

Comment penser le
changement de manière
systémique?

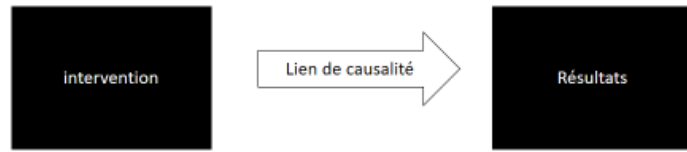
Principes de base

- Le changement n'est pas du à une action planifiée
- Il est souvent imprévisible... même si il peut être anticipé au travers d'une "veille" attentive
- Il ne s'agit donc pas de centrer l'évaluation sur des actions à planifier mais beaucoup plus sur l'apprentissage de symptômes de "mécanismes" qui vont amener le changement.
- "most of the big changes in society and the way we live over the last several decades had come by way of social movements rather than through the rational planned change programs so beloved of organizations"

- System thinking versus realist evaluation
- Resilience, adaptiveness

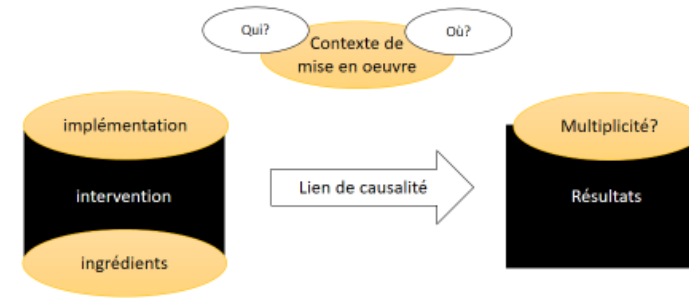
Pour penser le changement il
faut d'abord comprendre la
situation

Intervention



5

Intervention complexe



5

Système complexe

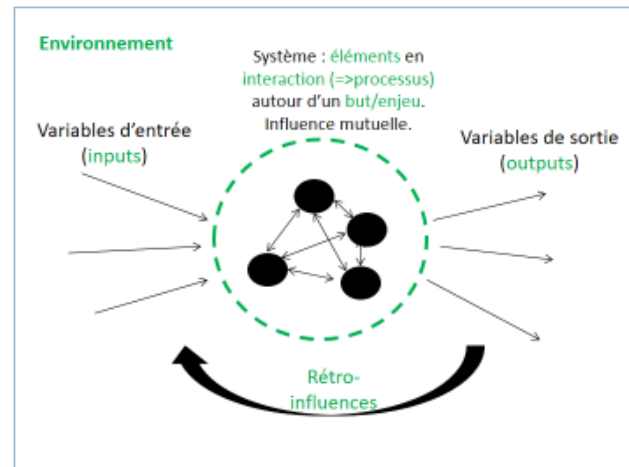
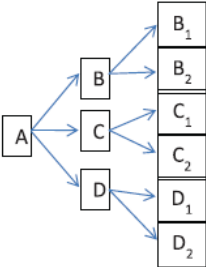
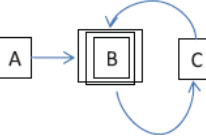
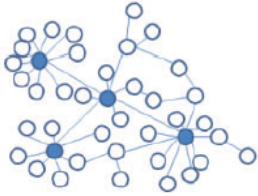
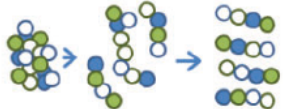
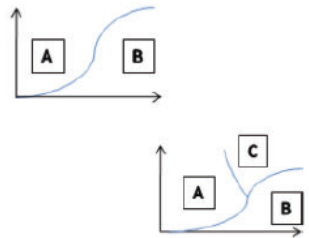


Table 1 Examples of phenomena in complex adaptive systems (CAS)

