

We've all heard of the seven deadly sins and, if we pause for a moment of private reflection, can probably identify our own particular personal weaknesses. In this article, consultant, author and KM Review editorial board member Chris Collison shares his experience working with a number of private and public sector organisations and explores seven deadly syndromes which can impact the supply and demand for knowledge within organizations.

# AVOIDING THE TYPICAL BARRIERS TO EFFECTIVE KM

## Seven syndromes to look out for in your organization

by Chris Collison, Knowledgeable Ltd



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There are many pitfalls to avoid when trying to coerce people into sharing knowledge, promoting ideas, and getting experiences and reports down on paper. In this article, I'll look at the seven common syndromes that stand in the way of effective KM and many of them, if not all, will be recognizable in some way at your own organization. I'll also provide poignant questions to ask to help you avoid these problems.

### Barriers to knowledge sharing

Let's start by focusing on the syndromes that affect the supply of knowledge – what is it that holds us back when we might have a good practice or insight to share?

#### 1. Tall Poppy

The first common issue is “Tall Poppy” syndrome. It's said that the poppy which grows the tallest is the first specimen to be cut down. We see this dynamic at play in the British media, where a celebrity is put on a pedestal and then the same media that put them there take great delight in knocking them down.

So how does Tall Poppy syndrome manifest itself in the workplace? People hold back from sharing, typically saying to themselves, “If I say we

have a good practice to share, then I'll be rapidly told by my peers all the reasons why it isn't such a good idea after all, or why they had already thought of that. I don't want to endure the scrutiny of others – it's too much like hard work. And anyway, even if I do run the gauntlet of criticism and inspection of my peers, my reward will be that I have to entertain a whole series of visitors. No, I think it's safer and easier just to keep my head down.” Two questions you can ask to avoid tall poppy syndrome are:

- How can you make it safer for the potential poppies in your organization?
- Are there common processes which could be introduced to make sharing a more acceptable and regular activity?

#### 2. Shrinking Violet

The next deadly syndrome is “Shrinking Violet.” It's related to Tall Poppy syndrome, but plays on a different mindset. People suffering with Shrinking Violet might be heard to say, “Oh, we don't have anything special to share,” or, “We're different here,” or even, “Let's leave it to the real experts.”

Sometimes the real issue is that sufferers of Shrinking Violet don't actually know what good practice is – nobody has ever told them what it is and how their approach fits in, so how could they know any better?

Interestingly, it's often the business units who live with a sense of isolation that develop innovative practices that should be shared more

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## KEYPOINTS

- In organizations, there are often seven common barriers or syndromes that affect knowledge sharing and seeking.
- For knowledge sharing, the common syndromes are Tall Poppy syndrome, Shrinking Violet syndrome, On the Web syndrome and Communities of Practically Everything syndrome.
- For knowledge seeking or demanding, the common syndromes are Not Invented Here syndrome, Ignorance is Bliss syndrome and Real men don't ask for directions/TomTom syndrome.
- There are questions you can ask that will help detect and avoid these problems. Even in organizations that are getting a lot right, there will be areas to improve.

- Are your intranets libraries or meeting places?
- Is captured information an end in itself, or an advertisement for a conversation with the owner?

I worked with a government department recently where I was impressed to see how they ensured that the names of individuals were always highlighted and emphasized in the margins of all online documents.

“We want to encourage people to make contact with the author,” I was told. The thing which took me by surprise was that they also recorded the grade of each person. When I asked why, I was told that it was to prevent the embarrassing situation where someone might call someone of a higher grade, which undermines the very idea of what they're trying to do.

At its extreme, On the Web syndrome creates a situation where codification is the answer to every question. Everything is scripted or embedded in process models, so there's really very little left to share, which isn't a good thing. Two questions to help you avoid On the Web syndrome are:

- How can you bring your information to life, but linking the content with the author?
- What could you do to reclaim some of that missing 93 percent?

### 4. CoPs of practically everything

The final syndrome which impacts the supply of knowledge and outward flow of ideas is a sister syndrome to It's on the Web syndrome and is almost as dangerous when it takes hold. I'm calling it “Communities of Practically Everything” syndrome.

