

Keeping Focus: Attention Can Drift at the Organizational Level, Too

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Introduction

As I sit at my keyboard awaiting divine inspiration on the matter of introducing this complex topic, my eyes drift toward my window, dragging my mind along with them. It is raining, and two crows are taking the opportunity to do some water-aided feather maintenance on a branch up and to the left. Then two fat gray squirrels flash into my field of view in a mad flight-and-pursuit like toy race cars careening around a track, always on the verge of flying off into space. I smile because they seem oblivious to the danger, and then I remember why I'm here. I force my attention back to my monitor. I smile again. It isn't hard to introduce this topic—I live it all the time.

The Struggle to Maintain Focus

Every person struggles daily with the challenges of locking his or her attention on what it is that he or she is supposed to do. I fit in that category. I guess that's part of the human condition. But, for some people, that struggle is a constant wrestling match with their basic nature. These are the people modern medical science has categorized with attention-deficit disorder (ADD). Because someone close to me has been diagnosed with ADD, I've recently become more familiar with its characteristics.

When I look beyond my personal connections to this disorder, I am struck that it offers a metaphor for thinking about modern organizations too. I don't know how far the model can be extended, but it seems to apply quite well to organizations such as mine—people providing information technology services and support at a university—and even to other organizations doing different functions in higher education that I've observed at close range. Although few individuals in such organizations might qualify for the diagnosis of attention-deficit disorder themselves, the organizations match the clinical profiles surprisingly well.

Some caveats are in order here. I'm neither an organizational theorist nor a clinical specialist in ADD. Those credentials would probably be important if I were trying to make a living as a consultant on this subject. But all I want to do here is to suggest a different angle to look at organizations and to speculate on what parts of the therapy for ADD individuals might have correlates for an ADD organization.

The Real ADD

For the purpose of simplicity, I will rely here on two primary sources of information about ADD, two books written by physicians Edward M. Hallowell and John J. Ratey: *Driven to Distraction* and *Answers to Distraction*, both first published by Pantheon Books in 1994. These are readable books that outline the disorder in understandable terms, but they struggle a bit to draw a distinction that seems nearly impossible to

draw: the difference between the clinical diagnosis of ADD and the self-recognition all of us experience when we hear the symptoms. I recently heard Hallowell address this point in a speech here in Charlottesville. Of course, many of us will see ourselves in pieces of the profile of an ADD person, he said. He believes that modern life promotes ADD-like behavior. It is the combination of characteristics and their severity that sets the line of demarcation, or in the doctors' words, "duration and intensity of symptoms."¹ I try to remember that as my gaze drifts out the window again.

Hallowell and Ratey describe a system of criteria that aids in the diagnosis of adults with ADD. Part of the system involves evaluating a person to see if he or she chronically exhibits at least fifteen of the following twenty characteristics:

- A sense of underachievement, of not meeting one's goals (regardless of how much one has accomplished)
- Difficulty getting organized
- Chronic procrastination or trouble getting started
- Many projects going simultaneously; trouble with follow-through
- Tendency to say what comes to mind without necessarily considering the timing or appropriateness of the remark
- A frequent search for high stimulation
- An intolerance of boredom
- Easy distractibility, trouble focusing attention, tendency to tune out or drift away in the middle of a page or conversation, often coupled with an ability to hyperfocus at times
- Often creative, intuitive, highly intelligent
- Trouble in going through established channels, following "proper" procedure
- Impatience; low tolerance for frustration
- Impulsive, either verbally or in action, as in impulsive spending of money, changing plans, enacting new schemes or career plans, and the like
- Tendency to worry needlessly, endlessly; tendency to scan the horizon looking for something to worry about, alternating with inattention to or disregard for actual dangers
- Sense of insecurity
- Mood swings, mood lability, especially when disengaged from a person or a project
- Restlessness
- Tendency toward addictive behavior
- Chronic problems with self-esteem
- Inaccurate self-observation
- Family history of ADD, manic-depressive illness, depression, substance abuse, or other disorders of impulse control or mood²

Organizational Attention-Deficit Syndrome

Obviously, it takes some creative thinking to try to match many of these characteristics of individuals to an organization. When thinking about them at the organizational level, it seems to me that some clustering and revision of the language is necessary. Here is my list of organizational "ADD" characteristics. To distinguish it, I'll call it the criteria for organizational attention-deficit syndrome, or OADS:

¹ Hallowell, Edward M., M.D., and Ratey, John J., M.D., *Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood*. New York: Touchstone/Simon & Schuster, 1995, 93.

