Social movements: theory and practice

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Objectives

After this workshop, you will be able to:

• Understand the evidence and case for a new, additional, change paradigm for thinking about health and service improvement

• Apply five key principles for achieving radical change in order to:
  – generate change and improvement by connecting with hearts and minds
  – unleash energy to mobilise large-scale change in a health care setting
  – build a sense of shared commitment to sustain improvement
What makes you angry and impatient for change in your workplace?
When have you felt most energised and passionate about the work you have been involved in?
What lights the ‘fire in your belly’ and makes you determined to improve things?
Data on transformation efforts

- Only one in three transformation efforts hit the ball out of the park
- Only one in twenty clear the car park as well

Source: McKinsey Performance Transformation Survey, 3000 respondents to 2008 global, multi-industry survey of company executives
Risk assessment: why do transformation efforts fail?

• They get designed using the same mindset, belief and rules as have been used before
  • they get designed as top down, often structural, solutions rather than transformation of complex adaptive systems
  • lack of a holistic model or perspective which links components together

• A “voltage drop” occurs between transformational aspirations and the reality of implementation:
  • organisations are neither capable of, nor ready for, the breadth and depth of change
  • operational and financial reality gets in the way of re-inventing the system
Risk assessment: why do transformation efforts fail?

- They fail to mobilise clinical and managerial leaders
  - Lack of emotional engagement and alignment of incentives with core values

- Scale and pace:
  - It typically takes far longer than the planning horizons of leaders
  - Diffusion approach does not go to plan - we are able to generate change ("pilots"), but unable to generalise it

In around 80% of cases, failure can be traced back to the early stages: transformation programmes are most likely to go wrong as a result of the way they are initially conceptualised and planned.
Metaphors for transformational change

The ‘social mobilisation’ metaphor of improvement

Energy focus
Imagination, engagement, participation, moving and mobilising

The ‘clinical system’ metaphor of improvement

Effectiveness and efficiency focus
Metrics and measurement; clinical systems improvement, pathway redesign, evidence based medicine

NHS Institute for Innovation and Improvement 2007
Definition

A social movement is a voluntary collective of individuals committed to promoting or resisting change through co-ordinated activity, to produce a lasting and self generating effect, and creating, as they do, a sense of shared identity.
“Often change need not be cajoled or coerced. Instead it can be unleashed.”

Examples of Social Movements

- Peace movement
- Religious movements
- Civil rights and pro-democracy movements
- Labour movement
- Women’s movement
- Gay and Lesbian rights movement
- Environmental movements
- Fascist movements
“Each of us individually does not count much. But together we are the strength of millions who constitute Solidarity”

Lech Walensa
How did these things happen?

What enabled these people to do the remarkable things they did?

What can we learn from ‘social movement thinking’ to help us deliver better care for our members?
Features of a Movement

- Energy
- Mass
- Pace and momentum
- Passion
- Commitment
- Spread
- Sustainability

Source: Bate, Bevan, Roberts, Towards a Million Change Agents, 2003
Imagine if...

...we could bring these features to bear in the way we go about delivering health and healthcare
Different thinking for different results

We have been working with teams from across the NHS in England to distil the incredible knowledge available and translate the powerful concepts and ideas from social movement thinking into…

5 principles for radical change with practical strategies and ‘how to’ tactics for use across the country
Frame to connect with hearts and minds
Energise and mobilise for action
Organise to drive change forward
Make change a personal mission
Hold the gains and sustain momentum
There is a huge body of research and evidence about social movement thinking

Collective behaviour and social movement research (CBSM) – 1940s to early 1960s (Smelser, Turner & Killian)

Emotions and nonrational behaviour are the central issue in movement formation – ‘the imagery of the emotional crowd’

Resource mobilisation and political process theories (RM) – 1970s, 1980s (McCarthy, Zald, Gamson, Tilly)

Rejection of the emotional bias and a new focus on ‘mobilising structures,’ and rational, calculative, opportunistic political action

New Social Movements research (NSM) – 1990s (Snow, McAdam)

A new focus on cultural issues and framing processes
Positioning

- Change starts at the top
- It takes a crisis to provoke change
- Only a strong leader can change a large institution
- To lead change you need a clear agenda
- Most people are against change
- Change is a disciplined process

- Change builds from bottom up action
- Change can be driven by passion to improve
- Change comes from a collective
- You need a clear cause but can be uncertain about how to achieve it
- People have an inner desire to make things better
- Change is opportunistic and spontaneous
Key issue

Is this about:

• Building a movement for health and healthcare improvement

OR

• Using social movement ideas in our wider improvement work?
Task

Identify a cause that you might work on that would help you to achieve your ambitions for your members, service users and/or colleagues
How do we frame our cause?

