Physicians don’t really resist the implementation of new information technology (IT) systems, do they?

- In one hospital, the residents were so resistant to a specific new information system that they designed and wore buttons that boldly proclaimed their rejection of the system.
- In another organization, nurses were so frustrated that the new system “bypassed” them that they complained bitterly to the administration.
- In another hospital, the surgeons insisted that one module of the information system be disabled for fear that it would provide data for possible malpractice claims—despite their ready acknowledgment that the use of the information was improving patient care results.
- One clinician said, “Every time they make a change, it takes me 6 months to recover!”
- In a medical practice group, the physicians in one specialty refused to change to a new practice management system after hearing rumors that the new system might negatively affect their collections.

As information systems rapidly move further into the clinical areas, we are seeing constant examples of healthcare professionals resisting these systems and the resulting organizational changes.

**Resistance to Change**

Change is a fascinating phenomenon. People both change all the time and resist change all the time. People are constantly making voluntary changes, but these are changes that they perceive as not too threatening and that occur at a comfortable pace.

Physicians today are in the uncomfortable position of seeing rapid, major changes in the very paradigms under which they practice their medical skills. Many of these changes were relatively predictable, based on similar shifts that occurred earlier in other professions, e.g., engineering and archi-
tecture. However, this does not make these shifts any less painful for today’s physicians.

For example, the traditional medical paradigm has been based on the knowledgeable physician and the ignorant patient. Through the use of IT, many patients with serious diseases have now become virtual “idiot savants” concerning their particular conditions. Pick any serious disease, and there will be an Internet group focused on it. Because of the amount of misinformation also spread by these groups, many physicians are extremely concerned about this phenomenon—sometimes to the extent of advocating some form of censorship! It isn’t going to happen. Medicine must learn to deal with information and its transfer in new ways.

Physicians are also feeling a threat to their professionalism as they see a rapid decline in their traditional unsupervised independence. As more physicians become employees and as managed care becomes commonplace, physicians are realistically sensing a tightening of the reins upon them.

### Resistance to What Change?

These are important issues in analyzing the physician resistance to IT systems. When forces beyond their control besiege individuals, a common human reaction is to strike back whenever it is possible at a reasonable risk. While it may be difficult to strike back at today’s environment, the new information system may be an attractive target for venting physician frustrations. Therefore, it is important to distinguish among the following types of issues:

- **Resistance to the changers:** This is very common when a we/they relationship has developed between management and others in the organization.
- **Resistance to environmental changes:** An example would be changes in governmental regulations or reimbursement policies.
- **Resistance to organizational changes:** As organizations react to today’s marketplace demands, the physicians can feel significant frustrations.
- **Resistance to the specific IT implementation:** Either the new system or its implementation process may be relatively poor—an all too common occurrence in the healthcare area.

Why are these distinctions so important? Because the appropriate change management strategies may well be different, depending on the true source of the resistance. “Defending” the information system is typically useless if it is merely being attacked as a surrogate for other changes.