

Positive deviance

A case study in finding and harnessing the wisdom of organizational communities

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Abstract

This case study shows how a powerful technique developed for improving nutrition in emerging countries was used to deliver quick performance improvements within existing resources in Hertfordshire County Council by harnessing knowledge already in the community. The article gives the background about how the positive deviance technique came to be, and how it is delivering significant solutions to social problems that had been seen as intractable. It describes how the approach has been used in organizations such as Merck and HP to optimize organizational knowledge and learning, and in a current initiative to reduce MRSA (Methicillin-Resistant Staphylococcus Aureus) infections in hospitals across the USA. Jane Lewis then demonstrates how learning from these exercises mirrored and informed the project at Hertfordshire and the results delivered, both in terms of culture change and improved performance. She reflects on the links between this approach and current thinking in the social sciences, and looks forward to new projects that are just beginning.

Keywords: community wisdom, knowledge sharing, observable exceptions, positive deviance, positive psychology, problem-solving, social capital, social construction of reality, social work

Introduction

The concept of ‘positive deviance’ (PD) captured my imagination and the hearts of many other alumni of the Oxford University/HEC Paris Consulting

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and Coaching for Change (CCC) master's programme thanks to the inspirational character of its developers, Jerry and Monique Sternin. We had learned about its successful application in developing world communities and the Merck and HP case studies, from Richard Pascale, one of the faculty for CCC. He had worked with Jerry and Monique, but taken an academic path to become a professor at Stanford. His lectures and book, *Surfing the Edge of Chaos* (2001), promoted its use in complex situations, challenged us and stimulated our interest. However, Jerry and Monique's passion, humour and humility engaged us, as did their powerful stories of what PD had achieved. I was fortunate to have the opportunity of being mentored by Jerry through most of the Hertfordshire project until his untimely death in December 2008.

Positive deviance: some background

In the early 1990s, Jerry and Monique Sternin were working for Save the Children US. They were the 19th and 20th Americans posted to Vietnam after the war, and were faced with what seemed an impossible task – to improve infant nutrition problems in Vietnam with no money, limited time and in a potentially hostile environment.

Jerry used an approach based on the work of Dr Marion Zeitlin in the 1980s. It involved the community in identifying 'positive deviants (PDs)', in this case, people whose children were well nourished, but who had access to exactly the same resources as everyone else. They were then asked to use a process of observation and enquiry to find out what these PDs did differently so that the community could share PD meals, see how well the children gained weight and practise how to feed their children in the same way. As a result, malnutrition in the community dropped by an astonishing 85 per cent. These new feeding practices were then used by mothers with subsequent children and passed on to new mothers so that when Jerry returned three years later, gains in infant nutrition had been maintained.

The PD approach has since been used successfully to tackle malnutrition in 41 countries, again producing sustainable reductions in malnutrition of between 65 per cent and 85 per cent.

Jerry and Monique also used the PD technique to address other deep and intractable social issues such as female genital mutilation in Egypt, girl trafficking

in Indonesia, and in improving the health and welfare of transsexual sex workers. In these projects, he learned that society's view of the problem may not be the way that those affected see it. The fundamental success of the approach depends on getting the community to:

- *define* its own problem
- develop and use its own information to *discover* the scale of the problem and any positive deviants
- *determine* what the successful practices are in detail
- *design* practical ways of spreading and sharing these practices
- *disseminate* the practices through the community

Successful organizational PD projects include the development of thermal transfer technology in HP, significant improvements in pharmaceutical sales in Merck and Genentech, and the turnaround of the private investment arm of Goldman Sachs in New York. In each case, a few 'positive deviants' were found whose successful practices were identified by their peers and shared.

In the two years, Monique and Jerry were involved in a project with the Veterans Health Administration Hospital Group that has reduced levels of MRSA infection in hospitals by up to 62 per cent across the USA, again using the PD approach. It has been particularly effective in changing the behaviour of consultants and doctors and in gaining acceptance that everyone has a role to play in infection control. This approach to MRSA control is now being spread to Canada and also the UK.

Monique Sternin now leads the Positive Deviance Initiative at Tufts University, Boston, USA, funded by the Rockefeller Foundation, which focuses on expanding PD's social applications.

Key features of the positive deviance approach

PD is one of a number of asset-based approaches to change, such as appreciative enquiry. Its unique feature is the highly practical approach to formulating and reframing the problem and in learning from existing practice within resources that are already available. It is about discovering the wisdom you already have, then acting on it.

Traditional approach to change

Management identifies the 'problem' and benefit to the organization of solving it

Management owns the data that measures the problem and monitors progress

Ownership and momentum for change come from above – leadership is through traditional project management processes

Deficit-based – finding what's wrong

Improvements are brought in from outside, through experts, benchmarking, etc.

