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## **Avoiding corporate amnesia in health systems – the need for organizational memory**

### **Authors**

#### **Muslim Abbas Syed (Corresponding author)**

Primary Health Care Corporation, Doha, Qatar  
musyed@phcc.gov.qa

#### **Mohamed Ahmed Syed**

Primary Health Care Corporation, Doha, Qatar

#### **Andrew C K Lee**

University of Sheffield, Sheffield, UK

### **Abstract**

Balancing finite resources with rising demand remains a universal challenge for healthcare systems. Organizational decision making is increasingly shaped by cost-efficiency, yet efficiency is often mistakenly equated with effectiveness. Systems may reduce costs and waiting times but still fail to improve individual health outcomes, risking population health in pursuit of financial balance. In England, efforts to curb the ballooning health budget include the dissolution of NHS England and its merger with the Department of Health and Social Care. These reforms, while aimed at streamlining services, risk eroding organizational memory—knowledge embedded in people, processes, and practices. Organizational memory guides current decisions, prevents repetition of failed measures, and supports innovation. Its loss, especially through staff attrition and restructuring, may paradoxically undermine the very improvements these reforms seek to achieve. Singapore’s healthcare system offers a counterfactual example, demonstrating how effective use of organizational memory—through electronic health records, regionalized clusters, and preventive care initiatives—can lead to adaptive, efficient, and high-quality care. Gulf Cooperation Council countries, including Qatar, are adopting similar strategies, using rich patient data to inform research and policy. Organizational memory is not an afterthought but a foundational asset. As healthcare systems evolve under financial, technological, and patient-centered pressures, preserving and leveraging organizational memory is essential. Reforms must be designed not only to improve efficiency but also to sustain effectiveness and ensure long-term improvements in patient outcomes.

Healthcare systems around the world all share the common challenge of having to balance finite resources and the need to continuously deliver services often against rising demand[1]. Organizational decision making in these systems consequently are dictated by resource envelopes and a drive for cost-efficiency. However, the desire for efficiency is easily and erroneously conflated with effectiveness, but they are not the same. Healthcare organizations may strive to reduce costs and waiting lists for services, for example, and be highly efficient in that regard, but still fail to improve health outcomes for individual patients. The risk is that financial balance may be achieved but at the expense of population health. Health leaders therefore need to be clear-sighted as to their goals in this regard – as the former US President Joe Biden is oft quoted as having said, “Do not tell me what you value. Show me your budget and I will tell you what you value.”[2]

Currently in England, efforts are being made to try and curb the ballooning health budget. One of the measures being pushed through is the dissolution of NHS England, a government arm’s length body responsible for the commissioning of health services nationally, and its merger with the Department of Health and Social Care. In the process, large numbers of health management staff will be made redundant or redeployed[3]. There is a popular myth that the English health service is over-managed and that there are too many managers. However, the reality is administrative spending in the UK health system is already lower than average for comparable countries.[4]

One unintended consequence of these reforms in England is the loss of organizational memory leading to ‘corporate amnesia.’ The people, processes and the practices within healthcare systems hold invaluable information and lessons preserved as organizational memory (OM) [5, 6]. This collective knowledge and experience guides current practices and decision making[7, 8]. It can be drawn upon to inform the design of services, helping to minimize wastage of resources from repeating failed measures of the past and reinventing the wheel. The value of organizational memory was highlighted in a recent independent investigation of NHS England[9] by Lord Ara Darzi which emphasized the need for safety investigations, upscaling and improving reporting systems and promoting a culture of learning from both successes and failures as well as missed opportunities.

However, there are challenges to preserve and utilize this memory effectively due to the complexities of the various healthcare systems, resource constraints, shift towards patient centered care with increased patient demands and expectations and the rapid technological advances (artificial intelligence) in healthcare delivery mechanisms in recent times. High staff turnover and attrition of key staff, particularly among experienced health managers, can disrupt the flow of knowledge leading to loss of valuable information and experience. Consequently, the efforts to transform the health system in England leads to a loss of organizational memory that may paradoxically hamper the very efforts to improve the health system.

The counterfactual case study is Singapore's healthcare system that has effectively utilized organizational memory to deliver highly efficient and cost-effective healthcare services[10]. Some examples of the strategies to strengthen organizational memory within the healthcare system include maintaining and managing data through a national electronic health record systems and regionalized healthcare and preventive care initiatives like Healthier SG[10]. The effective utilization of organizational memory has enabled the Singapore healthcare system to adapt, innovate, and deliver the highest standards of care and achieving desired health outcomes in the communities. Other health systems are seeking to emulate this. Qatar, for example, is leveraging its electronic medical records database and patient profiling in research and to inform policy making [11, 12].

Healthcare systems with strong organizational memory demonstrate better organizational competence. Organizational memory is not just an afterthought but a fundamental to not repeating past mistakes but instead building on this organizational experience. Health system reforms may be necessary due to financial and other demand pressures, but we must not lose sight of the need for the system to remain effective for better patient health outcomes, and the crucial need to retain the organizational memory that would enable the system to operate optimally.

#### **Ethics approval and consent to participate**

Not applicable.

#### **Consent for publication**

Not applicable.

### **Availability of data and materials**

Not applicable.

### **Authors contributions**

Dr Muslim Abbas Syed contributed to drafting of manuscript, literature review & conception of idea.

Dr Andrew Lee contributed to review and drafting of manuscript.

Dr Mohamed Ahmed Syed contributed to review of manuscript.

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### **Declaration of competing interest**

We hereby confirm that we have no competing interests.

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