Measure what matters: How Google, Bono, and the Gates Foundation rock the world with OKRs by J. Doerr

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Healthcare systems have historically underemphasized psychosocial care for patients with serious illnesses, meaning that clinicians and researchers in psychosocial oncology face considerable challenges related to successfully growing psychosocial programs. Many in the field of psychosocial oncology have not completed formal business training, so we often face knowledge gaps when attempting to implement strategic initiatives. Doerr’s book provides a useful framework for successfully implementing strategic initiatives, designed for beginners and illustrated using examples from corporations and non-profits alike.

Grounded in goal-setting theory, the fundamental emphasis of the book is the use of Objectives and Key Results (OKRs) to guide progress. An Objective is what an organization hopes to achieve, typically on a short-term basis of 3 months as it moves toward longer-term goals. For example, a cancer center might aim to increase the provision of survivorship care plans by 10% quarterly over the next year to improve from 50% to 90% annually. Key Results are benchmarks for monitoring progress toward Objectives. Good Key Results have six properties. They are specific, time-bound, measurable, verifiable, aggressive, and realistic. Key Results related to the survivorship care Objective might include (a) developing an electronic health record system for triggering alerts about eligible patients, (b) meeting monthly increases of 3.33%, and (c) developing a tracking system for monitoring completed survivorship care plans and documenting reasons for non-completion. Overall, the OKR framework is easily understood and useful for guiding organizational changes.

A well-devised OKR system incorporates several of what Doerr calls “superpowers” that increase its likelihood of success. Foremost, developing an OKR system forces an organization to set priorities for a small number of Objectives it plans to emphasize in the near-term. Second, large organizations can encourage employees to develop their own OKRs (consistent with those of the organization) and make all OKRs transparent within the organization. This can help to increase alignment and commitment toward organizational goals throughout the ranks. Third, OKRs promote accountability. They can be used to monitor progress, understand delays, and trigger alternative strategies or revised timelines for meeting Objectives. Finally, it should be noted that OKRs can increase motivation by encouraging individuals to “stretch” to meet aggressive but realistic goals. Many highly-successful organizations use OKRs, from Google to the Gates Foundation, and they typically aim to achieve 60-70% of their OKRs. Setting aggressive but realistic OKRs enhances motivation and the end results are better than if setting more modest targets. In sum, the case for a well-executed OKR system is compelling for enhancing progress toward organizational initiatives.

Although OKRs may sound cold and technical at first glance, Doerr argues that successful implementation requires more effective interpersonal interactions in the workplace. In particular, many organizations have historically used annual reviews in an attempt to foster accountability, but such reviews are time consuming, costly, and largely ineffective given that feedback may be too delayed to modify behavior. Accordingly, many organizations have shifted toward Continuous Performance Management practices that emphasize frequent conversations, feedback, and...
recognition. Effective conversations with subordinates should emphasize goal setting, reflection, progress updates, coaching, career growth, and feedback on recent work. Feedback should be specific, ad hoc, timely, bidirectional, and designed to increase dialog. Multiple mechanisms should be developed to increase employee recognition, including peer-to-peer recognition and from above. Recognition should be frequent, based on clear criteria, attainable, well-disseminated, and tied to organizational OKRs. Continuous Performance Management using conversations, feedback, and recognition can reinforce OKRs, and OKRs can reinforce the use of these positive interpersonal workplace dynamics.

**Application to psychosocial oncology**

The OKR framework could be useful to individuals in psychosocial oncology who are interested in strategies for meeting goals more efficiently. For example, clinicians and healthcare administrators could apply the OKR framework in numerous contexts. From a health-services perspective, OKRs could be used to build clinicians’ caseloads more expeditiously, expand programs, improve referrals pathways, or reduce no-show rates. For example, imagine an oncology social worker that provides care to an underserved population faces challenges related to a high no-show rate of 50%. An Objective for the current quarter could be to reduce no-shows by 5%. Key Results hypothesized to drive progress toward the Objective could be (a) to ask a health systems analyst to run a report on the demographic and clinical characteristics of patients who no-show, (b) to hold a brainstorming meeting with interested colleagues to discuss potential reasons for no-shows and how to reduce them, and (c) to provide appointment reminder calls to at least 25% of patients. From a health outcomes perspective, OKRs could be used to improve patient satisfaction, improve patient symptom burden, or reduce rehospitalization rates. Economically, OKRs could be used to improve reimbursement for clinical encounters and organizational revenue.

OKRs are equally relevant to psychosocial oncology researchers. They can be used to increase publication output (e.g., number of publications, times cited, journal impact factor, etc.). They can also be used to increase grant funding. In my research team’s brief experience using OKRs, we have largely focused on the concept of “stretch” to motivate and align our research toward ambitious goals related to publishing and grant funding. For example, we set an ambitious 3-year target for grant funding and estimated we would need to apply for approximately 3 times a much grant funding as what would eventually be funded. This allowed us to set quarterly Objectives for grant submissions, which we have fleshed out through concrete Key Results for the past two quarters. This has helped to align our behavior toward opportunities in line with our goals and dodge opportunities inconsistent with them, increasing the team’s overall engagement and improving productivity toward goals.

Beyond the provision of psychosocial care and research, OKRs can be used in many other capacities. Educators can use OKRs to increase the number of applicants to training programs, increase the number of trainees in degree programs, or improve learning outcomes. For example, a director of an oncology social work training program could set an Objective of receiving at least 100 applications next admissions cycle, relative to 50 the prior cycle. Key Results could be (a) to develop an internet-based advertising strategy for admissions, (b) to host three admissions events for potentially interested applicants, and (c) to conduct a focus group with recent applicants to identify factors that led them to apply. Using a “cascade” approach, each
of the three Key Results (e.g., developing an advertising strategy) could also be redefined for subordinates as their Objective, empowering them to develop and own Key Results to make it happen.

**Limitations and future directions**

In addition to the strengths identified, *Measure What Matters* had identified limitations and sets the stage for several future directions. One of the limitations of Doerr’s book was that it mainly focused on for-profit corporations, large-budget organizations, and upper-level management. This is a criticism of most management texts, and mid-level leaders are capable of applying these concepts, even on a smaller scale. Moreover, in influencing upper-level administrators to change policies, it can be useful to point to examples from some of the world’s most successful corporations. A second limitation of the book was that it is geared toward organizations that have relatively stable goals over the coming months and years. In highly dynamic organizations, quarterly OKRs could become outdated when new opportunities arise suddenly. However, there are no set-in-stone rules for OKRs, and the entire process can be adapted to meet the needs of varying organizations. Savvy architects of OKR systems could develop mechanisms for changing OKRs mid-stream or simply tolerate longitudinal variation in their utility. A final limitation of the book was that it could have offered more technical guidance in how to implement OKRs. The website for the book (whatmatters.com) includes plenty of additional resources, including examples, access to a listserv, and recommendations for four OKR software systems: BetterWorks, Asana, Gtmhub, and Lattice. My colleagues have additionally reported success with Salesforce, Basecamp, and SuccessFactors. Finding the right software could be time-consuming, and most of the software has a per-person monthly fee.

In sum, Doerr’s *Measure What Matters* provides a cohesive goal-setting framework that may be useful to individuals in the field of psychosocial oncology interested in programmatic growth. With several caveats noted, the book would provide a useful starting point for those interested in developing skills in the strategic management of people in organizations.

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