Improvement strategies are driven by logic – people are expected to think their way into a new way of acting, emotion and other non-rational resistance tend to be underrated

'Transplant rejection' can occur through resistance to practices imported from outside (the not-invented-here syndrome)

Flow of thought is from problem identification and solving to solution identification; best practices are applied within defined parameters

Focus starts on those who are directly associated with the problem – easy to fall into a blame culture

PD approach to change

The people affected identify the problem and the benefits to them of solving it

The people are facilitated to develop their own data and use it to make the problem concrete and to quantify solutions

The people are offered help to solve their own problems; they own the problem and its solution; those affected are coached and facilitated through the journey of change

Asset-based – finding what's right, amplifying successful practices

Improvements are spread from the inside outwards, through finding existing solutions and amplifying them

Improvement comes from seeing and experiencing a different way of working – acting their way into a new way of thinking, using their own data to see improvement

Self-replication occurs – latent wisdom is tapped and visible/tangible benefits are delivered quickly by the people, for the people

Flow of thought starts with problem definition but moves straightaway to those who have found a solution within the community and context

Starts by getting perspectives from all potential stakeholders and focuses on those who have found a solution without 'putting them in the frame'.

Other key features are captured in key principles emerging from PD projects:

- Ownership not buy-in – it is essential that the community owns the problem and the solution
- Don't decide about me without me – discovery and engagement of all key stakeholders is essential
- The group as the guru – external, expert solutions tend to be resisted, so ensure that the community develops and owns the solutions
- Act your way into a new way of thinking, rather than think your way into a new way of acting – only by experiencing a new way of acting and seeing its results are you likely to change your behaviour.

The Hertfordshire Adult Care Service project

The formal objectives for the pilot project were to engage people in completing the main client database

records, to increase the level of completion of care records, and to increase throughput of referrals. The project had to be completed without changes to the systems. There were two overlapping systems used to ensure that information was shared between the Council and the NHS.

Step 1: define the problem

This project covered the locality teams and referrals management team, a total of 63 workers and about 18 administration staff. It was clear from preparatory meetings that the goal of completing care records was owned more by managers than social workers and occupational therapists. We needed the teams to define in their own terms what they saw as the problem to focus on. The feedback from the both teams indicated that they saw completing the records as being the most time-consuming part of their job, and that staff thought it was a cumbersome and unfriendly system. It was a 'given' of the project that this system would not be replaced for at least two years.

Staff perceptions were that they spent between 50 per cent and 80 per cent of their time on completing

records. A review of closed cases indicated that 80 per cent did not have the records completed properly.

The first step was to define how much time staff were generally spending on completing care records, (the norm) and whether any staff spent less (the positive deviants). We agreed that a timesheet for one day taken at random would be sufficient and not too invasive. The review indicated that staff spent on average about 25 per cent of their day on completing records but with large variations between individuals. The exercise also identified that another big part of ‘unproductive’ (as they saw it) time, about 5 per cent of the day, was spent fielding phone calls from people enquiring about the progress of their case, as shown below, either directly with the user or through calls from other workers. Some workers spent up to 30 per cent of the sample day on this.

At this early stage, the referrals team were able to develop ‘latent solutions’ to some of the issues, for example, to get administrators to field the users’ calls, thus freeing up social workers.

Step 2: determine if there are any positive deviants

At team meetings, or working in pairs, the referrals project team members facilitated discussions about how people got the most from their time and how they worked with the system. They used team meetings to discuss specific practices and collated their findings in the next PD meeting.

Step 3: discover what the positive deviants actually do

The referrals project team’s observation and enquiry exercise identified that some people were better able to cope with care recording than others. The team found that some just cross-referenced the care plan pages to those on the NHS system rather than duplicating them or leaving the Adult Care Services system record fields blank, which enabled these positive deviants to get through the recording process much more quickly than their peers.

It was agreed that the procedure would change, so that everyone cross-referenced or hyperlinked the care plan to the NHS system to prevent duplication and speed up the process. The referrals project team believed that this saved about five minutes per care

plan item. There is an average of three items per care plan. The referral management team deal with between 6 to 10 care plans per team member per week, and the locality management team with 3 to 4. The referrals management team also found that they could hyperlink equipment requests – this also saved about five minutes per item and there are usually about six items per request.

Since the change in procedure at the end of November, it appears that the throughput of new allocations a month increased in North Hertfordshire, despite a high level of sickness absence due to the flu ‘epidemic’ that hit the teams over both December and January (Figure 1).

Step 4: design a way of spreading the PD practices

Very little design was required to train others in how to update and link care plan items. It was enough for people to learn by copying those who could hyperlink the documents. The information quality officer designed a laminated sheet to help people complete the right screens on the system, which has been successful, from project team feedback. This has now been reinforced by a new data check that prevents records being closed when incomplete, introduced by the new Assistant Director of Performance.

The hyperlinking process has now been disseminated through the teams and will save time until the system is updated.