Communities have become the answer to every problem. People collect community membership with pride like boy-scout badges and spend their lives lurking in far too many of them. Communities are started at a whim, but never terminated. People aren't really sure how they came to be in a community, what it's “raison d'être” is, or even whether it's still relevant to the business. There's no charter, inconsistent training

widely. This isolation may be cultural – a new acquisition perhaps, or geographical – particularly business units in antisocial time zones. Two questions to ask to avoid Shrinking Violet syndrome are:

- What could you do to identify and tease-out the shrinking violets in your organizations?
- What cultural factors do you need to understand and be sensitive to?

### 3. It's on the web

Our third syndrome is a phrase that I hear increasingly in organizations that place great emphasis – too great perhaps – on knowledge capture. I've called it, It's “On the Web” syndrome.

In the 90s there was a TV advert by logistics and automotive spare parts manufacturer, Unipart, which ended with the strapline, “The answer is yes, now what's the question?” You may be able to think of people in your organization who have become so evangelical about capturing knowledge, that they think it's the only way to share, which leads to the answer for whatever the question being, “You'll find the answer – the complete answer – on the web.” For example:

- Need to talk with someone to try out a new idea? Check out our online ideas-factory teamspace.
- Want some guidance on building a team? You'll find all the answers on the team-awareness checklist on sharepoint.
- Need a mentor? Check out mentor-net for an interactive experience that you'll never forget...

Now don't get me wrong, I'm a big fan and user of technology, but there are times when we get the balance wrong, go codification crazy and end up losing the art of conversation.

In his book *Silent Messages*, Albert Mehrabian suggests that in any communication, roughly seven percent of the message is in the words, 38 percent is in the tone of the voice and the remaining 55 percent of the message is communicated in body language. If this suggestion bears out, then we lose 93 percent of the message – the context – when we reduce it from someone telling a story to a simple textual document.

Social technology – wikis, blogs, social networking tools, shared tags and aggregation tools, can be part of the solution to this, as they reinforce the link between an individual and the content; they're beginning to bring content to life. But I still think they deliver the greatest value when they end up initiating a conversation. So consider these points:

## “IT’S OFTEN THE BUSINESS UNITS WHO LIVE WITH A SENSE OF ISOLATION WHO DEVELOP INNOVATIVE PRACTICES WHICH SHOULD BE SHARED MORE WIDELY”

- and guidance for leaders and a lack of clarity as to what kind of community it is and how it creates value. Communities leave no footprints, discussion forums have no summarization, people ask the same questions, occasionally getting flamed by old timers who often deride a newcomer because they didn’t check the archives or previous discussion.

In summary, Communities of Practically Everything syndrome can result in a situation where the community garden, left untended for too long, has become overgrown and stopped enabling the flow of learning and knowledge and started becoming a liability. Two questions to help you avoid Communities of Practically everything Syndrome are:

- Who is responsible for the quality and quantity of communities in your organization?
- What is the state of your community garden – is it time to do some weeding and feeding?

To recap, we’ve now covered four syndromes that affect the supply of knowledge:

- *Tall Poppy*: where people are reluctant to share because they fear being “cut down to size” by their peers.
- *Shrinking Violet*: where people don’t believe that they have anything to share.
- *On The Web*: where people confuse capture with sharing – capture it once, then it’s shared forever.
- *Communities of Practically Everything*: where communities are incorrectly perceived as a panacea.

### Barriers to looking for knowledge

So what of the demand side of KM? What stops people from seeking out knowledge and stimulating the would-be sharers?

### 5. Not Invented Here

Let’s start with an old favourite – Not Invented Here (NIH) syndrome typically embodied by comments such as, “Ah, you don’t understand – we’re different here, we couldn’t possibly learn from you.” Or, “We have our own unique culture with unique problems,” or even, “Actually, I quite like coming up with unique answers!”

Fellow *KM Review* editorial board member Victor Newman has written some excellent articles

about NIH (search on [www.gurteen.com](http://www.gurteen.com) for these), where he talks about the difficulty of giving solutions to technical experts. To paraphrase Victor:

- Firstly, don’t think about presenting the idea using vocabulary which is alien to their own – it’s an immediate giveaway.
- Secondly, never present a 100 percent solution to a group of experts because they’ll want to feel like they have improved it themselves and owned it. Learn the art of pausing after 70 percent and then asking for their help.
- Finally, with some hardcore NIH sufferers, you might find that it’s not only the content that you share which causes defences to rise, but the facilitation method you use to introduce it. For example, “Hexagonal post-its? Oh, we don’t do those!”