CAS phenomena	Definition	Health sector examples
<p>Path dependence</p> 	<ul style="list-style-type: none"> • Non-reversible processes have similar starting points yet lead to different outcomes, even if they follow the same rules, and outcomes are sensitive not only to initial conditions, but also to bifurcations and choices made along the way 	<ul style="list-style-type: none"> • Health reforms such as introduction of social health insurance or quality assurance programmes may work well in one country but cannot be simply copied to a developing country and have similar results • Adoption of different standards for health technology in different countries
<p>Feedback</p> 	<ul style="list-style-type: none"> • Happens when an output of a process within the system is fed back as an input into the same system: <ul style="list-style-type: none"> ◦ Positive feedback increases the rate of change of a factor towards an extreme in one direction ◦ Negative feedback modulates the direction of change 	<ul style="list-style-type: none"> • ‘Vicious circles’ between poverty and ill health; or malnutrition and infection • Swings in the prices or demand for certain health services • How standardized modes of health care delivery continue to serve the same populations, but fail to reach the poor
<p>Scale-free networks</p> 	<ul style="list-style-type: none"> • Structures which are dominated by a few focal points or hubs with an unlimited number of links, following a power-law distribution 	<ul style="list-style-type: none"> • Rapid pandemic disease transmission • The persistence of slow-spreading viruses