The Power of "Is It Doable?"

Description

Is it doable? That is the question. As regular readers know, I have been able to get back into healthcare. However, at times, I still work with non-healthcare companies and also communities based on the ideas in my book *Building a Vibrant Community: How Citizen-Powered Change Is Reshaping America*. In all fields, I find it so useful to ask that short, yet powerful question.

Prior to making a recommendation, it's best to complete a diagnosis. In any situation, if the diagnosis is not accurate, the next steps may be to no avail or could make things even worse, not better. Because a tool or technique works in one place does not guarantee that it's transferable, at least not transferable in its current state. I recommend the book *The Voltage Effect* by John A. List. In it he shares steps for determining what is scalable and what is not.

In healthcare and other industries, the pandemic has had a huge impact. The percentage of people new to a management position, or who have limited management experience in a new role, is high. In fact, new managers can make up to 25 percent of the management team. By "new," I mean they have less than three years' experience. In addition to being new in the manager role, many of these individuals have not received the amount of development they would have in the past.

These newer managers are also leading teams who have less experience than usual. Due to the pandemic, there are people entering the workforce who do not have the experience they would have previously brought with them. I hear consistently that new nurses need more help when starting their role since they were able to get less hands-on experience during their school years. Then, add more complexity and the increased role of technology. (While technology can be very useful, it can also have a downside.)

I am using a healthcare example in the following story. Please relate to the situation if you are not in healthcare. There are similarities in most companies.

I was in an organization that has documentation technology for a nurse manager to use when they engage with a patient. The intention is for the technology to make the manager's life better; however, some applications do and some do not. I asked the nurse manager what they were being asked to document for each patient. They told me there were five questions. I asked how many patients there

are on their unit each day. The answer was 42. I then asked if asking 42 patients five questions each day, for a total of 210 questions, is doable. The answer was no. So this manager is in the position to either say to the leaders, "I can't do this," or to fudge on the documentation. It is a lose-lose situation.

We then discussed what *would* be doable. We came up with a plan for the manager to visit each patient upon admission and ask one key question. The key question is one we have been piloting to early success. Write me at Quint@quintstuder.com if you are interested in the question.

I find also asking *Is it doable?* adds quality to the conversation. Done correctly, it leads to a relationship-building discussion. It can lead to discussing barriers faced, such as whether support departments are responsive, whether supplies are available or a needed product is handy, or whether there are enough staff to do the work. It can also lead to additional development opportunities for the manager.

Fewer things done consistently will achieve better outcomes than more actions that are done inconsistently. The magic is not making things complex, but making things doable.

I notice that so much has been added to a manager's plate. Yet, results in some areas have not gotten better. If something is not working, it is time to try another way.

Here are some tips:

- When introducing new software or new or increased actions, don't let the conversation end before asking the question, "Is what we are asking doable?" If the answer is yes, then say, "Will this impact other work you are doing?" In essence, we can add doable actions that then make other work undoable. When something is added to an already-full plate, it impacts other items on the plate.
- If trust is there, the response to, "Is it doable?" may be no or, "It is not doable with the current expectations," or maybe, "It can be if…" To return to the earlier example, asking five or even three questions every day to 42 patients, and then documenting that it had been done, was not doable. We settled on one question to all new admissions. Managers are smart. These initial conversations will let the manager know which patients will need more follow-up.
- Brainstorm what needs to be done to make it doable. For example, will the manager need better support from other departments? Are there things on their plate that can be reduced or eliminated?
- Recently I was at Cooperman Barnabas Medical Center in Livingston, New Jersey. After a number of sessions with frontline leaders, I met with the CEO, Rick Davis, and the COO, Jennifer O'Neill. In taking time to diagnose the situation, they came to many great conclusions on what can be accomplished, what the key priorities are, and what the manager's scope of work needs to be to make the key actions doable.

It was such an energizing session. As managers heard the adjustments, it was evident that they felt listened to, respected, and confident that what was being asked is doable. In addition, a self-confidence existed in that what they are doing is valuable work. Being listened to supports the feeling of belonging.

- Pilot actions. I like to see things piloted in one area or even a few areas beta scaled. This helps determine if what we are implementing will work. It usually leads to some adjustments and demonstrates that the actions will achieve the desired outcomes. Start small and learn and build

on success.

I am so replenished being out in the field most weeks. I get to spend time with dedicated people. We are discovering better ways to achieve outcomes, in ways that help people feel listened to, trusted, and loved. I am so grateful to be doing this work.

Date Created
February 13, 2023
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