

Presenting Symptoms

Most organizational problems announce themselves loudly.

Productivity slips. Deadlines are missed. Turnover rises. Morale drops. Conflict increases. Customers complain. Metrics turn red.

These signals are real. They are measurable. And they are often painful.

Because they are visible, they command attention. Leaders are expected to respond. Boards ask questions. Employees wait for direction. Pressure builds quickly, along with the expectation that something must be done.

This is where many organizations begin acting from false certainty.

In medicine, symptoms are treated as *signals*. They indicate that something is wrong and point toward where to look. They do not, on their own, explain *what* is wrong.

In organizations, that distinction frequently disappears.

Visible problems are treated *as* explanations:

- Burnout is framed as a motivation issue.
- Disengagement becomes an attitude problem.
- Poor performance is labeled a talent gap.
- Conflict is reduced to a communication failure.

Each framing feels actionable.

Each leads to a familiar response.

Each allows leaders to move forward without slowing down to examine what is actually producing the outcome.

This response is human.

Consider how most of us respond to a headache.

We do not begin with diagnosis. We reach for what is familiar. A pain reliever. A glass of water. A short break. For many headaches, that is enough. The pain subsides, and we return to our day.

But that was not diagnosis. It was pattern recognition—a familiar symptom treated with a solution that has worked before.

When the headache persists—when the usual remedy is ineffective—our behavior changes. We pay closer attention. We take the symptom seriously. We seek out a licensed health practitioner trained to ask questions we would not think to ask ourselves. The goal shifts from relief to understanding.

In organizations, the pattern is similar.

Misdiagnosis: Why Leaders Keep Solving the Wrong Problem

When familiar workplace “headaches” appear, leaders reach for familiar responses:

- Reorganizations.
- Training programs.
- Motivation initiatives.

Each is the organizational equivalent of aspirin—often helpful, sometimes necessary, and *rarely* diagnostic.

The problem arises when the symptom persists and the *response does not change*.

Symptoms create urgency because they disrupt results. They attract scrutiny. They generate discomfort. Missed deadlines and angry customers cannot be ignored. Workload design, incentive structures, role clarity, power dynamics, and leadership behavior are easier to postpone—especially when examining them carries political or personal risk.

Over time, organizations become highly skilled at managing what they can see.

Engagement initiatives are launched.
Resilience training is offered.
Communication workshops are scheduled.
Performance systems are redesigned.

None of these actions are inherently misguided. Many are executed competently. Some produce short-term improvement.

Short-term improvement, however, does not change *underlying conditions*.

When visible problems are treated as root causes, interventions accumulate without altering the forces that generated the symptoms. The organization becomes more active, not more effective. Energy increases while progress stalls. This is what makes symptoms so misleading. They often respond *temporarily* to attention:

- A new initiative creates momentum.
- Training signals care.
- A restructure demonstrates decisiveness.

For a period of time, things feel different. Metrics may even improve. When that initial energy fades, familiar problems return—often reinforced by additional frustration and skepticism. At that point, the organization concludes that the intervention failed.

What remains largely unexamined is whether the intervention was aimed at the *right problem*.

Symptoms persist because the system remains unchanged. The same constraints operate. The same incentives shape behavior. The same tradeoffs remain in place. People adapt, as people always do, and the organization settles back into equilibrium.

As this cycle repeats, a quiet shift occurs. Leaders begin to associate recurring symptoms with individual shortcomings rather than systemic conditions.

Employees learn to interpret new initiatives as noise rather than meaningful change. Trust erodes because people recognize when effort is misdirected.

Eventually, the organization stops expecting problems to be solved. Symptoms are managed, tolerated, and worked around. Dysfunction becomes familiar. Stability, even when flawed, feels safer than another round of activity that fails to address what matters.

Misdiagnosis: Why Leaders Keep Solving the Wrong Problem

This is the cost of confusing symptoms with causes.

Symptoms matter.

They indicate that attention is needed.

But when action begins and ends with what is most visible, organizations enter cycles of effort that exhaust people without improving outcomes.

The discipline required at this stage is *curiosity*.

Before deciding what to fix, leaders must be willing to ask a more difficult question:

What conditions make this outcome predictable?

Until that question is taken seriously, organizations will continue to work hard, spend generously, and change constantly—while solving the wrong problem again and again.