

## Our Big Bang Moment

by James J. Hill, CPT, EdD

**Organizational health**, the diagnosis of ailments, and the prescription of performance improvement solutions are following the path of our human health counterparts. However, we are adopting the lessons from that field very slowly.

### A Brief History (drawn heavily from *The Great Influenza*, J. M. Barry, 2005)

Around 430 B.C. Hippocrates identified his “Four Humors” (blood, phlegm, bile, and black bile). From that point through the 1500s, little changed in the medical field. Then, Paracelsus (observation of nature, experimentation), Vesalius (research through dissection), and Fracastorius (who hypothesized that diseases had specific causes; the “imperceptible particle”) offered new ways to approach diagnosis and discovery; new ways of thinking. However, they had little impact on practice.

Not until the mid-1700s (Lind, Locke, Hume) was there a movement toward empirical research. This was followed by the emergence of experimental processes led by Edward Jenner and his smallpox work—2,000 years after Hippocrates!

The fundamental flaw of the medical profession—one that was not fully accepted until the early 1900s—was that it relied on observation and reason alone versus experimentation. Said another way, “We apply a treatment, we observe, things get better, the treatment must have worked.” That same logic is what gave us the rain dance.

As Barry points out in his superb book, the 1800s were a time when practically every other field of science was blooming. In contrast, one historian called medicine “the withered arm of science” (p. 25). Then, in France and Germany the equivalent of a medical experimentation Big Bang occurred. Dissection, the invention of research tools like the stethoscope, and the precise measurement of bodily functions were the order of the day. Unfortunately, that changed very little in the United States. Physicians still applied a regimen of therapeutics.

To protect their ignorant positions, they intentionally shied away from using even the simplest medical equipment. To wit, there were only six thermometers in the largest Union army and no American school taught the use of the microscope, as Barry also notes. In the late 1800s, anyone could self-proclaim the title “Doctor”; and, to sum it up, as late as 1900, 41 states licensed pharmacists and only 34 licensed physicians.

### The Relation to Human Performance

Rather than the four Hippocratic humors, the profession of human performance has two: knowledge and motivation (here I draw from Brethower). Knowledge systems consist of one’s ability to handle the routine—automated expertise; and one’s ability to handle novelty—conceptual understanding. The motivational “system,” the need for a person to be effective and be in control, is driven by a combination of what one chooses to do and the effort he or she puts forth toward actually doing it. Somewhere hidden in our two humors is the environment—the goals, tools, and resources people need to perform.

To address the performance humors, performance improvement practitioners have neatly identified two general prescriptions: training and non-training interventions. And this is where the problem begins.

Because of an oversimplified analytic approach, practitioners mostly get the prescription wrong—meaning they have no significant impact on organizational health or growth. In fact, just as in the late 1800s, anyone can proclaim himself or herself an organizational performance expert. “I’ve been in a lot of organizations, so I pretty much know how to fix things when they go wrong” is the equivalent of saying, “I’ve been a human for a long time, so I pretty much know what medicine to take when I don’t feel good.”

The response to both statements is, “Maybe.” When we have a cold, multiple approaches (even simultaneously) are OK. But, when things go really wrong, we need physicians—human-focused and organizational—who can tell us with a high degree of confidence what we need to do. The alternative is for us to guess at a bundle of solutions—an organizational performance speedball—that, if it does not kill us, is likely to make us a lot sicker. From an organizational perspective, the data below (adapted from M.E. Smith, 2002, and other sources) overwhelmingly drive home the point:

<i>Approach</i>	<i>Success Rate</i>
New Strategy	58%
Downsizing	46%
TQM	37%
M&A	33%
Process Design/Six Sigma	30%

Culture Change	19%
Training	15%

*Success Rates for Common Improvement Approaches*

### Why Is This Important?

What we need is the organizational equivalent of the *Prescription Drug Benefit Manual*. What solutions are best for what ailments?

To get to the right solution set, we have to start at the beginning—the diagnosis of performance. The challenge is sorting through the marketing hype to get to a core diagnostic process. In our organization's research, we have found that many practitioners attempt to "hook" their clients on a set of terminologies and buzzwords, making a change of course difficult. They are, in effect, building dependency versus independence.

This is important to organizational leaders because they are bombarded daily with self-proclaimed, and often well-meaning, "doctors." These purveyors of solutions appear in the form of consultants, other vendors of "prescriptions," and people who just know they are right. Their diagnostic process, such as it is, has long been known to be focused on the procurement and implementation of "things" such as: training, process improvement, and occasionally organizational redesign. The acquisition of any of those is sometimes the right approach. Regardless of impact, they require a lot of meetings, people move around, emails fly, charts are developed, and in general they provide the illusion of progress.

However, because we deal with complex organizational organisms, a holistic approach is required. A thing or a one-dimensional solution will only have the desired impact if other all elements of performance are considered, budgeted, and implemented. As Roger Addison, ISPI's senior director of performance improvement notes, "A performance architecture is required. If a training program is needed, then it is likely that other changes in management guidance and supervision, incentives, and on-the-job support aids will also be needed. The key is to look at the whole system."

### IOU

There is a market for independent, objective, and unbiased organizational diagnostics. We require it from our financial advisors and we ought to hold our high cost cadre of consultants to the same standards. Based upon technology advancements in the past 15 years, these diagnostics can and should be easily accessible and mostly self-administered. For the most part, consultants take too long, cost too much, and generally get in the way. Other professions have made similar moves. Medical self-diagnosis? WebMD. Tax diagnosis? TurboTax. If things get too hard or too dangerous, we can rely on experts, but mostly we find that we can do the work ourselves.

### Impact?

The costs of business—whether public sector or private, for profit or not—are only going to rise. Organizations do not have the time or money for more training; in fact, they ought to be striving for less...maybe none. They also do not have the fiscal wherewithal to buy every piece of equipment they want. They need only the things that provide the biggest market impact. As a natural result, executives are on a constant search for costs to cut. In the September 2007 issue of *CFO* magazine, the former Gillette CEO Jim Kilts says, "I've never seen an organization that didn't have a whole bunch of unnecessary costs in it." The objective is to put money back into the business and increase top line revenue, operating margin, and the metrics that drive specific industries.

Just like there are many drug stores that can fill prescriptions, there are many vendors and internal support organizations among us that can adequately respond to the need for a wide range of performance solutions. The few that are really valuable are those with the ability to provide systematic, pinpoint diagnoses that add to organizational income statements. Their advice and counsel can be accepted with a high degree of confidence and, as a result, they consistently put their clients on the path to making the best possible resource decisions for achieving real finance growth. That is the unique offering of our profession!

When we provide a consistent level of dependable analytical performance using a common language and proven scientific methods, we will witness a monumental change in our industry. That will be our Big Bang moment.

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