MASTER THESIS

HOW SOCIAL MOVEMENTS FOSTER ORGANIZATIONAL CHANGE: A CROSS-CASE ANALYSIS OF #METOO IN HOSPITALS

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ABSTRACT

Research on social influences on organizations is mostly focused on the paradigm that social movements as an organizational approach have a high level on structures and resources to influence such organisations. However, research on how social movements of a fluid and non-hierarchical nature foster organizational change is rare due to the fact that measuring the influence and the success of a social movement is difficult. This qualitative research aims at giving an insight into how the #metoo movement with a low degree of organisation fostered change in university hospitals which have a high degree of structure and hierarchy. Hereby, the focus is set on how internal discussions, perceptions, behaviour and processes are impacted. To answer the research question, four hospitals in Germany served as the research object whereby eleven people were interviewed. The interviews served as a basis for the cross-case analysis by which a pattern could be established according to the description of the four individual cases. The results showed that (1) material and symbolic damage and gain can be evoked by social movements and thus, can affect organizations to change, (2) the key to implemen the goals and demands of a social movement into an organization is that the movement needs to be present in some ways in an organization (e.g. as a department), (3) publicity is important for the success of a movement whereas sustainability depends on aligning online with offline action to be present in the 'real world', and (4) the higher the complexity of an organization the harder it is to change these structures. The results of the study are a starting point for research on interactions and reactions of highly structured and complex organisations to network-like and fluid movements and can serve as an example and basis for future investigation on social movements and organizational change.

Keywords: #metoo movement, new social movement theory, material and symbolic damage and gain, organizational change and compliance, healthcare

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1. INTRODUCTION

On December 18th in 2017, The Times honoured several individuals, the so-called *Silence Breakers*, with the title 'person of the year 2017' (Zacharek, Dockterman, & Edwards, 2017). With this act The Times acknowledged their efforts of bringing attention to sexual harassment at work and thus, starting a worldwide movement online as well as offline. This movement was named after the frequently used hashtag #metoo (Langone, 2018). The core of the movement hereby criticises sexism and demands equality between men and women (Wexler, Robbennolt, & Murphy, 2019).

The #metoo debate is an example for a social movement. Diani (2003) defines social movements as networks which are characterized by informal interactions between a plurality of individuals or groups who share the same collective identity and who are part of a cultural or political conflict. The aim of social movements is to change values held in society as well as a change in the relations of power (Castells, 2001; Hara & Huang, 2011). However, it is considered difficult to measure the outcome and the success of a social movement in evoking organizational change (den Hond & de Bakker, 2007; Melucci, 1984). In addition, most research focuses either on organizational change as a planned action or strategy (Zald, Morrill, & Rao, 2005) which does not fit in the context of change due to social movements and societal demands or on how social movements influence politics and thus, policies and law (Earl, 2004). As a consequence, the research on how social debate influences organizations is rare (Zald, Morrill, & Rao, 2005).

The aim of this research is to fill this research gap by providing an insight into how the #metoo movement has fostered change in perception, behaviour and processes in hospitals. Some influences of the #metoo movement can already be seen in society, for example, it has increased the debate and self-reflection. Furthermore, the movement has influenced the perception and definition of what sexism, sexual harassment and sexual assault is (Wexler, Robbennolt, & Murphy, 2019). Nevertheless, some areas such as the healthcare system are still not being discussed neither in public (Gill & Orgad, 2018) nor in scientific literature. Most studies regarding #metoo in the healthcare system have focused on statistics as well as on the analysis of the consequential vulnerability of organisations by such behaviour (Feldblum & Lipnic, 2018) as well as the prevention of sexual harassment (Oertelt-Prigione & Jenner, 2017). Hence, there is a lack of research on possible effects of the #metoo movement on organizational culture and processes in hospitals.

Two reasons can be established for using hospitals as research objects. First, their hierarchical and stable structure renders them very resistant to change from external

influences (Brandstädter, Grootz, & Ullrich, 2016; Zald, Morrill, & Rao, 2005). Literature states that in order to be successful in reaching their goals movements must bear similarities in structure and characteristic to the organization (Scott, 2010). Most research focuses on a social movement as an organization approach whereby social movements have a high degree of structure and form like Greenpeace or Amnesty International (Diani & Della Porta, 2006; Zald, Morrill, & Rao, 2005). However, there is a lack of research when it comes to the question how social movements that have a low degree of hierarchy and structure can foster change in organizations like hospitals with opposite characteristics (Diani & Della Porta, 2006; Zald, Morrill, & Rao, 2005).

