

The granddaddy question here is what impact will systems thinking within IT have on the larger system...the Ford enterprise? There's good news and bad. You can impact the larger system from anywhere within the system (good), but (here comes the difficult) you generally solve problems by working on the larger system of which the problem is a part. The author's CIO (Marv Adams) is a significant executive champion, and the ST group is very fortunate to have him. Some execs are content to "live with" or even "support" ST projects, but freeze the group out when results have broader system-wide implications. That won't happen here.

The possibility of embedding the practice of ST in large organizations is tough and speculative. Despite Jeremy's "soft" language, it's about SCALE. Who really knows anything about this territory? Ninety-nine percent of us are stumped. The author lays out a terrific set of theories and questions. Jeremy and his crew have gone beyond the insights of the group before them, and are now confronting the next stage of development. This Ford IT team seems very determined to give their company and its people a fighting chance to survive in this highly interdependent global economy. Encouragement from all of us is warranted. The systems age is here. Those who hold onto the piecemeal view will drag the enterprise down. Let's not let it happen.

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THE FOUR TRUTHS OF CLARITY

JERRY SELIGMAN'S STORY OF HOW PEOPLE AT FORD embraced systems thinking (*Reflections* 6.4/5) reminds me of the very old observation that understanding the complexity of our organizations, what they want to achieve, and how to go about achieving what they want isn't hard because people don't have the tools; it is hard because people haven't been shown how to use them. What I refer to as 'the Four Truths of Clarity' show that we do have the tools, and that to use them we simply need to overcome the barriers to using them.

1. *Not understanding the system clearly, as it really is, both in what it wants to achieve and in how it works, leads to very ineffective and inefficient systems.* We experience this state of confusion when we lack clarity: on a *personal* level whenever we make an obvious mistake and say to ourselves, "I knew better than that"; on a *group* level whenever someone states after a group blunder, "I could have told you that, if you would have asked"; and on an *organizational* level whenever we see intelligent, passionate people with years of experience make seemingly stupid decisions.

2. *Not understanding the system clearly is caused by barriers to what we experience and by our ability to experience the system.* The first barrier is that we are not able to process the infinite number of details available to us at all moments. And, with the inputs we are able to process, we don't. The second

barrier exists because we are usually mindless in a distracted state, paying attention to our own thoughts and not to the system.

3. *By understanding what influences these barriers to systems experiencing, we can overcome these barriers.* The first barrier of cognitive ability can be overcome somewhat by recognizing its existence. Knowing that we are not capable of knowing everything puts us in the position of asking rather than assuming. The second barrier of mindful attention can be overcome by increasing our ability to be mindful to what we can process about the system.

4. *Since we experience systems through our body, heart, and head, overcoming the barriers requires that we build our capacity to experience systems through our body, heart, and head with greater clarity.* Very simple exercises have been found to be useful and motivating in being mindful to information we receive from our body, heart, and head. It has also been shown that it is quite possible to develop one's ability to act in a mindful, clear way continuously.

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SYSTEMIC FORCES IN HEALTH CARE

The power and decision making dynamics described in Manoj Pawar's article ("Committees and Boards in Health Care Organizations," *Reflections* 6.4/5) are very real and very deeply entrenched in many health care organizations, particularly those which deliver direct medical services. In my experience, they stem from two systemic forces which set the stage for conflict:

The historical authority of the physician:

Direct medical care is a hierarchical, power based on expertise system. Decision making and final authority rest with the physician.

The emergence of professional health care management:

As hospitals and health care have become more complex and institutionalized, a "professional management class" has arisen.

When these two forces come together, an almost inevitable power struggle ensues between administrators and physicians – doctors being sometimes resentful and dismissive of administrators who they regard as less knowledgeable people attempting to infringe on physician's power; managers viewing doctors as entrenched power brokers who block administrators' ability to operate effectively.

As the author points out, the traditional health care power and decision making model, while usually appropriate for medical emergencies, is not effective in complex management situations requiring thought, deliberation, effective conversations, and sharing of mental models. The crux of the difficulty for many health care professionals lies in their natural tendency to transfer the traditional decision making model to all situations, and their related lack of capability to engage in other conversational and decision making modes when working through complex systemic issues.

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