

*The Knowing-Doing Gap: How Smart Companies Turn Knowledge in to Action* by Jeffrey Pfeffer and Robert Sutton is a fascinating read. The central premise is that most managers know what to do to maximize the success of their organizations, but are not doing it. They say that many organizations, including hospitals and physician practices, have sought the advice of consultants again and again but are not implementing the advice they are given. Managers know that providing feedback and including their employees in decision making for the organization are essential, but they are not doing it.

Hospitals and hospital workers are considered knowledge workers. They are in the business of collecting information and then using this information. The authors say that knowledge has become a commodity that is collected but not utilized. As you sit in a physician's office for an appointment, the focus has shifted from the patient to filling in all of the boxes on the electronic form. At a recent appointment, I witnessed a physician interrupting a patient because he needed to fill in a particular answer on the medical record before he forgot. All of the information has been collected, but how is it utilized? How much mental energy was spent on filling in the boxes instead of carefully listening to the patient and evaluating non-verbal clues?

Pfeffer and Sutton say that 70% of knowledge transfer is informal and that frequently the people transferring the knowledge are not the ones actually doing the job. The people who designed the EMRs and who require completion of the forms are not the people who sit in the patient rooms caring for patients. How do we know this? The focus is not on the customer. The patient is the customer for both the hospital and the physician, and they have been relegated to the role of supplying data to "fill in the blanks." Is this a new problem? No. Pfeffer and Sutton state that most problems in organizations are well known, and if they are not, multiple consultants have been available to provide input. It is the approach to solving the problem that is the issue. Instead of going to patient rooms and observing the disconnect and poor patient service, meetings are held, PowerPoints are prepared, and endless discussions ensue.

Why don't organizations change? Why do they keep repeating the same mistakes? Pfeffer and Sutton say that past actions and behaviors set such a strong precedent that few managers are willing to question them or attempt change. New hires are assimilated into the organization with the explanation that this is the way we have always done it. People have implicit theories about why things are the way they are, and they may not even be consciously aware of these theories. This makes it impossible to change them. In addition, suggesting an improvement implies that there is something wrong. Fear makes most people unwilling to take a chance to suggest a better way. This causes everyone to focus on the short-term instead of the long-term.

So, what are we to do? Pfeffer and Sutton say that you need to know why you are doing something before you determine how. Those designing the system should be in the patient room, teaching the new hires how to use the medical record system with actual patients sitting there. Since action counts for more than words, disband the committees, and have everyone involved in the decision-making process witness how it affects the customers. Allow mistakes to happen so we can learn from them and allow employees to suggest improvements without fear. Measure the metrics and collect the data that actually matters. Finally, look at the leaders in your organization and see where they spend their time and how they allocate their resources.

Pfeffer, J., & Sutton, R. (2000). *The Knowing-Doing Gap: How Smart Companies Turn Knowledge into Action*. Boston: Harvard Business School Press.

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