to combat eradication • The disproportionate effect of influencing highly connected members of a sexual network on the transmission of sexually transmitted infections • The adoption of new health practices disproportionately influenced by ‘hub’ individuals
<p>Emergent behaviour</p> 	<ul style="list-style-type: none"> • The spontaneous creation of order, which appears when smaller entities on their own jointly contribute to organized behaviours as a collective, resulting in the whole being greater and more complex than the sum of the parts 	<ul style="list-style-type: none"> • Why health workers can suddenly organize to go on strike • How informal providers form organizations to protect practices in their trade
<p>Phase transitions</p> 	<ul style="list-style-type: none"> • Events that occur when radical changes take place in the features of system parameters as they reach certain critical points 	<ul style="list-style-type: none"> • ‘Tipping points’ in health services, leading to sudden changes in demand for health services or changes in referral patterns • How epidemic thresholds or herd immunity develops • Changes in collaboration–competition behaviours and referral patterns for patients within and across health facilities

Health Policy and Planning Advance Access published August 5, 2011

Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine Health Policy and Planning 2011;4
© The Author 2011; all rights reserved. doi:10.1093/hpp/cpr056

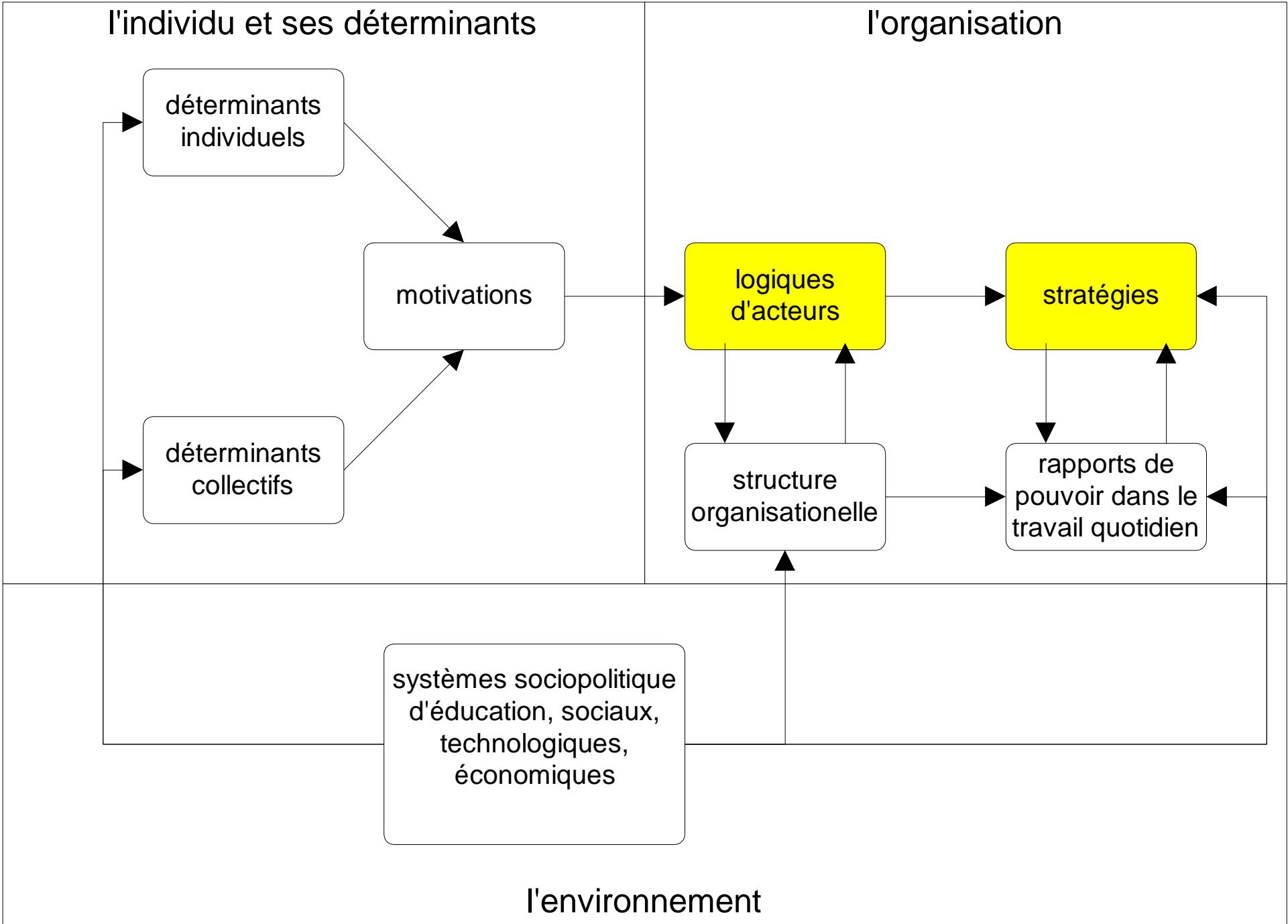
Understanding pathways for scaling up health services through the lens of complex adaptive systems

