

WHY YOUR BEST PEOPLE KEEP SOLVING THE WRONG PROBLEM

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It is Tuesday afternoon. A critical production line goes down. The team assembles fast -- these are experienced people, and they recognize the failure signature immediately. Within a few hours they have identified what looks like the cause, implemented a fix, and restored operations. The line runs. Everyone goes home.

Three weeks later, it happens again. Then again six weeks after that.

This is not a story about an incompetent team. In most cases, it is a story about highly capable people whose expertise became the obstacle to accurate diagnosis. The issue is not talent. It is what happens when experience meets pressure and the result is pattern recognition where rigorous analysis should be.

The Expert Trap

There is a well-documented phenomenon in cognitive science, sometimes called the curse of expertise. The more often a person has encountered a category of problem, the more quickly and automatically the brain maps new situations to familiar solutions. This is cognitively efficient. It is also, in complex operational environments, potentially expensive.

Research by Gary Klein on naturalistic decision-making found that experienced practitioners under time pressure do not evaluate multiple options. They recognize a situation as familiar, select the first plausible course of action based on experience, and act. For genuinely routine problems this works well. For problems that look familiar but are not, it is a reliable pathway to the wrong answer.

Source: [Klein, G., Sources of Power: How People Make Decisions, MIT Press, 1998.](#)

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In organizational settings, individual pattern-matching gets amplified by cultural incentives. Leaders reward visible action. Speed is valued over accuracy. The person who arrives at a solution quickly looks competent. The person who slows down to ask diagnostic questions can look hesitant. These norms are rarely explicit. Teams learn what behaviors get recognized, and they optimize accordingly.

The result is a predictable organizational reflex: when a problem surfaces, the first question becomes “what do we do?” rather than “what is actually causing this?” Those are very different questions, and they tend to produce very different outcomes.

Symptoms Versus Causes: More Than a Semantic Difference

The distinction between a symptom and a cause sounds obvious when stated directly. In the middle of an operational disruption, the distinction collapses. Everything feels like the problem. The line is down. The customer is waiting. Under those conditions, the first visible, addressable contributor becomes the target -- regardless of whether it is the root cause or a surface indicator of something deeper.

Consider a representative scenario: a piece of equipment fails repeatedly. A maintenance team replaces the component showing the most visible wear. The equipment runs. Two months later the same failure recurs. Another replacement. Another restart. The underlying cause -- perhaps a lubrication interval quietly shortened during a cost-reduction initiative, or a process parameter that had drifted outside specification without triggering an alert -- is never surfaced. The team is solving a real problem. It is just not the one that matters.

This distinction carries direct financial consequences. A symptom addressed is a problem temporarily contained. A cause addressed is a problem eliminated. Organizations that consistently resolve problems at the root cause level reduce not only the specific failure but the broader class of failures that share the same underlying driver. The compound effect over time is significant.

Identifying a true cause requires a different kind of thinking than identifying a visible symptom. It requires asking what changed, when the change occurred, what was different this time compared to times the failure did not occur, and what evidence would confirm or disconfirm each candidate explanation. This is diagnostic thinking. It is a learnable, structured discipline -- not a personality trait that some teams happen to have.

Why Pressure Makes This Harder

These dynamics are challenging enough in routine situations. Under pressure they become significantly more difficult to manage. Time urgency, financial stakes, and leadership attention all push teams toward faster action, which typically means less diagnostic rigor.

Research published in the *Journal of Applied Psychology* found that teams under time pressure decrease information sharing, narrow their consideration of alternatives, and anchor more strongly on the first plausible explanation offered by the most senior or most confident voice in the room. All three tendencies work directly against accurate root cause identification.

Source: [*Kelly, J.R., and Karau, S.J., 'Entrainment of Creativity in Small Groups,' Journal of Applied Psychology, 1993.*](#)

This creates a painful irony. The situations in which accurate diagnosis matters most -- high-cost failures, customer-visible disruptions, safety-critical events -- are precisely the situations in which the organizational conditions make accurate diagnosis hardest to achieve. A minor process deviation can be misdiagnosed at relatively low cost. A major operational failure demands better thinking at exactly the moment when pressure is highest and time is shortest.

The leaders and organizations that navigate this well do not have superior instincts. They have built structures and disciplines that hold their thinking in place even when the environment is pushing against it. They have a shared language for what good diagnosis looks like. They have defined the questions that must be answered before a solution is implemented. And they have made diagnostic rigor a cultural expectation rather than an optional step.

What the Cost Actually Looks Like

Organizations that treat root cause identification as optional pay a compounding price that extends well beyond the direct cost of each recurrence. The most visible cost is repeated remediation: labor, materials, downtime, emergency response. But that is not the largest cost, and often not the most strategically damaging one.