Benefits delivered by the referrals project

Significant time savings were delivered – of between about one hour per person per week for locality team

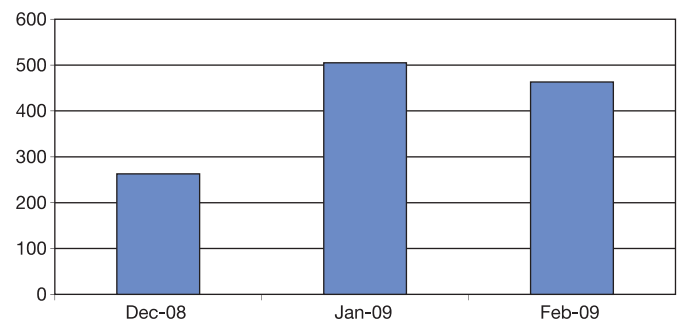


Figure 1 – Number of completed assessments

members and 2.5 hours per person per week in the referrals management team, in speeding up completion of care plans, and up to 30 per cent of a day for social workers by transferring call handling to administration. Further time savings were made in the Referrals Management team, who were able to cut down the time on equipment requests by five minutes per item.

Further to discussions at team meetings, more effective use of travel time and touch-down centres were identified, and it was decided to put time aside for record completion each day.

The route-map guide through the systems is said to have helped completion of care plans prior to the introduction of the data-checking process.

The PD review also cut out a step for Council tenants who needed adaptations made to their homes.

Although the project was slow to get started, the greatest activity happened between September and November 2008. The PD practices were discovered and implemented in three months.

Links to social science theory

Jerry Sternin, despite having been Counselling Dean of Harvard University, never considered himself an academic or theorist. 'I'm sorry, but I'm not a methodologist. I don't know what's out there. I only know what I know,' he said to CCC alumnus Roberto Saco, whose dissertation was on the subject of positive deviance. However, some themes in positive deviance seem to link effectively to current thinking in psychology and sociology, and help to explain why it works. The strongest links appear to be with positive, strengths-based psychology. This is an increasingly popular school of thought, as demonstrated by current interest in Martin Seligman's work (Seligman, 2002) and the new master's programme in Positive Psychology, offered by the University of East London.

Positive deviance focuses on community strengths, and cross-cultural work on strengths suggests that knowing and following your strengths:

- Encourages insight and perspective in your life
- Generates optimism
- Provides a sense of direction

- Helps to develop confidence
- Generates a sense of vitality
- Helps bring and sense of fulfilment
- Helps to achieve goals (Clifton and Anderson, 2002).

Self-determination is a key element in positive deviance – the whole exercise is owned and driven by the community. This has been shown by Ryan and Deci (2000) to be fundamental to psychological well-being and strongly linked to motivation. PD exercises meet individual and group needs for autonomy, feeling confident in what you are doing, and in making human connections, all of which are part of self-determination. They also promote positive emotions which enable you to broaden and build (Frederickson, 2001) your personal development and which enhances resilience.

Berger and Luckmann (1966) explore the sociology of knowledge in *The Social Construction of Reality*. The concept that reality is created between people, within communities, is where sociology meets psychology (Gergen, 1999) and philosophy. PD exercises constructively challenge the community's own reality. They ensure that the community uses data to help debunk myths ('we spend 80% of our time doing paperwork, infant sickness is caused by a curse, MRSA is just a fact of life'). As the community goes through a positive deviance exercise, it alters its own picture of reality.

By the end of it, they have constructed a more optimistic, shared view of the organization or community, the reality they have produced, and the opportunities for improvement. ('We spend less than 25% of our time on paperwork and can reduce this further without risk, we can stop infant sickness/MRSA by washing our hands'). Data and information are then used to maintain improvements, as in the US MRSA project. In this instance, the PD teams continue to meet once improvements have been implemented, and review data on infection rates to identify where further action is needed.

Conclusion

The Hertfordshire case study shows that it is possible to use positive deviance to create significant performance improvements while developing a more positive culture. The approach requires expert facilitation, and is a kind of group coaching process. The facilitator

constantly prompts the participants to think through the problem-solving process, and design their own approach through skilled questioning. It ensures that the wisdom already present in the group can be safely exploited by focusing on detailed practices rather than the individuals that demonstrate them.

One of the most powerful aspects of PD is the use of information and data to create a shared view that solutions to difficult or wicked problems are possible, right now, without solving the underlying causes of the problem; 'you understand the problem better once you have solved it', was another of Jerry Sternin's sayings. PD is being used in the USA to address gang membership, school attendance, curriculum development and childhood obesity. In each case, the issue itself is being addressed rather than the more global issues of community or ethnic exclusion.

'Tongue-biting' is an essential requirement for managers in a PD project. It is likely that their staff could report back with enthusiasm about solutions the managers feel they could have designed for the team themselves. It is therefore important that managers are included in the projects and have a voice, but also are encouraged to let the team work things out for themselves using the data they produce. The use of data ensures both management control and staff empowerment.

PD is a highly practical way of delivering change and cuts through the psychobabble of some change management approaches, while being entirely consistent with current thinking about the human aspects of change, employee engagement, and how to overcome resistance. PD itself is a powerful way to exploit the social capital and informal knowledge of organizations, which enables a rich vein of creativity, innovation and existing solutions to be mined for organizational and individual benefit.

Richard Pascale uses the following quote to summarise how PD works, and the kind of leadership needed for it to succeed:

Go to the people. Live with them. Learn from them. Appreciate them. Start with what they know. Build with what they have. And with the best of leaders, when the

work is done, the task accomplished, the people will say: 'We have done this ourselves'. Lao Tzu

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