Ligia Paima and David H Peters*

Étapes d'analyse

- Pertinence d'une approche systémique versus centrée sur une intervention
- Délimitation du système
- ToC initiale
- Modélisation centrée agent
- Dynamique du système
- ToC finale

À chaque étape story telling et BOTG



Coleman's diagram (i.e. the importance of including individual agents in explanatory mechanisms)

702

THE MATHEMATICS OF SOCIAL ACTION

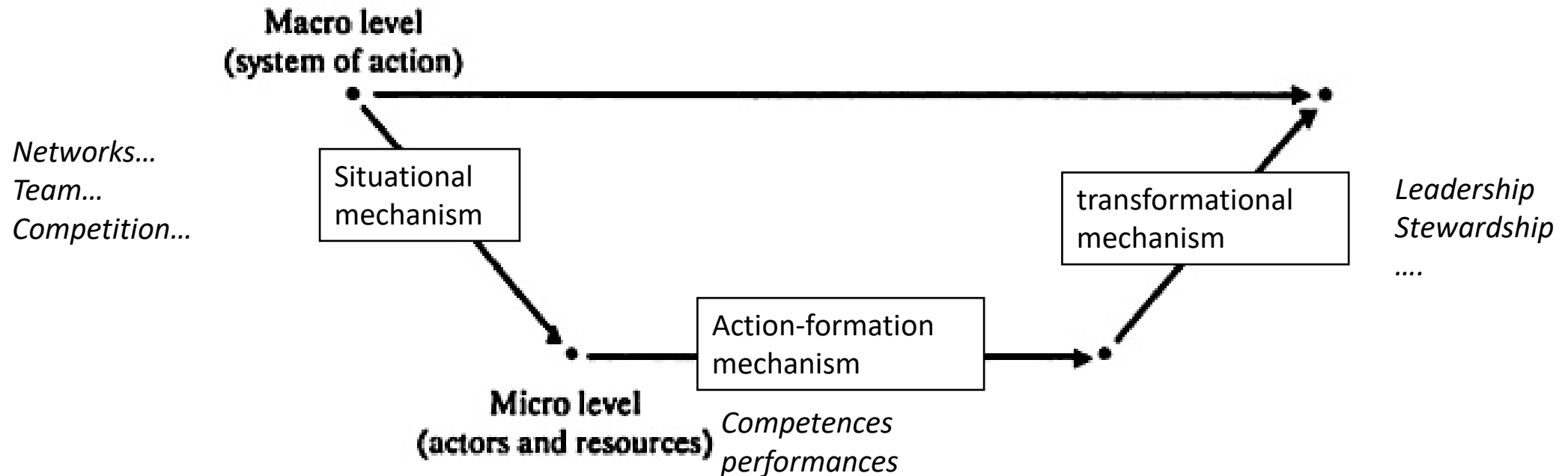
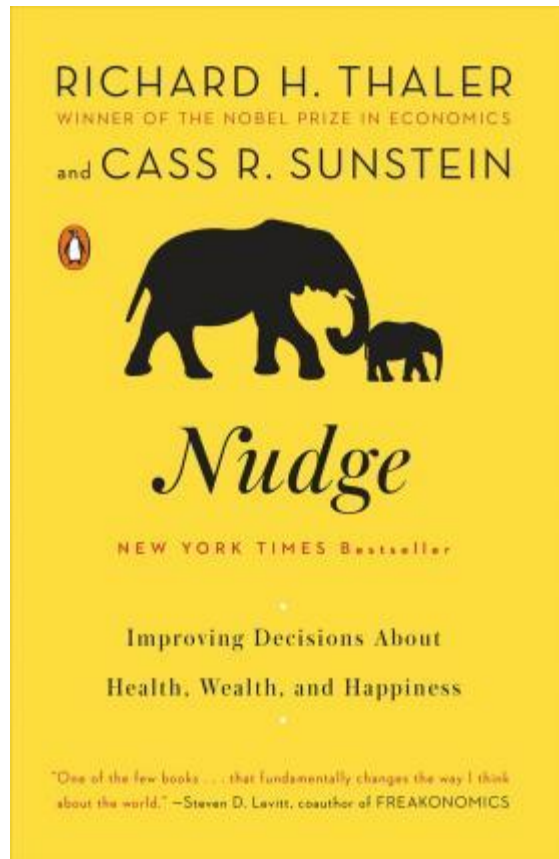


Figure 26.1 Causal diagram for relating micro and macro levels.

Actions sur le système:
“architecture” ou “dynamique”

Architecture

Paternalisme libertaire et “architecture” des organisations ou des sociétés pour influencer les choix



dynamique sociale

Mettre en place des “mouvements sociaux” au sein des organisations

BATE SP AND ROBERT G. (2010) 'BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE'. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD; OXFORD UNIVERSITY PRESS, PP. 309-346¹

5 principes

- frame to connect with hearts and minds
- energize and mobilize
- organize for impact
- making change a personal mission
- keep forward momentum

BATE SP AND ROBERT G. (2010) 'BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE'. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD: OXFORD UNIVERSITY PRESS, PP. 309-346'

Social movement and healthcare

- “Provoke or take the opportunity of social movement to introduce changes?”
- Is about “why collective episodes [such as movements and protest] occur where they do, when they do, and in the ways they do?”
- “different types of factors we identified as influencing movement formation and development (rational, emotional, social and normative, behavioural, organizational, and leadership).”
- “social movements (particularly newer ones) are indeed based on a non-hierarchical, consensus-based model of organization, and associated with the taking away of formal organization or organization constraints”

Caractéristiques clé pour “framing”

- i) have a cause
- ii) connect with a range of stakeholders
- iii) frame to connect with people’s emotions (hearts)
- iv) frame to connect with people’s logic (rational thinking/minds)
- v) bridge and link diverse groups (believers, sympathisers, ambivalents, antagonists and the disaffected)
- vi) employ a range of strategies appropriately (words, stories, anecdotes and slogans; visual images; humour and irony; performance and spectacle)

Caractéristiques clés pour énergiser et mobiliser

BATE SP AND ROBERT G. (2010) 'BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE'. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD: OXFORD UNIVERSITY PRESS, PP. 309-346'