Second, the hospital staff face a high risk of being sexually harassed due to their nature of work processes and a dominant male culture (Buckley-Nordwood & Lewis, 2018). In 2018 the Harvard Business Manager described several high-risk factors which support incidents of sexual harassment whereby, most of the proposed characteristics can be found in the work procedures in healthcare. For instance, a high degree of separation can be observed between different professional groups (Feldblum & Lipnic, 2018), such as nurses and doctors. Furthermore, a high degree of difference in power as well as the focus on customer satisfaction and service nurtures sexual harassment at work (Feldblum & Lipnic, 2018). The reason for this is that these factors can be seen as the basis for creating a relationship of dependency so that sexual harassment is misused as a tool of power (Oertelt-Prigione & Jenner, 2017).

Accordingly, the aim of this research is to give an insight into how the #metoo movement has fostered change in hospitals and in what manner the movement has shaped damages and gains in the healthcare system. The current research provides an in-depth insight by answering the following research question:

How did the #metoo movement foster organizational change by affecting internal discussions, perception, processes and behaviour in hospitals?

This research contributes to already existing theory in different ways. As already mentioned before, measuring the success of a social movement by considering their effect on organizations is difficult (den Hond & de Bakker, 2007). By choosing a qualitative approach a detailed look at how the #metoo movement has evoked a change in perception, behaviour, processes and structures of hospitals can be given. That is why this research contributes not only to the rarity of literature on the #metoo movement and its influence on society and organizations but it also answers the demand for more research on the influence of social debate on organizational practice (Zald, Morrill, & Rao, 2005). This is a first step to establish

an understanding of the effects and impact social movements have on internal discussions, behaviour and processes in an organization.

Additionally, this research gives an insight into the effects the #metoo movement had on the healthcare system. On the one hand, this knowledge can be used by practitioners for future strategies of organizational change in the context of sexual harassment in the healthcare system. On the other hand, the gained knowledge can be applied to achieve change in organizations by using social movements as a tool.

In order to address the research question of how the #metoo movement has contributed to procedural and perceptual changes in hospitals two theories are used as a basis. The model of Zald, Morrill and Rao (2005) and the approach of damage and gain evoked by social movements (den Hond & de Bakker, 2007) serve as a frame for evaluating and establishing the effect of the #metoo movement on hospitals. These theories will be discussed in detail in the next section. These two theories create a bridge between the perception of social movements as an organization with regulated processes as well as structures (Zald, Morrill, & Rao, 2005) and social movements as loosely organized networks (Diani, 2003).

This relation can be seen in the results of this study, too. Based on the case-oriented analysis of this research and in connection with the two theories two manners on the effect of social movements on organizations can be identified. First, the success and the sustainability of the movement depends on the creation of departments that support the goal and attitude of the movement. These departments are able to communicate problems via official channels and are the foundation for organizational change. Secondly, the movement also influences organizations in a more subtle way by causing a change in awareness and demands of the individual. In this context, publicity and attention play an important role.

2. THEORETICAL FRAMEWORK

Many attempts have been made to define social movements. The emphasis lies either on the form of a social movement as a network or as an organization whereas others have focused on the identity and mobilization of these movements (Cronauer, 2004; Hara & Huang, 2011). Despite different approaches to conceptualize social movements, the goal and the basis of each definition is similar. According to those, social movements aim for social change and a change in the relations of power (Diani & Della Porta, 2006; Hara & Huang, 2011).

2.1. New Social Movement Theory and Social Media

New social movement theory has its roots in Europe in the 1960s where new movements, such as the feminist or student movements, were formed. In new social movement theory, the emphasis lies on change in society, economics, politics and culture. Furthermore, standards and values present an essential part (Diani & Della Porta, 2006). From this point of view, movements are seen as a reaction to social changes (Saunders, 2013) and challenging the status quo in society (Mertig & Dunlap, 2001). One example of this is the women's movement (Diani & Della Porta, 2006; Melucci, 1984) which confronted the system by demanding equality and the recognition of being different (Melucci, 1984).

New movements differed from the old ones in their values, action, forms and constituency (Cronauer, 2004; Saunders, 2013). Due to changes in society which were set in motion by globalization and technical development (Diani & Della Porta, 2006), new social movements began to focus on global issues and to think globally. From the new social movement perspective it can be said "that social movements are a distinct social process of the mechanisms through which actors engaged in collective action" (Diani & Della Porta, 2006, p. 20). As the women's movement demonstrates this collective action is not only limited to public demonstrations but also by emphasizing their values in a change of everyday behaviour (Saunders, 2013). These actions occur on the basis of an informal and dense network which is grounded on a distinct collective identity and which are directed towards a specific opponent (Diani & Della Porta, 2006; Melucci, 1984). For example, due to the mistrust of the hierarchical system the women's movement was organized in informal networks on local and regional levels (Saunders, 2013).