² Based in part on similar list, *Driven to Distraction*, 73-76.

- A collective sense of not doing enough, no matter how much the organization is accomplishing; a "Sisyphus" tendency to worry that tomorrow's problems will be as bad or worse than today's; a regular sense of "two steps forward and three steps back"
- Difficulty getting organized, accompanied by an disproportionate emphasis on tinkering with the organization, as opposed to accomplishing the task for which it was trying to organize in the first place
- Chronic procrastination or trouble getting started on projects, manifested as an inability to do more than the normal day-to-day responsibilities
- Many projects going simultaneously; trouble with follow-through, often related to inability to assign individuals full-time to projects; "we can't spare them from their regular duties"
- Inability to speak with one voice; individuals in organization tend to say what comes to mind from their own perspectives without thinking and speaking from an organizational perspective
- Frequent search for high stimulation; everyone wants to be on the "coolest," most exciting projects using the best new "toys," combined with an intolerance for boring projects
- Easy distractibility, trouble focusing attention, tendency for productivity to drift away in the middle of projects, often coupled with an ability to hyperfocus at times on things with little strategic importance
- A workforce that is creative, intuitive, highly intelligent, impatient, easily frustrated, generally moody and sensitive
- An organization that is seen as having trouble in going through established channels, following "proper" procedure, but one that insists on proper procedures for outsiders dealing with it
- Impulsive and knee-jerk in response to externally imposed challenges and change: "The only way we can do it is with more money and more people"
- Restlessness of persons in critical positions—those people tend to leave at a faster rate than those in less critical positions
- Sense of insecurity and problems with organizational self-esteem: "If we're located in that building, people won't see us as important to this central function," "They're just not telling us that we're going to be outsourced; they don't care about us, so why should we care?"
- Tendency to become addicted to certain ways of doing things; breaking the pattern results in symptoms of withdrawal (increased anxiety, depression, hostility) from staff involved; often the affected staff "withdraw" from identifying with the organization, sometimes permanently
- An organization that collectively is poor at self-diagnosis and resistant to external perspective on what effective treatment might be

I suspect that, just as with ADD, many organizations will recognize pieces of themselves in my collection of characteristics for OADS, but here too, the distinction lies in severity and duration. If an organization is all of these things most of the time, it is probably struggling.

Playing the Leader/Therapist Role

There are parallels too between the role of a leader of an organization with OADS and the role of a therapist for a person with ADD. The first judgment that both must make is that the individual and the organization are not bad because of their states. They are simply exhibiting their natures, which have positive and negative implications and which are largely beyond their control. The trick then, because neither functions very well in the modern world, is to give them environments in which their natures become lowered hurdles to their success.

Unlike with an individual, it may be possible to cure OADS for an organization, but the cure is much more drastic in its implications than the disorder. The only possibility for a complete cure is to completely reconstitute the organization's components: fire everyone, start over, and rebuild it from the ground up. For a large organization doing an important function, I can't imagine that the complete cure would ever be possible.

Also unlike the case with an individual, the leader/therapist of an OADS organization is usually part of it and accountable for its performance. This means that the leader is under constant pressure to make the OADS organization more effective, and that pressure is counterproductive to the patient and long-term therapies that are likeliest to help the organization most. And unfortunately the drug regimens available for use by ADD therapists are usually unavailable to organization leaders. Dosing the water coolers and coffee supplies is generally frowned upon.

