Turning a Deficit into an Advantage
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Every nursing leader – or individual who aspires to be one – has strengths that are desirable and also, most likely, weaknesses that need to be acknowledged and worked on. But are there situations where you can turn a deficit into an advantage? Reframing is a skill that has been little described in the nursing literature, and yet it is one that is very helpful when leaders want to influence others. It involves stepping back from what is being said or done – and offering an alternative perspective to the current framework with its beliefs and values. If successful, a problem can be seen as an opportunity, a weakness as a strength, an impossibility as a possibility, or a deficit as an advantage (Reframing, 2016). This brief offers 4 examples of reframing that can be used to turn a negative into a positive, or at least less of a negative.

1. **Pointing out that the absence of a qualification or characteristic is actually an advantage.** I personally experienced this type of situation when I was interviewing for the national board of AARP. To be a board member, you had to have extensive background in several areas such as leadership, governance, strong interpersonal skills and a history of contributions to AARP. I felt comfortable with my experiences in the first 3 areas – but I had had no experience with AARP. I had been a member, read their publications and that was it. So I devised a rationale that would turn my lack of familiarity with AARP into a benefit. In my response, both in the application and in the personal interview, I described how every organization needs individuals who are steeped in the history and traditions of the organization, but also needs individuals who have relevant experience but come with fresh eyes and new insights, to not be hampered by the past or status quo. To be successful, organizations need both kinds of individuals, and I would definitely bring that latter perspective. It must have worked – because I was invited to join the board.

2. **Suggesting that a different skill set can be equally beneficial.** Many recent nursing school graduates have reported that senior experienced nurses will often comment on their lack of experience and express frustration that “these new nurses know nothing.” It’s true that, almost by definition, new nurses do not have the experience that older nurses have. But this can be reframed today in at least two different ways. First, new graduates may not have expertise from years of experience but they often are extremely knowledgeable about the newest research and evidence supporting safe, quality practice which they have learned through their coursework. Many experienced nurses have not kept up with the current evidence, so these ‘new’ nurses can actually bring something quite valuable. Second, older students who have gone back to school to obtain their degrees, either in traditional or accelerated degree programs, often have rich backgrounds from their earlier careers and life experiences. In all of these cases, nurses who are new to the clinical setting can make significant contributions as they gain their years of experience. A vivid example from my own career came when I was conducting a mock interview with a soon-to-be graduate nursing student who was describing her particular strengths that might appeal to a recruiter. Her area of interest? Community-based mental health. Any particular strengths? That she was fluent in Hmong and Somali, the languages spoken by the two largest immigrant populations in the Twin Cities. I would have hired her on the spot.
3. **Expanding the scope of what you’re trying to accomplish.** As reports of an impending nursing shortage increase and difficulties continue with even trying to fill current vacancies, nurse leaders are being challenged to come up with new solutions. Reframing what is the goal being pursued can yield new options. For example, rather than saying “We need to hire 10 new nurses,” imagine the new options that could open up if the goal was changed to “We need to expand our capacity to deliver nursing care.” With this latter goal, a number of other possibilities can be identified: asking part time people to increase their hours; providing overtime pay; developing programs to induce retired nurses back to work (actually, an emerging trend is to develop a corps of retired nurses who would volunteer their time); rethinking the way care is delivered and eliminating tasks that are no longer relevant (Linda Burnes Bolton calls us to “Adopt, adapt or abandon”); assuring that each member of the team, such as LPNs and CNAs, is working to the full scope of their own license or certification; and hiring new nurses as you are able.

4. **Deriving something positive out of a negative.** Some situations can be seen as inherently negative or, at least disappointing, such as losing a job, receiving a cancer diagnosis, being rejected by a graduate school, or losing an election. It’s important to acknowledge the feelings that these experiences generate. Period. At the same time, reframing can help here as well. Rather than focusing on “Why me?” and generating a sense of powerlessness, we can choose a different script: “X happened and I am so upset. However, I am going to make sure that something good comes out of all of this too.” Being fired may prompt me to develop a new career path; losing an election may force me to redouble my efforts; receiving a cancer diagnosis may challenge me to become more retrospective and make more thoughtful choices in my life. Seeking out positive aspects does not offer a false reality or happiness but rather opens up the possibility of some benefit and some influence over events that can be random or devastating.

In conclusion, much of what leaders have to deal with are situations that are less than ideal, and they must come up with solutions that are often obscure. Reframing is a skill that leaders can use to reorient and redirect their team members, and thus generate options that just might yield better outcomes.

**Follow-Up Resource**


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