- Libérer les efforts dicrétionnaires (a concept from the Human Resource Management discipline which refers to people being willing to give more than what they are formally contracted to give)
- Develop campaign based approach

Organiser pour un impact

- the need for a core structure and a distributed model of leadership (i.e. leadership at every level).
- consider who needed to be in their core team, and who were their 'bridge leaders' and their local organizers
- key organizational choices based upon the social movements literature (for example, questions as to the manner and degree to which their 'movement' needed to be organized, the optimum size and scale of their 'movement', and whether they needed to work with or against the system?)
- movements typically position themselves and their tactics at a point along the spectrum from moderate/reformist action to extreme/disruptive action and that the choice of tactical positioning depended on a number of factors

Faire du changement une mission personnelle

BATE SP AND ROBERT G. (2010) 'BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE'. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD: OXFORD UNIVERSITY PRESS, PP. 309-346'

- the profile of an organizational radical, drawing heavily upon the notion of 'tempered radicals': change agents who work inside organizations by rocking the boat just enough but not so much that it turns over and takes everyone down with it!
- Personal risk is an issue: organizational heroes can so easily end up being recast as heretics and villains, and left to languish in some corporate backwater, their careers effectively over → so, find a way to minimize the risk

Garder le momentum

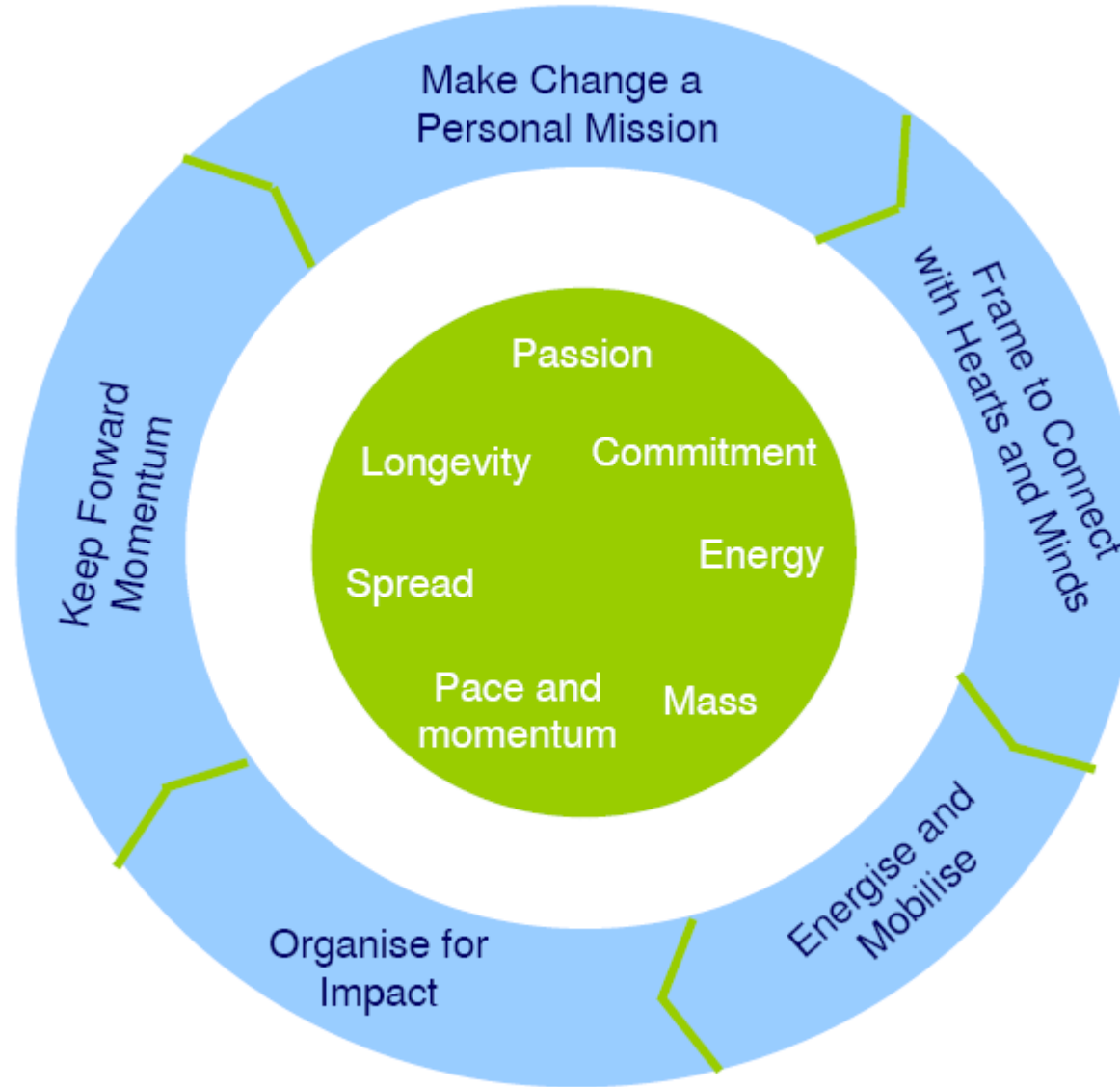
- the notion of 'unstoppable momentum' - something on the move that is difficult to stop, that can 'keep going in the absence of external forces' - is also a helpful one in the light of how hostile or unreceptive the organizational context might be for a change intervention
- how to create something that will survive and grow despite the lack of organizational or wider environmental support?
- 9 causes d'échecs

