Sticking plasters over big problems: a causality casualty

.. are you managing your wicked problems or using sticking plasters?

Cranfield Healthcare Management Group
Research Briefing 13

How do they manage?
a study of the realities of middle and front line management work in healthcare

Ciara Moore, September 2011
The NHS is a complex business, with many complex problems. It would make sense, therefore, to recognize and deal with that complexity in the problem solving process. However, we are often driven to find a single cause, and respond to that. This might be seen as poor management, sticking Band-Aids over large problems. But our brains seem to be wired intuitively to find simple solutions. And we are typically under pressure to find quick answers which, although they might provide short term relief, could create other problems in the long run because underlying causes have not been addressed. If problems are continuously approached in this oversimplified way, an organization may find that initiatives fail and the true underlying causes are not understood - a series of causality casualties.

Managers - public and private sector - are often not trained to manage and solve complex challenges. Complex problems are characterized by multiple causal factors, which combine and interact with each other through intricate feedback loops. The temptation to force the ‘single cause, single effect’ model onto such situations is seductive, for three reasons:

1. Our limited working memory capacity is hard pressed to juggle multiple interacting factors at one time
2. The ‘single cause, single effect’ model works extremely well for the majority of straightforward, day-to-day decisions.
3. Leaders are expected to provide quick and easy solutions for all problems.

Too often, we manage with gut instinct, rather than addressing the many factors that really contribute to the problem. Ted Cadsby warns leaders against trusting their instincts when dealing with complex problems: he describes the pilot flying during the day, and at night:

*In the day the pilot’s visual clues match his instruments so there is no ambiguity about what the plane is doing. However at night a pilot is totally reliant on his instruments. Without visual clues our brains try to make sense of position and direction by relying on our inner ears. This inner sense is so strong that a pilot can be tempted to disbelieve the instruments that may contradict their gut instinct. The strong pull for an inexperienced pilot can have tragic consequences.*

When faced with complexity, is it really our leaders’ fault when they cannot seem to give us the immediate answers that our natural instincts demand? How can leaders ensure they put aside their instincts and read the signs in order to put the organization onto the correct flight path? Is this a failure to manage wicked problems?

How do you know when you have a wicked problem on your hands? Let’s look at some of the typical features of temporary winter contingency wards, which are set up every year in most acute hospitals to cope with known, predictable winter pressures:

<table>
<thead>
<tr>
<th>problem</th>
<th>high levels of incidents - falls, patient care errors, capacity issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>history</td>
<td>same problems, year after year, we know this will happen again</td>
</tr>
<tr>
<td>solution</td>
<td>no advance plans for wards or staff; budget is set before need is established</td>
</tr>
<tr>
<td>timing</td>
<td>winter always comes around at the same time; the calendar is unforgiving</td>
</tr>
<tr>
<td>stakeholders</td>
<td>everybody is involved, nobody is responsible, no ownership of the problems</td>
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</table>
Having a wicked problem . . . . it’s a bit like being an alcoholic . . . . the first step is to recognize that you have a wicked problem (Clearview hospital operations manager)

The safest way to understand complexity is to assume that you have a wicked problem. We need to distinguish wicked problems from tame ones (Rittel and Weber, 1973):

**Tame problems** have the following features:
- well-defined and stable statement of the problem
- there is a definite stopping point, at which we can say that a solution has been reached
- the solution can be objectively judged as right or wrong
- belongs to a class of problems which are solved in similar ways
- solutions can easily be tried and abandoned

**Wicked problems** have different properties:
- no definitive problem statement; different stakeholders have different views
- no stopping rule, and the search for solutions continues
- no right or wrong answers, just better or worse solutions
- unique, no precedents
- learning by trial and error is a problem as every attempt counts

**Super wicked problems** have three further characteristics:
- time is short
- there is no central authority
- those trying to solve the problem are also causing it

Ted Cadsby argues that one of the main causes of failure, of boards and their organizations, is the ineffective management of wicked problems. In addition, managers are faced with:

*Increasing complexity of demands on health services causing the degree of wickedness to increase*

*Healthcare organizations racing to manage complexity with questions over their capacity to respond*

*Leaders and managers who are behind, and are struggling to catch up*

The winter contingency wards issue has many of the features of a wicked problem, and all the characteristics of a super wicked problem. This helps to explain why, year after year, the same problems arise. We can predict that, unless this is managed as a wicked problem, the problems that arose last year will occur again this year, and the next, and the next . . . .
What strategies can we use to resist gut instinct and deal with the wicked problem directly?

**Define the problem**  Sometimes wicked problems are actually tame and vice versa; use the features above to define your problem

**Take the time to resolve the problem**  Use a facilitator to ensure that the team resolve the many causal components of the problem rather than go for one simple solution

**Get the right people involved**  Ensure that you have the right people in the room, those with a stake in the outcome, and the power to make it happen and make it stick

**Don’t trust your instincts**  Have the information available; wicked problems have many facets, answers may not appear quickly, it could take some time for solutions to emerge

*If you have a view on any these issues, please let us know.*

**Key sources**


Ted Cadsby (June 2011) ‘The wickedness behind most 21st century leadership failures’ and ‘Stop trusting your instincts’, *Harvard Business Review* blog

*The research*

Information for this study has drawn on interviews and focus groups with middle and senior managers at six acute trusts and one primary care trust, including a management survey, briefing groups, and case studies exploring how changes are managed in the aftermath of serious incidents.

**Participating trusts**

- Bedford Hospital NHS Trust
- NHS Bedfordshire Primary Care Trust
- Cambridge University Hospitals NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Northampton General Hospital NHS Trust
- North Bristol NHS Trust
- Whipps Cross University Hospital NHS Trust

**Project team**

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- Prof David Denyer
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**Acknowledgements**: The research on which this briefing is based was funded by the National Institute for Health Research Service Delivery and Organisation programme, award number SDO/08/1808/238, ‘How do they manage?: a study of the realities of middle and front line management work in healthcare’.

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