Thinking Clearly about Complex Issues

As seen on:

H&HN ONLINE

www.hhnmag.com
February 27, 2007

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Diagrams or tables help leaders break down problems into smaller pieces, allowing them to more readily understand the issues.

Health care executives face an extraordinary challenge. The complexity of the field leaves many of them poorly prepared for the range of issues and responsibilities for which they are accountable. It is hard not to defer to the functional experts, who have specific clinical or technical training and experience. However, there are ways that management generalists can contribute productively even in such situations.

H. L. Mencken offered a caution that health care leaders should keep in mind when dealing with these challenges: "For every complex problem, there is a solution that is simple, elegant and wrong."

Generalist managers can help functional experts to avoid falling into the trap of simple, elegant and incorrect solutions. They can do this by the questions they ask and the evidence they require in support of recommendations.

In addition, they can borrow an analytical technique often used by consultants to address complex issues using diagrams or tables to provide insight into such problems.

Many people (including executives) use simple, one-dimensional criteria for judging situations: good/bad, profitable/unprofitable and so forth. This is a natural and expedient way to arrive at conclusions.

In a health care context, however, it can lead to a very superficial assessment of a given situation. Moreover, it often leads to communication problems when two people are each using a different measure without being explicit about it, or if they disregard the validity of each other's approach.

Clinical Quality vs. Patient Service

Here is a health care example that I have seen repeated over and over. Two important criteria for service delivery in health care are clinical quality and patient service. These are so obvious that to say it seems commonplace. However, many people, when evaluating service delivery, use only one or the other of these criteria.

For example, many physicians will use clinical quality as their sole measure of service performance, while others, including both patients and managers, will use patient service as their criterion. When a physician and an administrator talk to each other, for example, they may refer simply to good or bad care and entirely miss or discount the point that the other is making. This is where an alternative approach can clarify hidden or underlying dynamics.

Try thinking about clinical quality and patient service as the rows and column of a table, as shown in figure 1. You can then look at both criteria and consider how they interact by filling in the boxes of the table. The example shows how this might be done. By looking at the issue from more than one point of view, a manager can develop insights that help advance the discussion and avoid solutions that are "simple, elegant and wrong."

Is the senior executive in a discussion the only person who can do this? Of course not. Others will listen to anyone who can step back from the immediacy of an issue and offer a credible perspective.

Figure 1. A Model of Patient Evaluations of Clinical and Service Quality

	Low Clinical Quality	High Clinical Quality
Poor Patient Service	Patients will become upset, angry and frustrated. They may complain and seek service elsewhere.	Patients often stick with a high-quality provider even in the absence of good service, but are likely to be irritated or frustrated and will switch providers if or when they have an opportunity.
Good Patient Service	Patients feel cared for and may be very loyal to the physician. However, they may get discouraged and disillusioned when improvement does not occur as expected.	Patients will be gratified and impressed by the service and care they receive and are likely to tell others about their satisfaction and delight.

Looking at the question of patient satisfaction from two angles simultaneously makes immediate sense, prompts new insights, resolves some communications misfires and fosters dialogue to consider implications. Many people think in terms of good or bad, along a diagonal from the upper left to lower right. They miss the other two boxes, which include important insights about patient expectations and behavior.

When a manager or other leader can add this to a discussion, it can move the work of the group far ahead, even when the manager is not a subject-matter expert. All it takes is the inclination to avoid one-dimensional thinking.

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Figure 2. Analyzing Approaches to Dealing with Performance or Behavior Problems

	Poor Behavior	OK Behavior	Good Behavior
High Performance	Strong, attention-getting and corrective action	Coaching	Development and advancement
Medium Performance	Progressive discipline	Coaching	Coaching
Low Performance	Termination	Focused training	Transfer to a more appropriate position

Performance vs. Behavior

Here is another example familiar to many health care managers: What should be done with the high-performing staff member who is a behavioral problem? Managers want high performance and good behavior, but with some individuals, it seems they can't get both--it's considered a "trade-off."

Next time you are in a discussion about an issue like this, watch the group dynamics. You are likely to see some people arguing for enforcing values and standards, others arguing for a pragmatic approach of overlooking the values conflict, and still others indecisively wringing their hands.

In a situation like this, you can help move the discussion along by suggesting a simultaneous look at both variables. For example, you might propose a diagram like figure 2 (above) with two variables, each categorized as high, medium or low. This has the benefit of helping group members articulate and organize their ideas and opinions, thus clarifying the issues in the discussion.

I have used variations of this diagram with a number of management teams, and in each instance, they have identified general principles that they could apply in specific situations. In addition, they could consider those specific situations in the context of an overall framework for managing performance and responding to individual differences.

I have included some examples of how these "trade-offs" might be managed in figure 2. As you can see, bringing another dimension into account yields a far richer understanding than would be true otherwise.

How do you know which dimensions to use? Usually, these are revealed in the tensions that lie just beneath the surface in a discussion that is not making progress. By listening carefully, you can see that different people are using different criteria. Your contribution is to help them use both criteria simultaneously.

A Tool for Difficult Situations

Creating a diagram is a tool to help you listen carefully, react thoughtfully and communicate clearly, applying logic and good judgment to a difficult situation. That sounds like the job description of a health care executive, doesn't it?

Remember, whenever you see one-dimensional thinking in a management discussion, you are witnessing a team that is not using all its assets effectively. One-dimensional thinking is almost always superficial. Proposing a simple way to evaluate two criteria simultaneously (a 2-by-2 analysis) is a way that an executive without subject matter expertise can make a concrete and valuable contribution to team deliberations. Try it.

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