9 causes d'échec pour garder un momentum (en lien avec les 4 autres principes)

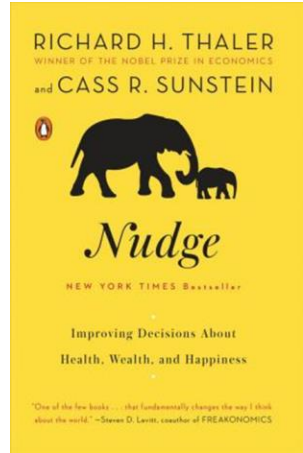
- loss of resonance (see framing)
- lack of time (energize and mobilize)
- membership trickles away (energize and mobilize)
- loss of key individuals/leaders (organizing)
- lack of co-ordination (organizing)
- self-destructive group behavior (organizing)
- stand-off between movement and wider organisation and current agendas/priorities (organizing)
- old ways of thinking and behaviors reassert themselves (change as a personal mission)
- not being able to see possibility of success (change as a personal mission)

BATE SP AND ROBERT G. (2010) 'BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE'. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD: OXFORD UNIVERSITY PRESS, PP. 309-346'

BATE SP AND ROBERT G. (2010) 'BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE'. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD: OXFORD UNIVERSITY PRESS, PP. 309-346'



Decision pour lesquelles un “nudge” est nécessaire

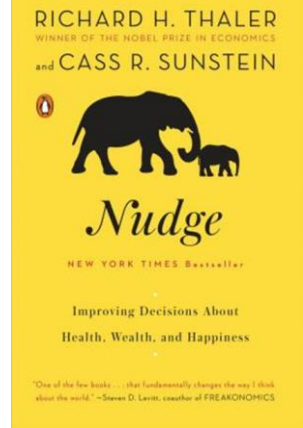


- Benefit now, cost later
 - Decisions à prendre maintenant pour un bénéfice potentiel venant plus tard
- Degree of difficulty:
 - Tendance à “sur-simplifier” les implications des décisions compliquées à prendre
- Frequency:
 - Les décisions avec les plus grands enjeux sont des décisions que nous ne devons pas prendre fréquemment (d’où difficulté d’apprendre de la pratique)
- Feedback:
 - L’apprentissage est le meilleur si les gens reçoivent un feedback direct après un “essai”
 - Pour beaucoup de décisions, la situation n’est pas structurée pour un bon feedback.
- Knowing what you like
 - C’est particulièrement difficile de prendre une décision pour les situations pour lesquels il est difficile de faire lien entre un choix à faire et l’expérience qui en résultera.
- **Tendance à se rapprocher de la moyenne – faire ce que les autres font.**

Logic of nudges: lier les decisions “d’architecture” avec la logique humaine de prise de decisions

