

Developing and Using Vision

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I use a basic leadership formula that my friend and colleague [George Sweazey](#) and I developed more than two decades ago. The formula is Leadership occurs when you mix Vision with Task and the right amount of Relationship, or $L=V*T*R$; all necessary and none sufficient.

Having forward-thinking vision is what we typically think of as distinct leadership qualities; relationships make up about two-thirds of any relevant leadership action; and task is what we default to when the vision is murky, the relationships have begun to replicate open warfare, or we need the organizational therapy of just doing something.

Lately most of the leadership work I have been doing has focused on relationship or task concerns, and I realize I have gotten away from vision work. This tip sheet is a review of some practical points about vision for leaders, how to develop it, and how to use it.

Leadership Tips



Leadership Tips is an ongoing series produced by the Center for Health Care Strategies' Medicaid Leadership Institute in collaboration with O'Neil & Associates. The series is designed to provide general guidance to help leadership of state agencies and their senior managers develop and refine the skills and expertise necessary to successfully lead their state programs. To view the full series, visit www.chcs.org/leadership-tips.

What is Vision?

Vision is a coherent direction for an organization, unit, project, team, or even an individual. Humans like to understand things, and we have evolved a strong taste for order and predictability, which comes from our skill at pattern recognition. Vision helps us value what lies ahead because we can see it our minds. And when needed, it can also help us detach from the current pattern and take up a new one.

Vision does three types of work for the leader:

- 1. Defines** — Vision helps us understand what we do; how what we have done is changing, or must change, as the world around us shifts. It clarifies and holds up our values, oftentimes showing how values take on new looks as times change. Vision also defines the strategies that will take us in the direction we need to go.
- 2. Aligns** — For most of us, we align the work of a particular unit, department, clinic, or function to the overall organization. A vision also aligns the future work of the organization to be consistent with the vision. It becomes a reference point informing future actions of individuals and, perhaps more importantly, making the collective action of teams and work groups easier and more effective because common direction, purpose, and motivation have been established. It is also a signaling mechanism to external stakeholders about direction, strategies, and values. It lets them know if they should cast their lot with us.
- 3. Inspires** — Several elements need to be combined to move vision into action. Future goals should be practical and imaginable — not distant and farfetched. To inspire vision, you must connect to the underlying culture and values of the individuals who must be moved to action. To get most individuals engaged with the work of a team or organization, it is essential for them to know how they add value to the work that is being done, and that they understand and believe in the ultimate value of the work.

The Five Elements of Vision

There are five elements that go into vision. These are often seen as separate undertakings, but collectively they represent a robust and complete set of activities that lead to effective organizational direction.

1. **Mission** — The mission is the leader’s understanding of the purpose of the organization. Often found in a mission statement, it is actually much more fluid than many people would like to think, and it can take several forms. There is of course the generic *conventional mission*. A pharmaceutical firm might exist to make a return on investment for its shareholders. A state agency might exist to serve the health care needs of the citizens of the state. A more telling response to mission is the one that has been lived by a particular organization to meet that conventional mission. In our examples, the *traditional mission* for a particular pharma firm might be to bring “innovations to drug discovery through the latest developments in biological research,” and a state agency might “provide comprehensive health care through a network of trusted provider partners.” A third dimension of this work might be called the *aspirational mission* (more on this below).
2. **Environmental awareness** — An essential part of a leader’s vision is his or her ability to understand what is happening around the organization, or environmental awareness. Different from the more immediate and tactical *situational awareness*, environmental awareness is shaped by perspective into longer-term, more global developments. Too much focus on the here and now creates organizational myopia and the leader will miss opportunities and threats that are coming his or her way. Too broad or far reaching and the leader’s pronouncements become more hallucinogenic than helpful, because few, if any, will be able to see themselves or the organization in what seems like pure fantasy. Balance is key to good environmental awareness, and this comes from seeing the issues, but also understanding how they will be understood by the incumbents in the organization.

Some leaders do this dimension of visioning easily. They are naturally curious about the world and how it is changing. Their challenge will be how to interpret these opportunities or threats so that they get traction and then translate them into actionable plans. They need not do this themselves, but they will need to empower others and, at times, cease and desist with any big new ideas or blinding insights so that things can get done. The leadership obverse to this is the individual who is great at the actionable plan, lives in the immediate world, but may not be blessed with constant epiphanies. He or she will need to use his or her leadership position and role to convene others in settings where these insights can be gleaned. They do not need to have the vision themselves, but they do need to recognize its essential value and ensure that it is given time and resources to be present.

3. **Vision reconsidered** — I will grant that it is odd that one part of this vision definition is called “vision reconsidered,” but let me explain. Each of these elements is one dimension of what it takes for a leader to be thought of as successfully visionary. Vision reconsidered is the same thing that I referred to earlier as the *aspirational vision*. There are three questions to developing this:
 - a. What have our mission and values been conventionally and traditionally?
 - b. How is the world around us changing? What is most important among these changes? How will they impact what we do and how we do it?
 - c. Given the above questions, how should our mission and direction change, anchoring enough in the past for continuity, but tacking into challenges of the future in a way to still be valuable?