**Commitment-based movements**

- hope/belief in a better or more joyful future
- Feelings of: caring and commitment, optimism and hope, joy, humility, awe and wonder

**Grievance/protest-based movements**

- Feelings of: injustice, outrage, hate, anger, blame, hostility, shame, guilt
- Tempered by anxiety, fear, and feelings of powerlessness, futility, and isolation
Task

Identify a cause that you might work on that would help you to achieve your ambitions for your members, service users and/or colleagues
### Views of change

<table>
<thead>
<tr>
<th>&quot;Planned&quot; or &quot;Programme&quot; view of change</th>
<th>vs.</th>
<th>&quot;Movement&quot; view of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A planned programme of change with goals and milestones (centrally led)</td>
<td>Change is about releasing energy and is largely self-directing (top-led, bottom up)</td>
<td></td>
</tr>
<tr>
<td>‘Motivating’ people</td>
<td>‘Moving’ people</td>
<td></td>
</tr>
<tr>
<td>Change is driven by an appeal to the ‘what’s in it for me’</td>
<td>Focus on what is the right thing to do, even if there are personal implications for me</td>
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<tr>
<td>Talks about ‘overcoming resistance’</td>
<td>Insists change needs opposition - it is the friend not enemy of change</td>
<td></td>
</tr>
<tr>
<td>Change is done ‘to’ people or ‘with’ them - leaders and followers</td>
<td>People change themselves and each other - peer to peer</td>
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</tbody>
</table>
3 steps in building a movement

- Framing
- Mobilising
- Sustaining

Source: Bate, Robert, Bevan 2004
Frames:
• are like picture frames, what is in it you see, what is outside you do not
• provide shape and structure for organising ideas and arguments
• are ‘hooks’ for pulling people in
• are ‘springboards’ for mobilising support

Frames need to be authentic and connect with an individual’s reality
Role of Framing is to:

• Draw people’s attention to the movement
• Articulate the cause and movement’s aims and solutions in compelling ways
• Give the cause legitimacy and worth
• Recruit people
• Tap into potential energy
• Generate consensus
• Influence and mobilise people into taking action
• Pre-empt or defeat antagonist’s arguments and strategies
Storytelling is one of the best methods for framing

“In a field of practice criticised for the many ways it can de-humanise and detach, storytelling in healthcare helps to personalise and connect.”
(Rita Charon)
Nine Cs Stakeholder Analysis

This is a way of thinking and defining stakeholders. There are 9 categories that should encompass all stakeholders that may need to be considered:

- **Commissioners**
  Those who commission the plan

- **Contributors**
  Those from whom we acquire knowledge to take the plan forward

- **Champions**
  Those who believe in and actively promote the plan

- **Channels**
  Those who provide us with a route to successful implementation

- **Commentators**
  Those whose opinions are heard by the people we want to influence

- **Collaborators**
  Those with whom we will need to work to develop and deliver the plan

- **Competitors**
  Those working in the same area who offer similar or alternative services

- **Consumers**
  Those who are served by the NHS

- **Customers**
  Those who will use outputs of the plan

- **Some stakeholders may be more included in more than one ‘C’
- Once the stakeholders have been understood, it is essential to consider their needs (in relation to information, communication etc) throughout the whole process of implementation
- Think about what you need from each stakeholder, what they need from you…
- Prioritise the stakeholders
Task

Talk to those around you:

Use the nine C’s to identify some of the main stakeholders of your cause

How might you frame your cause to win hearts and minds?

How might different stakeholders need different framing?
Key approaches to mobilisation

• Unleash and harness energy:
  – understand and identify where energy currently lies
  – draw on discretionary effort
  – tap into energy from colleagues and members

• Build commitment and connection:
  – develop mobilising narratives
  – use authentic voices
  – hot-housing

• Build mass:
  – recruitment
  – campaigns
Where do movements get their energy?

Rational
– extent to which the cause provides a ‘good reason’/compelling case

Emotional
– extent to which the movement taps into individual and collective feelings and sentiments

Social
– strength of social ties and commitments
– Behavioural
– degree of active participation and association

Organisational
– extent to which the structure and organisation fits with beliefs and values
The appeal to reason and passion

‘See-feel change’ is more powerful than ‘analysis-think change’:

“People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings.”

John P Kotter (2002), The Heart of Change
“Much of the work that organisers and leaders do to animate movements involves emotion work. Organisers reinforce group loyalties, inspire pride and calm fears.”

