



## PODIUM: DOCTORS SPEAK OUT LA PAROLE AUX MÉDECINS

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### A renaissance of sorts

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I recently had the pleasure of attending the international conference on 'Knowledge, Culture, and Change in Organizations' in Prato, just outside Florence, Italy. The agenda was interesting given the ongoing changes in our provincial rural health services, the Northern Health Authority, and the local hospital and clinic, all of which I am obliged to deal with. The changing face of medicine, the growing flood of information coming at us as physicians, and the inevitable change by all to an electronic medical record system left me wondering whether I was really still in the Dark Ages and whether a renaissance in terms of my thinking was required. Florence, a leader in thinking during the Renaissance period, was a good place to ponder this over a fine glass of Chianti wine.

Two speakers, Dr. Michael Leiter (Centre for Organizational Research and Development, Acadia University, Canada) and Mr. David Snowden (Director, Cynefin Centre for Organizational Complexity, UK), presented issues that strongly aligned with sentiments I hear frequently among my rural colleagues.

#### **ORGANIZATIONAL CHANGES**

First, changes in an organization may initially lead to the improved outlook of those working in that setting; however, as the amount of change continually increases there is a measurable decline in the outlook (morale). In other words, it appears that incessant change leads to a kind of burn-out phenomenon as people continually attempt to adapt.

Although change is inevitable, we do have some ability to control its rate. To this end, I have strongly argued that unnecessary system change should be avoided whenever possible to help stabilize the provision of rural health care. People hesitate to commit to a moving target and they burn out trying to keep up with it. Job satisfaction, retention, and recruitment all decline.

#### **INFORMATION OVERLOAD**

The second issue, discussed by Snowden, was also relevant in terms of the avalanche of information coming at physicians, covering treatment guidelines, medication updates, driver's test guidelines, cancer treatment recommendations, and other information that we are expected to have at our fingertips throughout the day as we see patients. Snowden asserts (as a result of observational research) that as you continue to give more and more information to people regarding their situation or work, their ability to respond successfully to new problems declines.

He also observes that people are unlikely to follow guidelines thrust upon them because, for the individual, "avoiding failure is more important than following patterns of best practice." In other words, if you have an existing system for solving problems with which you are comfortable, why make the additional effort (in our already overloaded life) of learning a new system and risking using information that 1) you have no previous outcomes by which to judge it and 2) in the medical world may have changed again by the time next year's guidelines come out?

One of the medical guideline authors with whom I spoke at the conference was dismayed to learn that some physicians subjected to information overload do not even open such large envelopes but simply trash them: "Don't they realize that some of these guidelines take up to two years of work to prepare?" Such authors do not understand at all the pressures that cause physicians to behave this way. A colleague of mine wisely observed that "we need to change the way we change."

#### ACCESSIBILITY OF KNOWLEDGE

I suggest that we need to develop a single, unified system so that with one click of the mouse the physician can enter the guideline, recommendation, or information source needed and that with a second click, the specific area of interest is displayed. If the system involves much more, it is likely that Snowden's observation will take over and physicians will stick to the familiar and disregard the new information.

As I sit among the ageless beauty of the architecture and art of Florence that arose from an enlightened era, I wonder whether a similar renaissance of knowledge management will occur in the medical profession to improve our quality of life and our patients' care.

**Competing interests:** None declared.

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