Polarity Thinking in Healthcare: The Missing Logic to Achieve Transformation



Wesorick, B. (2015). Polarity thinking: The missing logic to achieve healthcare transformation. Amherst, MA: HRD Press

Type of Book: Nonfiction

Background: Healthcare is a complex and multidimensional industry with the lofty goals of promoting health and treating disease. In 2011, US healthcare spending per capita was $8,508, making it the most expensive in the world. Despite the cost, US healthcare lags behind other high-income nations in both health outcomes and quality of service. While we do well in areas that require analytic and scientific reasoning, we fall short when it comes to improving access to care, providing efficient care, preventative medicine and maintaining healthy lives. Enhancement and resolution of issues in these areas require novel, unique, broad and original solutions that are better handled through creative rather than analytical/critical thinking. By their nature, healthcare practitioners and leaders are master problem solvers, working diligently to find the right and best answers to problems expeditiously. The more convinced we become that we have the right answer, the more convinced we are that those who disagree with us have the wrong answer. While this makes us good “either/or” problem solvers, in situations where there is more than one correct answer, we fail to see the benefit of “both/and” solutions. Polarity thinking skills serve to enhance the much-needed creative problem-solving skills necessary to solve the complex issues inherent in healthcare. When one becomes aware of a problem, the first question to ask is: “Is this a problem to be solved or is this a polarity that needs to be leveraged, or both?”.

Problems differ from polarities. Problems arise at a moment in time, have an end point, are solvable, have independent alternatives, stand alone and require mutually exclusive alternatives. Polarities do not have an endpoint. They shift between the two poles, based on the dynamics of the time. Polarities are ongoing, interdependent and cannot stand alone.

Bonnie Wesorick is the founder and chair emeritus of the Elsevier Clinical Practice Resource Center. She started her career as a bedside nurse in the 1960’s and is an internationally renowned speaker, author and healthcare visionary. In her quest to find a solution for some of the major issues facing healthcare, Bonnie gravitated towards Barry Johnson’s concept of polarity thinking. Polarity thinking became the crux for organizational change in the 1990’s and Bonnie has done an excellent job of promoting this concept in healthcare. Polarity thinking relates to the natural tension that exists between interdependent, competing or different values that are unavoidable, unsolvable and indestructible. Both poles need to co-exist and if leveraged effectively result in long lasting and harmonious solutions, where no one loses, instead everyone wins.

In this book Bonnie Wesorick provides an easy to read overview of the concept of polarity thinking and how this concept can be applied to polarizing issues in healthcare. She stresses that the simple act of recognizing that polarities exist gives one the sensitivity to recognize these early and deal with them effectively. Bonnie, with her background in nursing provides a very practical text that uses case studies to demonstrate how polarity thinking could be incorporated into process improvement including detailed examples of how to do polarity mapping in key areas in healthcare. This book provides a novel way of looking at issues in healthcare that have been poorly managed and remain unresolved despite a huge financial and time commitment.

Bonnie cites a number of examples of polarities in healthcare. Cost of care and quality of care, mission and margin, patient safety and staff safety, acute care and continuity of care, individual care and population care and individual benefit and team benefit. Recognizing the existing polarities in healthcare can create a framework that can help in planning change and identify barriers to success.

The book is well organized into themes. The first section introduces the basic principles of polarity thinking. Using the example of inhaling and exhaling as a simple polarity, Wesorick introduces us to polarity mapping. In section two she elaborates on six interdependent polarities that are at the heart of the transformational work being done in healthcare. Section three summarizes the concepts, tips and strategies inherent to successful introduction of the concept into healthcare. The way the book is structured, the concepts and applications become easy to understand and apply in real life.

Bonnie describes the eleven components of a polarity map in detail using very effective graphics as she takes the reader through each step. The infinity loop represents the natural tension and energy around each pole. Each of us has a tendency to gravitate towards a pole based on our innate values, purpose and fears. The “greater purpose” can only be reached if the two poles work in harmony – it’s the reason to leverage the polarity. The “greater fear” is the consequence of not meeting the greater purpose. Each pole has an upside and a downside, and the goal of leveraging the up and downsides is to achieve harmony. Flowing towards the upsides creates virtuous tension and leads to success, while flowing towards the downsides creates vicious tension and potential failure. In an attempt to clarify the concepts Bonnie shifts from the metaphor of breathing to everyone’s reality – the polarity of work and home. This gives the reader an opportunity to create a personal map and understand the impact when one focuses more on work and less on home or vice versa. Unlike inhaling and exhaling which are automatic process – to maintain virtuous tension and overcome vicious tension one needs to develop action steps and early warning signs to adjust. As I went through this process, I felt ready to tackle real healthcare dilemma’s like leveraging patient satisfaction and staff satisfaction, patient safety and staff safety, change and stability, vertical and horizontal relationships etc.

As an educator and a change agent reading this book has given me a perspective which I had not previously considered. It is easy as a physician to gravitate towards finding “best” solutions instead of taking a step back to analyze the issue in more depth, look for confounding factors that may be preventing a unilateral solution and leveraging for common ground and harmony. I feel armed with new knowledge and tools to not just help myself, but my profession and the students I teach.