

How can the individual and collective wisdom that already exists within organizations and communities be discovered, celebrated, and harnessed for the greater public good? *Inviting Everyone* tells how people using the social change process Positive Deviance significantly reduced health care-associated infections in the US and overseas. Patient safety, quality of care, and work place relationships also improved. When all people are invited to participate and contribute, productive collaboration and healthy networks expand, and extraordinary things are possible.

“The Positive Deviance movement is changing the landscape of how we achieve transformation and change in systems. This book is a big step forward in defining this new landscape.”

Peter Block,
Author, *Community: The Structure of Belonging*

“This book gives a voice to the many health workers whose voices are rarely heard and whose ingenuity is often ignored.”

Monique Sternin,
Director, Positive Deviance Initiative, Tufts University

“*Inviting Everyone* is about healing health care and creating more resilient organizations. It chronicles the astonishing achievements possible when people truly work together and are aided by pioneering processes like Positive Deviance.”

Nicholas Wolter, MD,
CEO, Billings Clinic

“*Inviting Everyone* illuminates the path to real solutions with the opportunity for inclusive collaboration and localized implementation. If necessity is the mother of invention, Positive Deviance is its father.”

Victoria Nahum,
Co-Founder and Executive Director, Safe Care Campaign

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Inviting Everyone: Healing Healthcare through Positive Deviance

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by
Arvind Singhal, Prucia Buscell, and Curt Lindberg

with a
foreword by
Peter
Block



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Foreword

by Peter Block

The Positive Deviance (PD) movement is changing the landscape of how we achieve transformation and change in systems. This book is a big step forward in defining this new landscape. And what fun to see it take a foothold in the big conversation about health care reform. PD is much more radical than even its practitioners imagine. Radical in the best sense, it is joining a new field of inquiry, which might be called communal transformation.

We all have a long tradition of thinking about individual transformation, but the question of how collectives or social systems are transformed by design is still open for discovery. We are familiar with how social systems can be disrupted by forces like technology, or shifts in markets, or political upheaval, but how to reform a social system growing out of the explicit intention of its own members is still cluttered with conventional practices that struggle to fulfill what they were designed to do.

Most of our efforts at changing organizational or community cultures have not succeeded. This is where I think PD has something special and fresh to offer. Even the progressive conventional thinking on how to change organizational culture and behavior is still based on a fourfold worldview:

1. *We believe that improvement comes from more consistency and control.* When something goes wrong and needs changing, like MRSA, our first instinct is to prescribe more oversight, closer watching, clearer consequences, and more predictability. Even the very successful TPS or Toyota system mentioned in the book makes a heavy bet on consistency and eliminating exceptions.



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As one of the examples you will read about in the book, total quality can create order, and there is the story and image of how, through a quality process, a utility room became more efficient and satisfying to its users. Who would not want to walk into a utility room where everything is labeled and in order? That is a good metaphor for what today's total quality movement tries to achieve in not only the order of a room but in the order of social systems. More order is not what is transformative.

We, however, are a bit stuck on order and confuse it with transformation. Eliminating exceptions and waste reduction are good things, but not the main point. Methods for consistency and control are a good fit with health care since you might have noticed that there are few industries more filled with oversight and regulation than health care.

This book is on a very different path than more control and order. That is what is exciting here. It confronts us with our love affair with more controls, and is clear eyed that more control does not prove to be effective. There is no evidence that high controls lead to either high performance or better quality. What control gives us is defensibility. In a punitive, highly litigious culture, a culture that cares more about who is to blame than what we can learn, more oversight keeps us out of trouble; it does not produce more health.

This is why the health care reform conversation is not changing anything; it is all about cost and controls. There is no reform in this. No shift in thinking. It is only about trying harder at what is not working so well now.

2. *We believe that data is persuasive, especially when gathered by expert, objective third parties.* There is a great quote in Chapter 6 of this book that declares that “...action can proceed in parallel with the elusive quest for unequivocal data accuracy: Physicians will make changes if they are presented with applicable data that demonstrates the need for change. Physicians want perfection, have high standards and expect everyone to function at a high level. Data helps drive their decisions.” Oh, that this were true. This is not to question the learning capacities of physicians. It is just that there is a long history of ineffective change efforts that were driven by burning platforms, long data collection, close analysis, and reasoned need for change.



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We need only to look at one common feature of traditional change management: the first step is to identify “the gap”—that is, data about the distance between where things stand now and where we want to be in the future. Even when we carefully research this gap, and find tight measures of where we are now and where we want to be, the reasoned, persuasive argument for the need for change is rarely compelling. Interesting? Always. But this rarely results in real social inventions. The grip and power of social systems to stay in place is hard to unfreeze with more data. Otherwise innovations would not take so long to find widespread use.

The book offers an example of this in the story of Dr. Semmelweis. He had evidence that hand washing saved lives. He was inspired, committed, had data on his side. But the evidence was contrary to the conventional wisdom, and nothing shifted. He ended his life questioning what he knew to be true. We had to wait until the germ was discovered to realize what he knew to be true. His story exemplifies the difficulty of acting on what we know.