There are more complications for leaders trying to manage therapy for an OADS organization. I return here to the notion of Hallowell and Ratey that we live in a world—and especially in a country—that promotes or at least values attention-deficit-like behavior:

One possible explanation for this is that our gene pool is heavily loaded for ADD. The people who founded our county, and continued to populate it over time, were just the types of people who might have had ADD. They did not like to sit still. They had to be willing to take an enormous risk in boarding a ship and crossing the ocean, leaving their homes behind; they were action-oriented, independent, wanting to get away from the old ways and strike out on their own, ready to lose everything in search of a better life. The higher prevalence of ADD in our current society may be due to its higher prevalence among those who settled America.³

Match that value set with a modern world that creates a distracting environment, and Hallowell and Ratey suspect we have the formula for creating attention deficits:

It may seem that our cultural norms are growing closer and closer to the diagnostic criteria for ADD. Many of us, particularly those in urban areas[,] live in an ADD-ogenic world, one that demands speed and splintering of attention to "keep up." The claims on our attention and the flow of information that we are expected to process are enormous. The explosion of communications technology and our standard way of responding to its most ubiquitous form—television—provide good examples of ADD behavior. Remote-control switch in hand, we switch from station to station, taking in dozens of programs at once, catching a line here, an image there, getting the gist of the show in a millisecond, getting bored with it in a full second, blipping on to the next show, the next bit of stimulation, the next quick pick.

Because we live in a very ADD-oid culture, almost everybody can identify with the symptoms of ADD. Most people know what it feels like to be bombarded with stimuli, to be distracted by overlapping signals all the time, to have too many obligations and not enough time to meet them, to be in a chronic hurry, to be late, to tune out quickly, to get frustrated easily, to find it difficult to slow down and relax when given the chance, to miss high stimulation when it is withdrawn, to be hooked to the phone and the fax and the computer screen and the video, to live life in a whirlwind.⁴

³ Driven to Distraction, 191.

⁴ Ibid., 192-193.

But they are describing the conditions that create what they call "pseudo-ADD," not the clinically significant disorder itself. Remember, the distinction is intensity and duration. I'd like to argue, however, that for OADS, another criterion for the list is a workforce that may have some individuals with ADD, but most of whose workers regularly experience one manifestation or another of pseudo-ADD. It seems likely that there are types of work that attract people with either ADD or an array of pseudo-ADD tendencies. And pseudo-ADD seems especially likely in organizations where demand for services and general workload growth has far outstripped the growth in resources to meet them. Then we have the final two criteria in my diagnostic system for OADS:

- Work that attracts people with ADD and/or a work environment that generates pseudo-ADD experiences for all its workers
- Resources that have not grown in nearly the proportion that demand and workload have

These final two criteria cast further doubt on the likelihood of anyone actually curing OADS in an organization. The condition may be tied to the type of work that it does and exploding demand for that work, so firing everyone and starting over may simply result in a new workforce with the same characteristics as the last.

A Specific Case: Contact Overload

For my own organization, I can match these criteria with a specific phenomenon that I will call contact overload. When I came to work at this university in 1982, I probably averaged placing ten telephone calls a day, receiving ten, and handling five pieces of paper-based mail. Now I receive about fifteen calls a day directly, usually get recorded phone messages about another ten calls I wasn't there to get, place another fifteen myself, handle about ten pieces of paper-based mail a day, receive as many as fifty e-mail messages a day, send fifteen or twenty, and wear a pager on my hip so I can be reached when all other methods fail. I would estimate that my "contact" load is somewhat under the average for most of the others in our organization, and far under that of those involved in supporting the users of technology at the university.

At the same time that this change has taken place, our university—consistent with institutions of all kinds all over the U.S.—has placed increasing emphasis on being responsive to our customers. It is much less tolerable now to take your time in returning a "contact" than it was in 1982. Expectations for rapid, substantive response have grown at the same time that the ease with which others can contact me has led to an explosion in the numbers of contacts I receive. I am in complete contact overload, and I am under the average for my organization. I regularly have the sense that I bounce from an e-mail to an urgent phone call to another e-mail and back in never-ending cycles as my primary work each day. My capacity to focus on long-range projects is nearly nonexistent. I think this is exactly what Hallowell and Ratey are describing as pseudo-ADD. I've got it bad.

