

really learning

the website of Valerie Iles

the simple hard and the complicated easy

Many years ago I came across this distinction between the simple hard and the complicated easy in the books of an ex US Marine, Joe Batten, his books tough Minded Management and Tough Minded Leadership.

The world fell into place.

I saw how my London Business School MBA, my 'degree in clear thinking' as I saw (and loved) it, was valuable only so far.

I saw why the strategies of NHS leaders of all stripes had so little positive impact.

I saw (and felt) how very very easy it is to run away from the simple hard to the complicated easy.

The complicated easy requires our brainpower. When we collect data, look at evidence, analyse options, write strategic plans etc, we are in the realm of the complicated easy – we're using our brains, our intellect. We are solving problems, exploiting opportunities, and devising ways forward, by thinking about them. Then we explain our conclusions to others, expecting them to discuss these logically and coherently with a view to agreeing a plan to be implemented.

MBA programmes are terrific at helping us to think clearly in this way. The major management consultancies, too, are expert at this. Health economists also.

And if humans were only brains, complicated easy approaches would work. But we aren't. And they don't.

The simple hard involves all the rest of us. Simple hard approaches are so simple they don't make much call upon the brain. They are easy to describe and to learn. So easy they can seem obvious or boring (especially to those with big brains).

When we come to putting them into practice, though, we find that 'simple' doesn't equal 'easy'. We find that we need courage, integrity, discernment, perceptiveness, judgement, discretion, compassion (but the enabling kind, not 'idiot compassion'), and more.

The simple hard very often requires us to have a conversation we don't want to have, to raise a topic we would much rather not, with someone who will not like what we need to say.

So we run away from it. We decide we won't discuss someone's performance with them until we have gathered more data. (The phrase 'gather more data' is often a warning sign that we are fleeing from the simple hard to the complicated easy).

Often we build complicated easy systems because we want to avoid the simple hard. We implement a complicated organisation-wide appraisal system for instance, rather than the simpler but harder approach of supporting, challenging, and enabling more senior members of the organisation to have the kind of conversations day-to-day that would help their junior colleagues develop, and grow and become the kind of clinicians they want to be.

In fact, appraisal systems are a good example:

- If we focused on the simple hard (i.e. helping everyone develop the skills and courage to give constructive feedback all the time) we wouldn't need appraisal systems
- And unless we help appraisers and managers with the (simple hard) skills and courage to have meaningful conversations about all the 360 degree feedback etc etc that are part of the appraisal system, the appraisal system will have been an expensive waste of time.

So the simple hard is *always* needed, sometimes the complicated easy is too.

Yes sometimes we need to analyse data, consider evidence, and develop detailed strategies for the future. But that is *never* enough. Without the simple hard the complicated easy is empty – or even dangerous. It's the simple hard behaviours that bring the complicated easy plans to life. And sometimes, if enough simple hard behaviours are taking place, we won't need the complicated easy at all.

PS Joe Batten used the terms simple tough and complex easy. I've changed them because

- complexity theory uses 'complex' in a distinctive sense that is importantly different from complicated, and the sense here is complicated.

- 'hard' felt more appropriate to UK healthcare than tough (which reflected its US Marine origins).
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