misunderstandings about how different individuals approach tasks and challenges.

As a minimum, if Problem B is not recognised and managed effectively it can reduce the resources available, increasing time and cost and often producing a sub-optimal result to both Problem B and Problem A. Where problem B exists, Psychological Safety is undermined and will limit the development of partnerships and collaboration amongst stakeholders and team members.

With so much already at play, it is easy to see how conflict could arise when those with differing problem-solving styles clash, especially when operating in already difficult VUCA environments.

If managed intentionally, the diversity creating Problem B is capable of being harnessed to produce accelerated responses to Problem A. As the NHS undertakes a system-wide transformation - such as moving toward integrated care, personalised medicine, or digital health systems - understanding and managing these problems, and problem-solving styles themselves, will be critical.

**What does this mean for the Government's 10-year plan?**

The NHS faces a complex, multifaceted challenge in developing a new healthcare system that is sustainable, equitable, patient-centred, and technologically advanced. This requires innovative thinking, cross-sector collaboration, and systemic redesign.

To deliver this, along with the expansion of stakeholders and pathway participants as required with a shift to Community Care, healthcare leaders will need to add to an already vast range of cognitive styles amongst its workforce, which includes administrators and clinicians (often more adaptive), and policy makers, technologists, and disruptors (often more innovative).

To achieve a successful outcome, NHS leadership will need to actively manage both Problem A and B. This will include creating Psychological Safety and trust across divergent problem-solving styles, balancing teams with both adaptors and innovators, and using frameworks like KAI to foster an understanding of, and bridge differences between, problem-solving approaches.

Furthermore, investment in developing practical skills for people leadership at all levels is needed; training that can help foster generative relationships and build trust while developing collaboration skills throughout the network.

By understanding cognitive diversity, leaders can ensure that even in VUCA environments, management can find creative, innovative and adaptive solutions to both problems A and B. All the while ensuring those involved are able to remain productive and psychologically safe, ultimately reducing retention and turnover issues.

The success of systemic transformation to produce a 'Fit for the future NHS' will depend as much on managing interpersonal dynamics as it will on responding to solving structural and policy challenges. The positive news is that there is untapped creativity within the systems to achieve this, and ways in which it can be accessed.