There is the opportunity cost of productive capacity consumed by firefighting rather than value creation. There is the reputational cost with customers when the same failure surfaces repeatedly. There is the organizational cost: the erosion of confidence in the team's problem-solving capability, the learned helplessness that develops when people stop expecting fixes to hold, and the management attention diverted from growth to chronic stability problems.

McKinsey research on manufacturing performance has documented that rework, defects, and unplanned downtime can consume between 15 and 40 percent of total production costs in underperforming organizations. Not all of that traces directly to misdiagnosis, but a significant portion represents the cumulative cost of treating symptoms rather than causes.

Source: [*McKinsey & Company. Operations Practice. research on cost of poor quality. various publications.*](#)

The pattern is also self-reinforcing. Each time a symptom is addressed without resolving the root cause, the organization gets slightly better at managing that symptom. Workarounds develop. Monitoring gets added. The root cause is hidden by a mixture of well-intended fixes, changing the very circumstance and making it more difficult to ascertain. Tribal knowledge accumulates about how to recognize and respond to the recurring signal. These investments, each rational in isolation, collectively represent an increasingly expensive operating infrastructure built on top of an unresolved problem. The cost is not just what each fix costs. It is the entire management system built around not having solved it.

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What Rigorous Diagnosis Actually Requires

Structured problem-solving is not a slowdown. Used consistently, it is a speed multiplier. The time invested in accurate diagnosis is recovered many times over by avoiding rework, reducing management overhead, and eliminating the recurring cost of impermanent fixes.

The discipline begins with a deceptively simple commitment: do not move to solutions until the problem is defined with enough precision to make it diagnosable. That means specifying not just what is wrong, but where it is occurring and where it is not, when it started and what changed at that time, how widespread it is and what the pattern of occurrence looks like, and what has already been tried and what effect those interventions had.

In practice, most problem-solving conversations skip directly from “something is wrong” to “here is what we should do.” The questions in between, the ones that separate the actual cause from the visible symptoms, get bypassed in the interest of speed. The irony is that skipping them rarely saves time. It almost always costs it.

There is a set of diagnostic questions executives can put directly to their management teams when reviewing any significant problem-solving effort. These are not technical questions. They are questions about the quality of the thinking process itself:

What evidence do we have that confirms this is the root cause rather than a symptom?

What would be different if this were the cause versus if it were not?

What did we rule out, and how did we rule it out?

Have we confirmed this same condition exists when the problem does not occur? If yes, it is probably not the cause.

What would we need to observe to be confident this is resolved permanently?

These questions require no technical expertise to ask. They require the discipline to ask them before committing resources to a solution. And when senior leaders ask them consistently, that discipline becomes a cultural expectation that propagates through the organization without requiring a mandate.

Building the Capability, Not Just the Awareness

Awareness alone changes nothing. Most senior leaders already know, at some level, that their organizations sometimes solve the wrong problem. What is missing is the built capability and cultural conditions that make disciplined diagnosis the default behavior rather than the exception.

Three things are required. First, a shared framework: a common language and structured process for problem-solving that allows teams to communicate clearly about what they know, what they are assuming, and what they still need to verify. Without a shared framework, diagnostic discipline is person-dependent and therefore unreliable. With one, it becomes institutional and therefore scalable.

Second, practice under lower-stakes conditions. Teams that only engage structured diagnosis during crises are learning the discipline in the worst possible environment. Organizations that embed it in routine operations, process reviews, quality meetings, and project retrospectives build a capability that is genuinely available when the high-stakes situation arrives.

Third, and most importantly, visible leadership behavior. When senior leaders slow down to ask diagnostic questions publicly, when they distinguish between thoughtful rigor and indecision, and when they recognize the team that surfaces inconvenient evidence about a misdiagnosis rather than hiding it, the organizational culture shifts. Speed still matters. But speed toward the right answer matters more than speed toward any answer.

When senior leaders ask diagnostic questions consistently, that discipline becomes a cultural expectation that propagates without requiring a mandate.

Your best people are not solving the wrong problem because they are not good enough. They are solving the wrong problem because the environment rewards action over analysis, experience creates pattern-matching shortcuts, and no one has built the structures that protect diagnostic rigor under pressure.

That is addressable. And the organizations that address it systematically gain something their competitors cannot easily replicate: a reliable, institutional capability to get to the right problem the first time.

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NEXT IN THE SERIES

Article 2: The Hidden Cost of Recurring Problems

Getting the diagnosis wrong once is expensive. Getting it wrong repeatedly is a risk exposure that most organizations are underestimating, and that most financial models are not capturing accurately. Next week, we examine the true financial and operational cost of recurring problems, and why the cumulative burden of unresolved root causes is one of the most significant, and least visible, drains on organizational performance.

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