

Covid-19 pandemic: now is the time for emergent leadership



The crisis of the Covid-19 pandemic, unprecedented in modern times, is having a devastating impact on lives and livelihoods. At the time of writing, 4.5bn people around the world are in “lockdown” – an emergency protocol of forced self-isolation and social distancing to avoid a high rate of transmission. This while our medical and scientific community scrambles to provide life-saving treatment that can get our communities and economies back on track. In this extraordinary global anthropological event, many questions are being asked of our society: how come we are in this situation; what light is Covid-19 shining on our underlying mindsets and behaviour; is how we run our political institutions, economies and communities today something to be proud of; will we come out of this a changed world, and, a world for the better?

In this series of articles, our aim is to ask questions about how we and our leaders are handling change within this disruptive challenge, and to offer frameworks of thinking and practice that might enable us to handle this crisis effectively – as after all, who knows, in this unprecedented situation, what “right” looks like?

This, our fourth article, examines the case for a move towards “emergent change”- an approach that radically works with the collective intelligence of the system, moving step-by-step, commanded within just a loose intention and a [set of hard rules](#). Going against the grain of the prevailing directive change takes the kind of radical leadership we have [written](#) of [previously](#), which might put a lot of mental strain on leaders who crave certainty and control. But, bear with us, while emergent change cannot be controlled its conditions can be commanded and it could be your biggest hidden asset.

What has struck us most while viewing our political and scientific leaders game attempts to manage the Covid-19 crisis, is just how much they must learn and adapt as they go.

As we anxiously ask them to provide definitive answers to questions such as: how many people might die? When will we get the tests? Where is the vaccine? Can our hospitals cope? When will this be over? – we notice how hard it is for them to be able to stand there and lead when you do not have the answer. No-one has ever been in this place before.

Not only is the destination unknowable, the pressure builds to solve this crisis at speed, as pace literally saves lives. Moreover, we see that the virus can only be adequately addressed if we accept our knowledge as provisional, our expertise as contingent, and that our tactics need to evolve, to emerge from our growing understanding. Above all else, we see that people, their communities and government need to do this together.

So, what kind of implementation approach is best suited to this context? Through our extensive research over the last two decades into the successful leadership of change, the findings consistently point to the same answer: in situations of high complexity, volatility and uncontrollability, leading change in an emergent way can bring about new results far more quickly and successfully than [other change approaches](#). We use the following key principles to guide it.

Create a loose intention and discern the hard rules

Emergence does need well-bounded spaces, it's not a "laissez-faire let's-see-what-happens change", and its coherence is determined by having an overall loose intention and set of "hard rules" that guide how the system works towards this intention. The Covid-19 epidemic in the Netherlands has seen emergence in the cooperation between hospitals to adapt their vital, shared loose intention of optimal care to their patients in this hugely changed and challenging environment. It would be easy to simply react, and to want to save every life. But we see the system now guided by a loose intention to weigh quality and quantity in the urgency of treating patients.

We cannot intimately know what hard rules they work to, but from the outside we see evidence of: having space for both regular and Covid-19 patients; being choiceful in who goes to a normal ward and who goes to an intensive care unit (ICU); inviting patients along with their GPs to take their own responsibility in these choices.

With our clients, we have found that giving up fixed pre-determined outcomes and pathways and in their place having a loose intention with hard rules creates a space for [creativity](#). One client stuck in inertia around a critical topic found that the hard rule to meet weekly around their loose intention, and to take the practices from that meeting outside, led to unimaginable movement in the system around them.

Invitation to reflect: in rapidly changing and uncharted contexts, can you resist the temptation to predetermine the outcome and present a preordained plan?

Start with the ripe issues

In emergent change, you focus on the hotspots, and carefully target where you go. You don't do the same thing in all places at the same time. This requires a very close tuning into the system. The south of the Netherlands is a real hotspot for the Covid-19 epidemic. As the doctors there warned they would soon be overwhelmed, the national informal network of ICU doctors started to think about how to scale up the capacity in the ICUs.

