

Are You Urgency Addicted?

Long-term care professionals are addicted . . . sorry, but it's true

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Look at the diagram below. In which quadrant would you say leaders in the long-term care profession spend most of their time? What would you say is the next most common quadrant?



These 4 Quadrants were created by General Dwight Eisenhower and popularized by Stephen Covey in his book: *The 7 Habits of Highly Effective People*

If you said Q1 followed by Q3, you're in agreement with 95% of the people I ask this question. Candidly, this is a very "hot" issue for leaders. I ask this question in workshops where many administrators and nurses are present. The intensity of the discussion and the exasperation . . . yes exasperation . . . is obvious. I hear comments such as:

- *Q1 is my world. All I do all day long is deal with crises*
- *It doesn't matter how well I plan my day or week, I live at the bidding of others . . . residents, bosses, employees . . .*
- *If something is important to my employees who report to me, then it's important to me and I have to deal with it (Q3)*

If we were talking about triage, nurses understand. But when trying to teach a nurse to prioritize their management of time and coach them to sometimes say "no" it is almost impossible. They are

caregivers. They are incapable of saying “no” to other people. It’s not in their genetic make-up. So let’s not go there.

Don’t Say No; Say “Yes”

This leadership skill is not to be a curmudgeon grumpily saying “no” but to say “yes.” Yes to what? Yes to the “most important things.” And who decides what the “most important” things are? You do! Each leader does for their decisions. Not their boss or spouse. There is an important empowerment and leadership principle at work here. “You” decide and you make decisions based on strategic objectives of the company, facility goals, personal values, and your good judgment at the moment.

The problem is, leaders often “react” instead of “pro-act.” Said another way, they do not make a decision when something “urgently” demands their attention. This is not an indictment, it’s simply an honest observation and the reason most leaders in long-term care say they live in Q1 and Q3.

No decision making wisdom or good judgment is needed if leaders simply react to the urgency of the moment. In fact, although living this way is painful, it’s also easy—at the moment—because it requires no discipline, no thinking, no choosing, simply reacting. Lab rats operate this way. These rats have been conditioned to respond to stimuli—no thinking required. This may sound like a harsh judgment, but candidly, we can’t fix this “urgency addiction” problem if we can’t see it. That is why the Q1-4 diagram is so helpful. It helps us understand what is undermining our leadership effectiveness. Here are characteristics of each of the quadrants:

Quadrant 1

- Quadrant of burnout, stress, and low quality
- Urgency addiction (act only if its urgent)
- Requires no discipline
- Will never go away

Quadrant 2

- Quadrant of quality and peace of mind
- Work your vs. others priorities (say “no”)
- Requires discipline
- Will shrink Q1 and eliminate Q3 & Q4.

Quadrant 3

- Quadrant of “deception”
- Urgent masquerades as important
- Q3 people get upset with Q2 leaders because they can’t dump on them

Quadrant 4

- If you can’t say “no” to the unimportant, yes becomes irrelevant

Watch Out for Traps

Here are a couple of “traps” to watch out for as you discuss this with your leaders. I’ve put my response underneath each of the traps:

Trap #1 – Q2 leadership is nice theory, but Q1 is real and there is nothing I can do about it.

It is true Q1 is not going away. However, leadership is a “probability science.” The more your leaders operate in Q2, the higher the likelihood Q1 will shrink. If it shrinks by only 10%, that is the difference between the good companies and the great companies.

Trap #2 – Q3 is also reality, I can’t turn my back on other people who need my help.

My wife is a Q2 leader. She is disciplined and works her priorities versus other people’s priorities. When the day is done, she is successful, happy, and productive. However, there is a short-term cost to pay. Sometimes Q3 people are surprised and disappointed because she won’t work their priorities immediately when they ask. However, as part of what a Q2 leader does, my wife trains them by sharing her priorities and inviting them into her Q2 world of planning, preparation, and prevention. Ahh . . . there’s an interesting concept: Q2 can prevent those Q3 urgencies from ever happening. She will tell Q3 time robbers she will help them, it just might not be “right now.” People admire my wife. Operating this way builds relationships. She is a Q2 leader who is highly respected and 100% reliable. She doesn’t promise things she can’t deliver and does what she says she will do . . . every time.

Trap #3 – long-term care is different. We don’t have the privilege of operating in Q2 when lives are at stake.

The advantage of working with many professions is that every single profession makes that claim. It’s the sound of a “victim.” A victim looks for blameworthy people and guess what . . . there are plenty of blameworthy people that can be found. If you can find someone to blame, you never have the change because the problem is with other people not yourself. This is a very enticing trap and will suck you into a reactive pit that will stop progress.

Call to Action: Q2 Leaders Needed

If you only take one message from this article, here it is:

Operating in Q2 shrinks Q1 and eliminates Q3 & Q4

That’s the good news. The bad news is that developing a culture of Q2 leaders doesn’t happen by accident. It happens because companies make a very deliberate decision to make the shift from good to great (as Jim Collins says). Leaders can’t work priorities if their company hasn’t articulated their strategic objectives, goals, and action plans.

Here are four very specific things you or your company can do to increase the likelihood your leaders will be Q2 Leaders:

1. **Agree on and articulate strategic objectives** (your organizations top 4-5 priorities)
2. **Set goals at a facility linked to those objectives** (make sure they are specific and measurable)
3. **Document action plans aligned with goals** (if not documented you have set yourself up for violated expectations)
4. **Review progress on a routine and regular basis** providing feedback, coaching, and positive reinforcement

This is common sense, but it is not common practice in long-term care. The best companies are doing this. Those who score in the 90th percentile on employee satisfaction surveys have raised the standard in this profession. They do operate in this deliberate and disciplined way.

Here we are in a profession that has publicly declared for: Quality First and Advancing Excellence. And yet, this profession is designed for Q1 where stress is high, turnover is high, and quality gets compromised.

Quality, excellence, satisfied customers, and engaged employees will prosper where there are Q2 Leaders.

Our purpose is to help leaders execute strategy. Hundreds of long-term care companies are using the Focus & Execute web tool to drive strategic planning/execution.

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