- Stimulus response compatibility:
 - On s’attend à avoir le signal (stimulus) attendu avec une action donnée (le sens dans lequel la porte s’ouvre). Si il y a discordance, la performance sera altérée.
- Rechercher le chemin de résistance minimum. (le status quo est la meilleure option)
 - (proposer une option “par défaut”, à coté d’option qui doivent être volontairement choisies)
 - Proposer des choix simples (option oui/non) plutôt que des options avec choix compliqués (que les gens ne prendront pas)
- Empêcher les erreurs qui sont systématiques et qui sont facilement prédictibles (au travers d’architecture spécifique – exemple de la ceinture de sécurité et alarme)
- Donner un feedback concernant une action (bien ou mal faite) – le cas de la photo avec un bruit “clic” si la photo a été bien faite.
- Comprendre le mapping entre un choix et le bien(ou mal)-être qu’il peut entraîner.
- Structurer les choix complexes pour que la decision soit plus efficace

- Incitants



- Dossier partagé, EBM
- Structures de gouvernance

Théorie soins de santé et santé

L'atelier

- Qui participe?
 - Des étudiants qui terminent leur mois de stage en mégé
 - Des étudiants qui suivent le cours approche systémique
- Quel but d'apprentissage?
 - Comprendre la logique d'un système de soins de santé, ancré dans une dynamique sociale
 - Imaginer les changements souhaitable
 - Etre conscientisé par quelques strategies de changement possibles (mouvements sociaux, "nudge" et autres incitants)

Des contextes avec les constituants du système et les dynamiques en jeu (actuelles)

- La louvière et gestion de fin de vie
- St Ghislain et gestion de début de vie
- Bukavu? Autre?

Plus dans le détail

- Actions,
 - Agents
 - Caractéristiques de système
-
- Reprendre ce qui a été travaillé et développer différentes dimensions

- Système dans sa dimension économique
 - biotechnologie, industries du “data”, firmes pharma, utilisation de technologies et medoc surtout en hôpit.
- Système dans sa dimension relations de pouvoir (collaboration inter-professionnelle):
 - Gradient revenus, formations, ...
- Système dans sa dimension santé et développement durable
 - Santé et déterminants sociaux de la santé (prescriptions non-médicamenteuses, proximité sociale, ..)
 - Lien social
 - Empreinte carbone

Controverses

- Voulu?:
 - Rôle de la croissance économique versus un développement équitable et durable de la santé?
 - Quelles professions pour demain? Qui doit être au poste de commande?
 - Quelles organisations pour demain? Grandes organisations ou indépendants?

- Moyens d'agir?
 - Nudges?
 - Empowerment?

Politiques (reprendre idée CAS)

- Nudges à “macro” niveau et “former à la liberté” au niveau “micro et méso”
- From R. Thaler and CR Sunstein book “nudge”
- From BATE SP AND ROBERT G. (2010) ‘BRINGING SOCIAL MOVEMENT THEORY TO HEALTH CARE PRACTICE IN THE ENGLISH NATIONAL HEALTH SERVICE’. IN: J BANASZAK-HOLL, SR LEVITSKY AND M ZALD (EDS). SOCIAL MOVEMENTS AND THE TRANSFORMATION OF AMERICAN HEALTHCARE, OXFORD; OXFORD UNIVERSITY PRESS, PP. 309-3461

Key issues behind agent

- Sense making
- Activist role (une forme de leadership ..)

- “pilot sites were given maximum freedom to (as we said at the time) ‘find their own way up the mountain’ (with the attendant risks that this involved) with the aim of developing ‘ground up’ some broad ‘design principles’ (Bate, 2007; Alexander, 1979; Lidwell, Holden & Butler, 2003) as opposed to externally imposed change ‘stages’ or ‘steps’. What we were seeking were some ‘design principles’: evidence-based, tried-and-tested- solutions and approaches that had worked for movements”

Logique de l'empowerment des agents

- Éducation à une meilleure prise de décision.
- Gaming approach ... ou renforcer l'expérience positive
- Échange d'expérience positive entre agents (community of practice)