### NIH at BP

The leader of one of British Petroleum’s (BP) business units introduced an informal recognition program to encourage its members to look beyond the boundaries of their own unit for good practices to adapt and adopt. Entitled Steal with Pride, the award took up a pirate theme and was manifested as a cuddly parrot.

If anyone could demonstrate that they had “stolen” an idea from another business unit, applied it and created value, they would be eligible for the cuddly parrot which would take pride of place on their desk for a month, before moving on to the next person. In moving on, the parrot would leave behind a deposit – a solid gold doubloon worth US \$250. For an annual investment of US \$3000, that business unit leader had sent a powerful message about the importance of learning and adapting, rather than inventing. Here are two questions to help you avoid Not Invented Here syndrome:

- Could your organization’s performance management or reward and recognition process be adapted to overcome NIH?
- Are there particular groups of people who are particularly vulnerable to NIH? How might you work with them?

### 6. Ignorance is Bliss

Next up is “Ignorance Is Bliss syndrome,” detected most often in poorly connected, rapidly growing/merging/acquiring multinationals.

Sometimes it’s a natural response to a dysfunctional or rapidly-changing organization. Other times, it’s an entrenched lack of curiosity. For example, “Good practice? Improve what we’re doing? We’ve always done it like this. I can’t

believe that there's really a better way. And who would we learn from anyway? We hardly know the people in our own organization, never mind the next one. We're doing just fine on our own. If people want us to change, they'll send us the new process." The two questions to help you avoid Ignorance is Bliss syndrome are:

- How can we make our organization more curious?
- What levers could we pull to increase the level of connectedness?

## 7. Tom Tom

So that leaves us with one final syndrome. I've called this "Real men don't ask directions." But that's the long name – it's more commonly known as "TomTom" syndrome and I'm afraid it affects us men the most – preventing us from asking for help. TomTom syndrome can be diagnosed with comments like this:

- "If I ask for help, my colleagues will think I'm incompetent!"
- "I didn't get where I am today by admitting weaknesses."
- "In this organization, the successful ones are the ones who have been self-sufficient."
- "...But, I'll be happy to share my problem once I've solved it."

### Avoiding TomTom syndrome at BP

As part of their Operations Excellence program, BP encouraged its operations managers to ask for help through a consistent approach known as "Offers and Requests." Having completed a self-assessment, each business unit was asked for their three offers (operational practices that they had scored highly on and could share) and three requests (practices which they wanted to improve). Because all of their peers were also sharing their offers and requests, the stigma of asking for help in the relatively macho world of operations was removed. Two questions to ask to help you avoid TomTom syndrome are:

- Which business units, groups or functions suffer most with TomTom Syndrome?
- How could you make it easier to ask for help in your organization?

### Dealing with the seven syndromes

You've just read a selection of syndromes, each of which is a caricature – no doubt you can think of others which impact your own organization. So what should our response be as knowledge professionals?

As with any syndrome, the first step is to acknowledge it. You might use some of the


### The seven deadly syndromes that hinder effective KM

The following four syndromes are barriers to knowledge sharing:

1. *Tall Poppy syndrome*: Where people are reluctant to share because they fear being "cut down to size" by their peers.
2. *Shrinking Violet syndrome*: Where people don't believe that they have anything to share.
3. *On the Web syndrome*: Where people confuse capture with sharing – capture it once, then it's shared forever.
4. *Communities of Practically Everything syndrome*: Where communities are incorrectly perceived as a panacea.

The following three syndromes are typical of people not seeking or demanding new knowledge:

5. *Not Invented Here syndrome*: Where people believe their culture and company is unique, with unique problems and solutions suggested by external sources will not work.
6. *Ignorance is Bliss syndrome*: Where lack of curiosity, or inflated self-confidence reduces the demand for learning.
7. *Real men don't ask for directions/TomTom syndrome*: Where asking for help is perceived as a sign of weakness.

questions included in this article. Why not start the conversation with members of your leadership team and see what syndromes they can identify, then plan your response together? 

*NB: If you've identified additional syndromes which you're willing to share, please let us know at KM Review, or contact Chris Collison directly (details below).*

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