Treatment Possibilities

So what parallels exist between treatments of OADS and treatments of ADD, and what can a leader do about OADS in an organization? The first answer is that therapy for an organization involves two levels: one at the level of the organization itself and one at the level of the individuals comprising its workforce. In reviewing Hallowell and Ratey's tips for the management of ADD in adults, several stand out as likely to be applicable at the organizational level (I've adjusted the language of and amplified many of these):

- Establish and stick with structure—the organization chart, policies, procedures, authority hierarchies. Give the organization a firm context within which to operate (there are some exceptions—see below).

- Use pizzazz—although your organizational structure can be stable and dependable, the communication you do within that structure shouldn't be bureaucratic and predictable.
- Promote the principles of O.H.I.O. (only handle it once) and acting on things immediately. When the organization is overloaded with information, try to find ways to ensure that at least it is handled as efficiently as possible.
- Set up the environment to reward rather than deflate.
- Acknowledge and anticipate the inevitable collapse of some percentage of the projects the organization undertakes. It is better to anticipate these than to be surprised by them.
- Promote and embrace challenges as the sources of stimulation on which the organization's workforce thrives.
- Make deadlines.
- Break down large tasks into small ones with attached deadlines. This strategy may be the most important of all. The farther down into an OADS organization that you drive large task management, the more likely it is not to be done—the line manager struggling with inexorable daily pressures will look at large tasks as hopeless when they make their way into his or her doorway.
- Promote the transformation of time devoted to procrastination into time spent prioritizing—deciding which things are more important to do. The success of this strategy is closely related to the success the organization has breaking tasks down into smaller ones.
- Observe the physical circumstances (the workplaces) in which sections of the workforce perform best and spread the models through the organization.
- Don't ask the organization to do things it isn't good at.
- Encourage the delegation of responsibilities; that way, specific tasks will most likely find their way to someone who can do them well.⁵

The list of therapies for individuals that can be accomplished on an organizational scale strikes me as somewhat short. Most would need to be tailored to the individual person. But there are some:

- Make sure individuals are doing work that they like and believe in—motivation overrides ADD and pseudo-ADD.
- Individuals with tendencies related to ADD tend to cluster in two types: one finds formal structures helpful in overriding attention deficits and the other finds formal structures frustrating. Teach managers to cluster them with like types and manage them differently:
 - Those who are comfortable with formal structures do well in jobs that have a mission they believe in, that have clear hierarchies of authority, and that have effective but thoughtful and responsive supervision.
 - Those who are frustrated with formal structures do well in jobs that offer independence, flexibility, and variety.
- Have structured "blow-out" times. Attendance will tell you whether you've chosen the event properly.
- Give individuals time to "recharge their batteries" between major assignments.⁶

Suggestions for Leaders

Given that leaders of OADS organizations are usually inside them and being held accountable for their performance (or lack thereof), the role of leaders in managing

⁵ Based in part on similar lists, *Driven to Distraction*, 245-253, and Hallowell, Edward M., M.D., and Ratey, John J., M.D., *Answers to Distraction*. New York: Bantam, 1996, 144.

⁶ Based in part on similar lists, *Driven to Distraction*, 250, and *Answers to Distraction*, 114, 147.

therapy for the organization is both critical and difficult. Leaders who are "under the gun" nevertheless have to serve as patient coaches and teachers, similar to teachers who manage classes of ADD students. Hallowell and Ratey have an array of suggestions for teachers that convert fairly easily for use by leaders of organizations:

- Build your support—especially among those to whom you report—by informing them effectively about the task you are trying to accomplish.
- Know your limitations—get help from consultants when you need it.
- Listen to your organization—it may not be good at self-diagnosis, but its workforce can often recognize steps that have been helpful.
- Pay attention to the emotions of the organization; manage through frequent direct contact and by "walking around."
- Tolerate escape-valve activities.
- Look for quality rather than quantity of products.
- Monitor progress often; encourage frequent progress reports.
- Let yourself be playful, have fun, be unconventional, be flamboyant. Make games out of things.
- Announce what you're going to say before you say it. Say it. Then say what you've said. Simplify instructions, using colorful language.
- Make expectations explicit.⁷

My own contact with ADD convinces me that the most fruitful approach to OADS is reducing large tasks to a set of smaller components. The key to the success of this approach in an organization would be effective coordination of the smaller components by project management specialists to ensure the large task is actually efficiently accomplished. These project managers need to burrow deeply into their larger tasks, truly reducing them to smaller components without delegating management and coordination. Overloading the project managers and allowing them to be easily distracted will doom the strategy; requiring frequent status reports from them will contribute to its success. If you are going to try to reduce the incidence of ADD or pseudo-ADD at any level, doing it with the project management specialists (who must also have outstanding knowledge of the components without getting sucked into doing them) is the place to concentrate your effort. But broadening that tactic to the whole organization and all the individuals working in it is a different story.

Strategies for Future Development

I have to admit that I've purposefully left out until now that obvious and important therapy at both the organizational and individual levels: finding ways to reduce the ADD-ogenic characteristics of the work and the environment in which it is done. This is much harder to do than to say. Take my contact-overload description as an example—and I think it is a relatively universal one for OADS organizations. In 1982, there were many environmental elements that limited the number of contacts I received. We did not have answering machines to take messages. Electronic mail was in very limited use and not by me. I did not have a pager. These factors limited the capacities of people who wanted to communicate with me. Now those limits are gone, and the effect is like a genie out of a bottle—it will be awfully hard to get it back in.

Of course, this phenomenon does not occur if your work does not involve services for which demand has grown explosively. So an alternate strategy is to work on the demand-to-resources ratio, to reduce demand or to increase resources that can be committed to meeting it. Reducing demand is usually impossible and almost always undesirable for many reasons. That leaves increasing resources (often people) as the

⁷ Based in part on similar lists, *Driven to Distraction*, 254-261.

only effective approach, but many organizations have limited capacities to take advantage of that choice as well.

At an even deeper level, this trend is very troubling. The total amount of work I and my colleagues are accomplishing each day, as a result of the explosion of contacts, is much greater than the amount I accomplished in 1982, at least by some measures. But this upward creep over 15 years of the normally expected level of productivity for a day has not been accompanied by any concessions based on the toll it takes on our abilities to focus our attention, partly because no one really knows how to compensate for that toll or how to give workers what they need to recover those abilities. Until we discover the answer to that dilemma, we'll just continue to work on the fringes of the issues facing OADS organizations, and our gains will be marginal.

There may be a glimmer of hope for the prospects of finding solutions to this dilemma, which I guess I'm arguing is partly characteristic of modernity, at least as we're experiencing it today. That hope comes in the form of the thinking of those who believe we're truly experiencing the transition of epochs—from an agricultural and industrial epoch into an information-based one. From that frame of reference, many of the symptoms I've described in organizations can be seen as temporary consequences of not yet having the right resources in place to recover our abilities to focus our attention. We're so early in the information age that its primary tools are, at best, uneven in maturity and, more likely, not even discovered yet.

And, just as with every other good mechanism we humans have to analyze complex problems, one insight usually sheds light on an array of new complications. This notion that we may be in a time that urgently needs creative thinking in the development of new resources to meet the exploding demands of the information age will probably make Hallowell and Ratey smile. It is the creative ADD people—like Benjamin Franklin from America's past—who will invent those new resources. The ultimate challenge to our organizations, then, is to tolerate and channel attention deficits in order to benefit from the creativity often associated with them, and then to find ways to ensure that the organization itself doesn't collapse waiting for the resources that it needs to maintain its own focus productively.

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