(Goodwin et al, 2004)
“Leaders are critical to social movements: they inspire commitment, mobilise resources, create and recognise opportunities, devise strategies, frame demands, and influence outcomes.”

(Morris and Staggenborg, 2004)
“We will not teach future professionals emotional distancing as a strategy for personal survival. We will teach them instead to stay close to the emotions that can generate energy for change, which might help everyone survive.”
Task

Is there the opportunity to build emotional connection more strongly to your cause?
Discretionary effort

- what we willingly do because we want to
- extent to which we are interested and involved in assisting the organisation in the accomplishment of corporate goals

work is contractual
effort is personal
There are four sources of organisational energy

**Connection:** how far people see and feel a link between what matters to them and what matters to the organisation

**Content:** how far the actual tasks people do are enjoyable in themselves and challenge them

**Context:** how far the way the organisation operates and the physical environment in which people work make them feel supported

**Climate:** how far ‘the way we do things round here’ encourages people to give of their best
Leadership tactics

- Use where the energy is to mobilise for change
- Frame things in ways that tap into what we know people are passionate about
- Don’t frame change propositions in ways that will dissipate energy
Issues for more detailed understanding

Ways of working – What key process and procedure changes would give the greatest return for staff on their effort and energy a benefit to patients?

Living our values – What is it about our culture that makes staff feel that we could live our values more?

Our respect – What would people need to see, hear and feel for them to perceive that colleagues respected each other more?

Leadership – What is it about the climate of the organisation that frustrates people? What could we do differently in order to shift this?

Performance – What is it that make people feel that we don’t work in a way which maximises performance?
Task

How will we mobilise and energise for our cause?
## A movement view of governance?

<table>
<thead>
<tr>
<th>Traditional view</th>
<th>Movement view</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Executive Sponsor</td>
<td>- Activist</td>
</tr>
<tr>
<td>- Project Board, project teams</td>
<td>- Core team, voluntary, connectors</td>
</tr>
<tr>
<td>- Defined deliverables and processes</td>
<td>- Big aim, open approach</td>
</tr>
<tr>
<td>- Project plan, targets, measurable timescales</td>
<td>- Simples rules, opportunistic, go with energy</td>
</tr>
<tr>
<td>- Board reports, minutes, reporting structure, monitoring</td>
<td>- Empowered</td>
</tr>
<tr>
<td>- Seeking approval</td>
<td>- Sapiential (based on wisdom)</td>
</tr>
<tr>
<td>- Hierarchical</td>
<td>- Celebrations</td>
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</table>
### Applied to the role of the Quality Board

<table>
<thead>
<tr>
<th><strong>Traditional view</strong></th>
<th><strong>Movement view</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• agreeing aims for quality</td>
<td>• a powerhouse for change</td>
</tr>
<tr>
<td>• supporting the delivery of the quality agenda</td>
<td>• a source of energy</td>
</tr>
<tr>
<td>• creating a common agenda with key stakeholders</td>
<td>• owned by the entire workforce</td>
</tr>
<tr>
<td>• aligning initiatives</td>
<td>• the quality improvement movement</td>
</tr>
<tr>
<td>• defining quality metrics</td>
<td>• focused on radical change, not just incremental improvement</td>
</tr>
<tr>
<td>• reporting on the state of quality in England</td>
<td>• celebrating outstanding achievements</td>
</tr>
<tr>
<td></td>
<td>• creating collective goodwill</td>
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Task

How will we organise for impact?
Keep forward momentum

• Real test is whether it can survive in an unreceptive context

• Momentum creates sustainability

• Create momentum by mitigating against common failure modes:
Mitigate against common failure modes

**Failure Mode**
- Loss of resonance
- Lack of time
- Membership trickles away
- Loss of key individual
- Self-destructive group behaviour

**Mitigation**
- Continually re-frame
- Create slack and “safe havens”
- Build social capital
- Build distributed leadership
- Manage politics
Mitigate against common failure modes

Failure Mode

• Stand-off between movement and wider organisation

• Old ways of thinking reassert themselves

• Not being able to see possibility of success

Mitigation

• Work with the system when you can

• Maintain shift in consciousness

• Celebrate small wins, build resilience
Task

What do we need to do to sustain the changes?

How do we build a “receptive context”? 
‘If you want to see change, then be the change you want to see.’

(Gandhi)

‘I do not think you can really deal with change without a person asking real questions about who they are and how they belong in the world.’

(David Whyte, The Heart Aroused, 1994)
What happens to heretics and radicals in organisations?