When working with clients we invite them to find their hotspots first and start there – often the messiest situations can show you most about how to intervene in the system. Given that the hotspots can change unpredictably, we need to continually ask, where does the focus need to be now?

Invitation to reflect: what are the real hotspots, the ripest of issues, in your change context, even if they're difficult to admit to?

Work now and next, step by step

Emergent change is not about bringing fixed long-term answers; instead, you test and continually iterate partially formed solutions. Initially, Dutch hospitals scaled up to 1600 beds on ICUs given that was the first expected number required to treat patients. Resisting the pressure to react to the politicians already asking if it wouldn't be better to scale up to more beds, the medical specialists kept to staying with what was needed now. In rapidly changing and uncertain contexts, that can be the most sensible thing to do.

Keeping clients in the now-and-next approach helps them focus on what is most critical now, and from there see what is needed next. This leads to far more agile, and less wasteful, change.

Invitation to reflect: can you resist pressure to 'predict and drive' change, and instead experiment and adjust as you go, acknowledging the messiness of a trial-and-error approach, trusting that there is intelligence [available in the system](#).

Use volunteers, informal and diverse networks

In the Netherlands, doctors in the south started to move Covid-19 patients to the north through their own networks. This strategy worked for a while, but when the scale of the epidemic and its demands turned out to be too big a challenge, a centre to coordinate the movement of patients was created with the support of the Dutch military. Professionals who had in recent years left their roles in health care were quick to re-join to support their colleagues in hospitals.

Similarly, in the UK, a new temporary hospital has sprung up almost overnight in the [Excel Convention Centre](#) in London because of creative collaboration across diverse communities. We have seen how a [volunteer network](#) of small UK laboratories – all with the right testing equipment – has now come together across the country to create an emergency testing network to step up the testing of tens of thousands of local healthcare workers every day. And looking beyond the pandemic, Rolls-Royce has invited a leading group of data analytics experts – including IBM, Truata and Google Cloud – to create [an alliance](#) to help restart the world economy by identifying lead indicators of economic recovery to support early decision-making on investments or policy-making.

These times are full of great examples of how rapid and creative change can be brought forth when you bring together lateral networks of communities passionate about change.

Invitation to reflect: what informal networks can you draw on, how do you include more diverse groups in how you foster rapid innovation?

Build skills in sense-making and dialogue

When you work in the unfolding flow of emergence, you hold off premature judgement and, in its place, cultivate moment-to-moment awareness, the approaching of experience with watchful curiosity, intervening to alter the flow of action when the time is right.

From how we see the Dutch doctors conversing in the media, we observe how their thoughtful, honest and reflective narrative is helping the nation make sense of what is really happening. Given such external expression we expect this high-quality discourse to be reflected behind closed doors too. The questions they are asking us to consider holding for this time and beyond: what is the balance between quality and quantity of life; how do we take our own responsibility both for staying healthy and for the right decision being made when we get ill; how does dying with dignity have a place now?

We see with our clients – and ourselves – that change starts by bringing a still yet penetrating noticing awareness to the current moment experience. One of our colleagues has co-created with a partner a “cycle of noticing” for that. [Take a look](#).

Invitation to reflect: how much time do you spend noticing and changing the way conversations are held, valuing this act as a profound intervention to changing a systems’ routines and outcomes?

At all times, cultivate the emergent conditions of quick feedback loops, connectivity, and diversity

While emergent change cannot be controlled, it will flourish when guided by: quick feedback loops – the absolute insistence on open, transparent and rapid information sharing; connectivity – attending to the highest quality of interaction among players and teams; diversity – gathering a rich cross-section of the whole system.

The Dutch healthcare system’s coordinating centre for ICU units creates live feedback loops within the country of availability, achieving leaps from 500 beds to 2400 beds. In times like these it is connectivity and diversity that makes the difference. While in the Netherlands architects design [temporary ICUs](#), the UK Mercedes Benz F1 team is helping the healthcare system by rapidly manufacturing [breathing aid equipment](#) (and the idea emerged from a few people meeting together for a chat, not from any central department). This is astonishing emergent behaviour.