Measurement and assessment play an important role in the Positive Deviant way of solving the unsolvable. But in my view, it is the dispersed ways of having core workers collect data, share the data and invent clever ways of communicating the data that is unique here.

Very different from the conventional strategies of finding the right answer, disseminating it, launching education efforts and taking ideas to scale.

3. *We believe that strong leadership and support from the top is essential to transformation.* Early in every story of attempted transformation,



The stories in this book are important, because in almost every instance people at the top allowed the effort, but they were not the role models or champions.

our attention goes to the leader and how they enabled the effort. Or if the effort failed, we first look at the lack of senior leadership to explain what happened. That is why the stories in this book are important, because in almost every instance people at the top facilitated or allowed the effort, but they were not the role models or initiators or champions. This came from those in the middle. The leaders, at best, learned a new way of leading. They learned to listen and support. The success of these efforts in no way can be placed at the feet of top management. If, in reading these stories, you stay focused on the role of those at the top, the power of the story is passing you by.

The profound potential for large-scale communal reform in these stories is suggested by the fact that PD is making a difference in an industry where there exists a strong tradition and commitment to patriarchy, in health care systems that have become the leading paragon of the belief in clear class divisions, the power of the high-status person in the system, and vivid distinctions of who in the room is authorized to speak with authority.

4. *We think that if we can identify a problem, we can solve it.* We love problem solving. We are drawn to deficiencies. It is the engineer in each of us that dominates most conversations. If you want to raise money, you have to be able to point to a need and name what is missing or the cause of suffering. This was true in the Sternins' experience and the story of Positive Deviance up to this point.

The reality is that more problem solving does not create an alternative future. It is not the methodology of transformation. Just because

we can measure and quantify the world, it does not mean it will change. Something more powerful needs to be confronted.

Invisible and Close at Hand

The Positive Deviance work is not fundamentally dependent on these four premises. Nor does it ignore or argue against the value of control and consistency, or the need for accurate data, or the help that progressive leadership can provide, or the importance of problem solving. There is no argument there. These are all good things. However, you can see in the PD stories that prior strategies based on the dominant cultural beliefs were not decisive when communal transformation, or a shift in a social system, is what was required.

This is a key point. Social systems are human systems. They are complex systems, as mentioned in the book. Which means that they cannot be reasoned, persuaded, driven, engineered, or implemented into an alternative way of functioning. They have to be invited, enticed, seduced, engaged into participating in what could be called a self-inflicted wound. Real change in human systems has to be bought, it cannot be sold. The easy term for this is self-organizing or self-managing change.

This is what the Sternins figured out. Wherever they went, they knew that having the traditional change management and development strategies would not make the difference. They knew that having the right answer, teaching the right answer, leaning on leaders, and relying on reason-based approaches were of little value. There is a quote from their own book (*The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems*) that is telling. After finding examples of the positive deviants, the Sternins realized that having the answer was the point where most change efforts fail. "All [failures] had occurred exactly at the moment in which we now found ourselves—the moment at which the solution (aka the 'truth') is discovered. The next, almost reflexive step was to go out and spread the word: teach people, tell them, educate them...we realized that



All change efforts failed at exactly the moment in which we now found ourselves—the moment at which the solution was discovered.

[failures] occurred because we were acting as though once people ‘know’ something it results in them ‘doing’ something.”

So the stories in the book really just begin at the point when the initiators had data on their side. They had proof that innovative practices in hand washing and protection would save lives and suffering. Now what do they do, other than launch a selling effort, find champions, get the top on their side, do the best practices routine, find some catchy acronym or slogan? This is where the best ones got smart. And got radical.

Here is what they did that was unique and what I would bet on any day to loosen and touch a social system and produce something sustainable and scalable:

1. *They looked for signs of health.* Counter cultural in a disease oriented “health” industry. But they did it. They resisted the gap analysis. They didn’t look to changing the reward system. Or starting trainings. Or ranking people on their performance. Not doing the wrong thing counts.
2. *They decided to listen.* They organized a process of profound listening. Brought groups together to discover what is working. And when they got some answers, they brought more groups together to listen some more. Most improvement efforts are about profound speaking. And if the message is not working, turn up the volume. PD is only about the listening.
3. *They chose positive intent with each person they contacted.* They acted on faith, rather than cynicism. They did not talk about resistance to change; they caught people at their best. They held the wisdom of citizens at every level in esteem. They authorized people on the margin and lower levels to speak. Core workers spoke and physicians listened. If this did not happen, nothing would have changed. Some of the stories in the book call this “better communication and engagement.” That expression sterilizes what was going on. It misses the radical nature of this approach. This was a revolution in the communal belief about whose voice matters.
4. *In each story, top leadership was tolerant and often played a supportive but relatively minor role.* Not to discount their place or say the leaders did not matter, because of course they do. It is just that this ap-

proach simply avoids the deference to position that is so common in most stories about “change management.” In not one of these stories did the top set bodacious goals or broadcast vision statements, both of which are defining features, by the way, of adolescence. They are not laminating their vision and declaring “infection is not an option.” Or claiming “we will 100% eliminate hospital infections by the year 2020.” Top management is not needed for inspiration or motivation or role modeling, other than washing their own hands. All that is required is enough support and a little money to allow the process to work.