The consultant’s story of how the railroads missed the automotive and aeronautical revolutions because they were still set on a mission as a railroad company is a way to see the value of the aspirational vision. Or, more contemporaneously, how Microsoft got too wedded to being a software company, Walmart too taken with being a big box retailer, and Apple too concerned with the tool in your hand and not the array of life-changing services

that it accessed. All of this disintermediation from cars to the cloud was out there for all to see, but leadership of the established institution missed them because they were in their *mission bubble*.

4. **Strategy** — It is one thing to get the vision correct and another to be the leader that can also set and sequence the strategies to turn the organization to meet the new opportunity. The vision will be seen as a failure without strategies to move it forward.

There are many ways to develop and share strategies. They can be content oriented, such as program change, finance, human resources, or technology. It often makes sense to divide strategies into short- and long-term. And while it is important that strategic directions be formalized so that they can be fully understood and accountabilities assigned, it is essential that they be recognized as evolving. General Eisenhower once observed that “the plan is nothing, planning is everything.”

In any situation, there are short-term strategies that meet immediate threats and offer quick turn arounds to engage the organization. They may not have staying power, but they are essential. A lot of organizations never make it out of this limited horizon or, as we called them, *scramble strategies*. During the nursing shortage in the late nineties, these strategies would have been things like giving students larger stipends and tuition waivers to attend school or quickly moving LVNs to RNs. No dramatic change in the structure; just a quick fix, but if leadership can hold these to under 60 percent of the overall strategic effort, then they have been heroic.

Next along the curve in terms of time and effort are the strategies to *improve*. Some dimension of the organization isn’t working, but is still essential. It takes time to enhance the way it is working, but the pay-off is likely to be longer-term and more impactful. For the nursing shortage this might have involved examining the teaching-learning process to make sure that students had the best chance for a successful completion of the program.

Beyond improvement is *reinvention*. This involves some fundamental reorganization or reconsideration of the standard process. For the nursing shortage of that era the creation of re-entry masters programs for those with non-nursing baccalaureate degrees is a prime example.

If both improve and reinvent can hit 30 percent combined of your strategic effort, then you get advanced leadership standing. But that leaves 10 percent — the *start-over* phase. In the nursing shortage it focused on ways that nursing care and services might be performed by patients or families, ways other hospital services might be substituted for traditional nursing care, and ways to use technology to extend the work of other health professionals to provide nursing care. This is a long-term strategic investment but should never be more than the 10 percent of the overall effort.

I think that as a part of vision the best strategic plans are a mix of the emergent and intentional, are nimble, adaptive, and opportunistic, have clear goals and expected impact on the organization, and are continuously assessed, reshaped, and redeployed as needed.

5. **Operations** — You don’t usually see a sub-heading for operations in a discussion of vision, but I think it is important for leaders to understand the role that a meaningfully integrated operations plan that supports the strategies — which support the vision — can mean to the overall organization.

I sometimes refer to this as the *vision or strategy cascade*. Someone new to the organization, a potential new partner, or an old hand in the organization should be able to hear the messaging from the mission and vision, point to relevant changes in the environment, recognize the deliberate and emerging strategies, and assess the operational plans that are being pursued and what is left on the shelf. A coherent whole that cascades from one level to the next should be visible. This type of organization coherence is powerful because it makes the vision real at all levels, and it informs the actions of everyone throughout the enterprise.

Having **vision** is not one thing, but a mixed bag of knowledge, insight, perspectives, and actions.

About Ed O'Neil

Ed O'Neil, PhD, MPA, is the owner of O'Neil & Associates, a management consulting and leadership development firm focused on change and renewal in the health care system. He was previously professor in the Departments of Family and Community Medicine, Preventive and Restorative Dental Sciences, and Social and Behavioral Sciences (School of Nursing) at the University of California, San Francisco (UCSF). At UCSF, he served as the director of the Center for the Health Professions, a research, advocacy, and training institute that he created in 1992. His work over the past three decades has focused on changing the US health care system through improved policy and leadership. To learn more, visit www.oneil-and-associates.com; contact Ed O'Neil at herringoneil@gmail.com.

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The *Medicaid Leadership Institute*, an initiative of the Robert Wood Johnson Foundation led by the Center for Health Care Strategies, helps Medicaid directors develop the skills and expertise necessary to successfully lead their state programs in an ever-changing policy environment. In addition, CHCS *Medicaid Academies* provide policy and leadership training for senior Medicaid staff as well as colleagues across partnering state and county agencies. Ed O'Neil has advised numerous MLI Fellows and Medicaid senior managers over the past decade. To learn more, visit www.chcs.org/medicaid-leaders.

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