Overall, though, the Covid-19 debate in the UK, and to some extent in the Netherlands, is now highlighting a reliance on too little diversity in viewpoints between scientific advisers. Leaders of emergent change cannot be shy of robust debate and disagreement. In fact, they need to welcome it even when under pressure, if a response that best meets the reality of the situation is to emerge. In the Netherlands, the outbreak management team itself has recommended the government to include more diverse viewpoints. Meanwhile, the public and the press may need to learn about celebrating diversity and the ability to fail early to succeed sooner too. When the Dutch government's brave attempt to open-source an app to track infections stumbled on data leaks and other challenges, the press focused on the failure rather than what had been revealed. Working emergently, while messier, may far exceed your expectations in delivering on intentions.

Invitation to reflect: how are you paying attention to feedback from the system, how do you cultivate connectivity and diversity, even if uncomfortable?

The core mental model behind an emergent approach to change is that change is happening 'whether I like it or not', so you can influence it continually through observing and listening closely to what is going on in you and around you. This in-the-moment, iterate-as-you-go, way of leading change invites us to surrender what we have perhaps been paid for all our career: control over what happens, delivering on promised outcomes.

Though the Dutch approach to Covid-19 patient care delivery is clearly getting positive results, working with such emergence is neither easy nor comfortable. Indeed, the head of the ICU doctors' network was clear that these times are tense and said at one point, when speaking with parliament, that he would prefer the process to be more directive. While we understand the sentiment, there is a sense that it is exactly because it is not directive that so much has been achieved in just a few weeks.

Our own research has shown it is not only effective, it is also the fastest way to get results. If leaders from all walks of life can stick to this approach – and intentionally capture its leadership lessons – then we may be building resilience for an entirely new way to lead bigger emergencies and transformations to come.



Notes:

- *This blog post expresses the views of its author(s), not the position of LSE Business Review or the London School of Economics.*
- This is the third in a series of four articles ([first part](#); [second part](#); [third part](#))
- *Featured image: Courtesy © Sytske Casimir sytske@still-moving.com, NOT under Creative Commons. All rights reserved.*
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Deborah Rowland has led change in major global corporations including BBC Worldwide, Gucci Group, PepsiCo and Shell, where she had vice-president of organisational development and group HR director roles. She is the author of *Still Moving: How to Lead Mindful Change* (Wiley 2017) and co-author of *Sustaining Change: Leadership That Works* (Wiley 2008). Deborah founded the change consultancy Still Moving, where she advises institutional leaders around the world on how to implement change in more effortless ways. She also speaks, writes, and teaches on the subject. In the 2017 Thinkers50 Radar she was named one of the new generation of management thinkers changing the world of business. She tends to her own inner game via regular yoga, meditation and art gazing, painting, and walks in nature, in particular along the spectacular coastal paths of Southern Cornwall.



Sytske Casimir is a horsewoman, coach, poet and photographer who has worked in and with large international organisations on leadership development and change for almost 20 years. She is a member of the founding group of Still Moving Consultancy, a tribe of change practitioners passionate about bringing mindful leadership into the world. Her work tends to take the form of facilitating dialogues, dialogues between persons in a team, parts of an organisation or parts of a person. She enjoys co-creating spaces where people can show up fully, find what they don't know they know and (re)discover what inspires them. Helping make meaning of patterns which may so far have been unconscious. This isn't always an easy process, at times we may feel lost, and it is through being lost that we can re-find ourselves and our way.



Paul Pivcevic came to consulting following careers in marketing and the media, fascinated by organisational systems, how they function and how they connect to their potential. He has had the privilege to work as a change agent in a range of contexts over 20 years: joining up services in the public sector working at chief executive level, supporting change leadership in energy, logistics, retail, banking, and industrial technology. He is a member of the founding group of the Still Moving consultancy, a tribe of change practitioners passionate about bringing mindful leadership into the world. More recently he has taken an interest in a regenerative practice developed in the United States: building the capability for systems to express and develop from their essence. In his spare time Paul leads a UK-wide network dedicated to supporting the planting of community food forests, climate resilient and abundant gardens that mimic forest systems.