Most improvement efforts are about profound speaking. And if the message is not working, turn up the volume. PD is only about the listening.

5. *This is a peer-based learning process rather than an expert-based teaching process.* The Highlander Center in Tennessee worked this way in fulfilling a major role in the U.S. civil rights movement. They call this part of the process “popular education.” They said their role as educators was to help people discover what they already know. They knew that people on the margin or near the bottom of the social structure did not know their own wisdom. Did not know what they know. PD gets this and takes it to scale. Popular education calls us to find processes where a system discovers what it already knows. This is a relocation of where expertise resides. Again, not a small thing.
6. *Positive Deviance is holistic in its thinking.* It is an elegant integration of common spirit from a wide variety of disciplines or fields of endeavor. It takes the best of experiential education and the study of how adults learn. It learns from sociology and cultural anthropology the power of the group and shifting social norms. It calls on the self-organizing wisdom of complexity theory and the large group methodology of organization development where we know the wisdom that is released when the social system is the focus of attention.

There is a deep influence from philosophy and religion in its choice for humility and its appreciation of how leadership is invisible. The process pays deep respect for the values of medicine, both in its applied science and

its passion to heal. The engineer finds a place here in its love for assessment, baseline measures, and evidence of improvement over time. Theatre and improvisation became a way of awakening people across divides in a way that none of them had to defend themselves. Finally these are stories of community organizing: slow, persistent relationship building, awareness building, and celebration.



If you want authentic health care reform, the ideas in this book and movement are the portal.

In all these ways the stories here are the face of authentic reform. If you want authentic health care reform, the ideas in this book and movement are the portal. What is also reassuring is that what is uncovered here is occurring in a hundred places. Positive Deviance stands shoulder to shoulder with the amazing work in health care of Paul Uhlig and his commitment to collaborative rounds and its implications. We saw the same values and practices in the

Grameen bank in Bangladesh where they extended credit to the poor and created small circles of women creating a new future for themselves.

Dennis Bakke ran a power company on these principles, where, for example, he had local first-line workers manage large financial reserves for local power plants and found they could manage money about as well as their expert-based treasury department. In the field of disabilities there are people like Judith Snow, Al Etmanski, and Joe Erpenbeck who realize that professional services and expertise have serious limits, and we care more deeply when the gifts, desires, humanity, and voices of the disabled are center stage.

At the risk of some repetition, let me offer in more universal language a summary of what PD represents. The following seem to be the strategic elements that are associated with this idea of communal transformation:

- *Choice and Invitation.* The thread in all reform movements is that they are initiated by choice and invitation. They hold deep respect for the presence of local wisdom. They are neurotically wary of experts under any disguise. They allow for local, customized solutions that take advantage of the variability of what it means to be human. Consistency is the problem, not the solution.

- *The End of Ambition.* At the most human level, these reforms are initiated by people at the stage of life where they have given up on ambition. They are often people in midlife, in age or spirit, who reached a point where they are ready to look far outside what they were conditioned and trained in to find meaning for what is to come. Each of these initiators sought, and found, some peace with the suffering and foolishness they were surrounded with for most of their careers.
- *Acts of Dissent.* Healing and reform begins with an act of dissent. Jung said that all consciousness began with an act of disobedience. That act is a betrayal of those that the traditional culture has authorized to speak: the clergy in the church, the physician in medicine, the professor in education, the economist in commerce, the artist in the academy, the consultant in commerce.
- *Gifts and Capacities.* Healing and reform are interested in the gifts and capacities of ordinary people. They are not interested in the gifts of extraordinary people—the world of celebrity, passing fame, and the meta message that this could not happen to you. It is the gifts of those on the margin that change the world. Plus it asks us to finally acknowledge that all this effort in working on deficiencies and needs has not paid dividends. Not for us as individuals nor for all the “poor” countries we give aid to.
- *Community Is It.* Healing and reform is all about a shift or renewal of the collective. Communal transformation. Individuals play a small role in reform. It is when a community, even if just three people, gets organized and determined that health and transformation show up.
- *Humanity Restored.* Finally, reform efforts have to accept the fallibility in each of us. There is great respect for mistakes, which are essential for learning. There is a place for variability, sometimes called diversity. Real reform avoids the instinct for raising the bar, increasing controls, endless automation and the stress on performance. It reclaims and honors our humanity as the ultimate healer. Call it God or spirit, its beliefs rest always on a deep faith in what means to be human.

When you find a method and way of being that holds the promise to pull all of this under one gable, one roof, you pay attention. This, then, is

the face of real reform. Reform is about rethinking, in fact inverting, our thinking. What we thought was true turns out to be a story or narrative that was true for a period of time. It just cannot take us any farther. So reform, by its nature, inverts or subverts convention; otherwise it is just an improvement. This work has the potential to jump start, in a supportive and evidence-based way, the real conversation of health care reform that we are seeking. I hope you enjoy the book as much as I did.

Peter Block

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