Definition:
people who question the direction and challenge the status quo
Valuing radicals

• “and yet corporate heretics may be the closest thing we have to genuine heroes, the unsung conscience of our civilisation” (Kleiner: xi)
• “New truths begin as heresies” (Thomas Huxley, defending Darwin’s theory of natural selection)
• big things only happen in organisations because of heretics and radicals
What are the risks for an organisational radical?

Our experiences of “being different” can be fundamentally disempowering. This can lead us to:

• conform because we see no other choice
  – we surrender a part of ourselves, and silence our commitment, in order to survive
“The moment we begin to fear the opinions of others and hesitate to tell the truth that is in us, and from motives of policy are silent when we should speak, the divine floods of light and life no longer flow into our souls.”

(Elizabeth Candy Stanton, 1980)
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• leave the organisation
  – we cannot find a way to be true to our values and commitments and still survive
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• leave the organisation
  – we cannot find a way to be true to our values and commitments and still survive

• stridently challenge the status quo in a manner which is increasingly radical and self-defeating
  – this just confirms what we already know – that we don’t belong
What do we know about successful organisational radicals?

• they feel somehow “different” from the traditional majority in their organisation
• they know who they are and what is important to their sense of self
  – profound sense of purpose
• they are able to rock the boat, but able to stay in it at the same time
  – they walk the fine line between difference and fit, balancing conformity and rebellion; ‘insider-outsiders’
  – they work within systems not against them
• often not the CEOs, Presidents or senior clinical leaders in organisations
  – yet they frequently have as critical a role in organisational change as that of the people with the formal authority
• “everyday” leaders, are often unrecognised
  – but essential agents of organisational learning and change
What do we know about successful organisational radicals?

- convictions and values - driven
- strong sense of self-efficacy
  - belief that I am personally able to create change
  - belief in others
- Action orientated
  - ignite collective action
  - mobilising others, inspiring change
- able to join forces with others
  - work as a collective body for commonly valued changes
- able to achieve small wins which precipitate a sense of hope, self-efficacy and confidence
- optimistic in the face of challenge
  - see opportunities
  - take account of obstacles
Question

Where do we send radicals and heretics in our organisations?
Activity

Talk to other people at your table about your experiences of being an “organisational radical”

• What happened to you?
• How did you cope?
• What advice would you give to others?
To make change stick, we need to take action in all four boxes

1. Understanding and conviction
   ‘...I know what is expected of me, I agree with it enough to at least try it, and it is meaningful to me’

2. Reinforcement mechanisms
   ‘...The structures, processes and systems reinforce the change in behaviour I am being asked to make’

3. Skills required for change
   ‘...I have the skills, capabilities and opportunities to behave in the new way’

4. Role modelling
   ‘...I see leaders and those I respect behaving in ways that model the new ways of working I am being asked to adopt’

Task

Use “The Influence Model” to build a strategy for your cause, taking account of all the suggestions you have come up with so far in the workshop.
Recruitment criteria

I am not satisfied with the current pace, scale and impact of change
I want to embrace the most effective thinking and practice in breakthrough change
I accept that a lot of mainstream thinking has been ineffectual or incomplete
I take personal responsibility for improvement
I have a stomach for truth and straight talking
I am up for change myself
I am prepared to put the effort into change, even if it is at personal cost
I am optimistic and courageous - I want to make a difference and believe I can
We have a choice

“This is the true joy of life, the being used up for a purpose recognised by yourself as a mighty one, being a force of nature instead of a feverish, selfish little clot of ailments and grievances, complaining that the world will not devote itself to making you happy”

George Bernard Shaw
## Performance incentives: what works?

<table>
<thead>
<tr>
<th>Less effective</th>
<th>More effective</th>
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<tbody>
<tr>
<td>simplistic solutions</td>
<td>an environment that encourages openness, trust and challenge</td>
</tr>
<tr>
<td>internal competition</td>
<td>broad, stretching aspirations that are meaningful to staff</td>
</tr>
<tr>
<td>process driven efficiency</td>
<td>clear roles and accountabilities</td>
</tr>
<tr>
<td>standardisation and consistency</td>
<td>combination of complementary practices</td>
</tr>
<tr>
<td>sticks and carrots of incentives</td>
<td>starting from the organisational legacy and what people are used to</td>
</tr>
<tr>
<td>Key Performance Indicators and other control mechanisms</td>
<td></td>
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<tr>
<td>applied in isolation</td>
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<tr>
<td>dominant and / or detailed top-down leadership</td>
<td></td>
</tr>
<tr>
<td>detailed strategies and plans</td>
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</tbody>
</table>

Source: Leslie, Loch, Schaninger (2006) Managing your organisation by the evidence
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