Are you leading from reactivity or creativity?  
four steps to see your blind spots

In this article you will learn about a four-step practice for a major leadership challenge—seeing our own contribution to problems.

I discovered this challenge in my first leadership position supervising a staff of doctors and nurses at a hospital.

I was confident, having been hired because of my skills developing teams. But, shortly after I started, the team began struggling with what I call “reactivity”—behaviors counterproductive for goals and collaboration.

Examples included people getting stuck in arguments or withdrawing from communication in frustration. Also, conflict was provoked by people leaping to conclusions rather than checking things out with each other. The image on this page shows behaviors that are likely to be reactive along with behaviors more associated with creative and productive teamwork.

An unexpected cause of problems

What I failed to see was my contribution to the problems by my frequently asserting strong views while quickly negating other opinions. Also, I would all too often leap to judgment and criticize the staff. When I finally realized the doctors and nurses were mainly angry and unhappy with me, I was shaken and worried about failing.

Luckily, I discovered the work of the psychologist Albert Ellis. (1) He observed that all of us will, at times, become reactive and act in ways counter to our own goals and values. Neuroscience offers a helpful explanation for this normal but illogical behavior. Early in our evolution, brain centers developed which, for survival, make lightning fast assessments of the environment leading to flight or fight reactions.

In modern times, even minor stress can activate these same pathways causing leaps to biased, faulty conclusions and emotions which drive reactive behaviors. This happens automatically and out of awareness. Since we can be blind to our reactivity, countering these tendencies requires conscious effort. We can’t rely on having previously mastered communication skills.

A four-step practice
Based on research and experience, I have developed a four-step practice to check for our own reactivity before and after key interactions. Through this process, we get better at catching ourselves in reactivity in-the-moment. At the end of this article you will find a set of questions for guidance through the steps.

1. The first step is recognizing our personal signs of reactivity. While knowing common indicators of reactivity helps, it takes time to connect them to our personal experience. Remember, this is about learning to see our blind spots. In that first leadership position, I gradually learned I am at high risk for reactive behaviors when I feel very certain about an idea along with an urgency to convince others.

2. The second step helps counter such an urge to action by pausing to remind ourselves of our goals and the type of teamwork we want to create. This invites our best skills and creativity to emerge.

3. The third step is to move out of judgment by trying to understand others with empathy.

4. Finally, we prepare for conversations by suspending certainty about our views and being curious about what others’ have to say even if we disagree.

Using such practices with my hospital team, I learned to pause when I felt my tell-tale certainty and urgency. Then, I would remind myself of my desire for participatory teamwork. Usually my first action, instead of asserting my ideas, would then be to invite discussion and listen. When I eventually did express my views, I found I was less intense and provoked much less reactivity in others. After three years, I was one of the highest rated leaders in the hospital and teamwork was greatly improved.

This process may sound straightforward or even easy now. But it was hard work and I have not yet cured myself of my reactivity. No one can. But we are in good company--the Nobel Prize winner Daniel Kahneman said that after a lifetime studying psychology he is still prone to reactive thinking with overconfidence and biases. (2) Even so, steady practice diminishes the frequency, intensity, and duration of our reactive behaviors.

**Tapping into our own and others’ best skills**

Accepting reactivity as normal allows a reinterpretation of team problems. What looks like lack of skills or personality issues is more likely a reaction to stress. Better skills are usually there to tap into. The key is finding the courage to first look at our own contribution to problems with compassion.

**A Four-Step Practice—Guiding Questions**

1. **Recognize reactivity.**
   - How am I/are others in reactivity? (Consider thoughts, feelings, behaviors.)
   - What are the triggers?
   - **How have I and they leapt to assumptions, judgment, blame, or interpretations?**
2. **Clarify your intentions for results and relationships.**
   - What are my business/quality vision and goals?
     - For the situation.
     - For my next conversation in this situation.
   - What kind of relationship(s) am I trying to build?
     - For the situation.
     - For my next conversation in this situation.

3. **Get in their shoes.**
   - Why would well-intentioned, reasonable people act this way?

4. **Prepare for dialogue.**
   - Am I ready to let go of certainty that there is one way of looking at things?
   - Am I ready to both state my perceptions AND be curious about and seek out what others have to say?
   - Have I reframed my goals and intentions in a way that can promote dialogue and decision making?
   - Have I reviewed how roles and power differences may impact dialogue and decision making?
   - Am I prepared to be unconditionally constructive?

**References**

1. Ellis, Albert *The Road to Tolerance* Prometheus Books 2004

**Reference List on Reactivity**

**About Neil Baker M.D.**

Neil Baker M.D. works with healthcare organizations to enhance leadership and team impact through *In-the-Moment Leadership Strategies*. This means using any work situation, even the most complex and difficult, as an opportunity to achieve immediate impact on quality of work relationships and on progress toward results.

He has developed these approaches as a leader, speaker, consultant, and executive coach for 30 years. Past positions include serving as Director of Psychiatric Inpatient Services at the University of Colorado Health Sciences Center in Denver, Colorado; Medical Director of Clinical Improvement at Group Health Cooperative in Seattle, Washington; and faculty and improvement advisor for ten years for the Institute for Healthcare Improvement (IHI) in Cambridge, Massachusetts. Currently, in addition to his consulting practice, he serves as faculty
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You can learn more and see client testimonials on his website at neilbakerconsulting.com.