To sum it up, new social movements have a low degree of institutionalisation as well as a lack of clear boundaries and structures. Furthermore, they show a low degree of hierarchical structures and have a high level of heterogeneity (Jopling, 2019). The core of

these movements "is the role of internal and external communication for networking, collective identity formation, as well as sharing, mobilization, and protesting" (Loader, 2008, p. 1922). Consequentially, it is important that the values and goals of new social movements are supported by the general public (Mertig & Dunlap, 2001).

Now, in the 21st century, the communication in networks is facilitated by computer-mediated communication which also influences some important dimensions of social movements (Hara & Huang, 2011). The internet as well as social media platforms contribute to social change. Hence, they are not only being used as a communication tool, but they also simplify the creation of interactive networks as forms of organization and mobilization (Castells, 2001; Hara & Huang, 2011).

The focus of social movements that are built around the use of the internet and social media, can be identified through the public use of hashtags regarding these movements (Tufekci, 2017). Moreover, it is salient to understand the culture of protest and their use of technology in order to identify the reason for a movement and their network (Tufekci, 2017). In addition to its participatory nature an informal leader or spokesperson emerges over time who despite his or her lack of formal legitimacy, has a great influence on people sympathizing with the movement. This becomes even more relevant when it comes to negotiating the goals and terms of a social movement with other parties (Tufekci, 2017).

Due to the fact that it is getting easier to connect with people, and therefore affect those who hold the same positions and beliefs, the communication of values has gained more importance (Castells, 2001). Additionally, it is discussed that the internet has an important role in the success or failure of a movement because it has changed the nature of strategies of social movements (Diani & Della Porta, 2006). In the internet social movements spontaneously generate predominantly in emotional moments and they can raise public awareness by going viral – online as well as offline – and thus, increase the mobilization of the social movement (Kidd & McIntosh, 2016; Loader, 2008). The possibility of high participation and publicity is one of the key elements for the success of a movement because through constant attention the social movement has a catalytic effect on the mobilization of a society (Tufekci, 2017).

Nevertheless, scientists agree that at the beginning of forming a social movement, technologies play a crucial role (Tufekci, 2017) whereas its success depends on a balance between action on the internet and the 'real world' (Castells, 2001; Kidd & McIntosh, 2016). Due to lack of culture and structures which hinder collective decision-making, the fast-gained publicity can end quickly if it is not combined with traditional tasks of organizing (Tufekci, 2017).

2.2. Social Movements and Organizational Change

In order to investigate the influence of social movements on organizations, it is useful to adapt the view of organizations as open systems in which organizations interact on the basis of a dynamic link with their environment (Lalonde, 2011). This means, that the boarders of the environment and the organization blur due to their constant interaction. Consequentially, the focus of perception lies on the processual characteristic of an organization. Thus, there is a terminological shift from organization to organizing (Al-Haddad & Kotnour, 2015; Jarren & Donges, 2011). From this point of view, a social movement can be seen as a cause for a change in an organizational environment. Therefore, organizations have to adapt their processes and strategies according to changes in society as well as in technology (Davis & Zald, 2005; Lalonde, 2011).

According to this perspective, social movements can influence organizations in three ways: first, by raising public attention to social problems and, second, demanding organizational change by asking authorities to make adjustments and thus, spend resources and time on the ground of these social problems (den Hond & de Bakker, 2007). Third, social movements can try to evoke pressure on organizations by participating in politics and as a consequence influence the law (Zald, Morrill, & Rao, 2005).

There are two proposed theories on how organizations are influenced by social movements. First, by looking at how social movements change the environment of an organization by evoking material as well as symbolic damage and gain, and second, by investigating at how organizations comply to the demands of a social movement.

The first proposed approach is based on an economic point of view whereby social movements evoke material as well as symbolic damage and gain (den Hond & de Bakker, 2007). This theory proposes that organizations only respond to external changes when these lead to a perceived long-term gain or loss (Lepoutre & Valente, 2012). Accordingly, material damage refers to a disruption in organizational resources and technologies whereas symbolic damage is based on noncompliance with social and dominant discourse, ideologies, standards and rules. The latter is a consequence of mass media since it presents an opportunity to convince society at large of a problem (den Hond & de Bakker, 2007).

Due to the publicity, symbolic damage can pressurize organizations and political decision makers and thus bears the threat of causing material damage (den Hond & de Bakker, 2007). Hence, the perception of external circumstances as damage to the organization results in increased conformity with external demands (Lepoutre & Valente, 2012).

In order to align the processes and structures of organizations with the preferred characteristics represented by the social movement it is important to influence field frames of organizations. This is relevant because field frames define standards of the organizational fields such as technology, law or the market and thereby, provide stability and structure in these fields (den Hond & de Bakker, 2007).

The second approach is based on the model of Zald, Morrill and Rao (2005) which conceptualizes the range of compliance of an organization to the demands of a social movement. Here, compliance is influenced by three factors: environmental pressure, organizational capacity and ideological commitment. The ideological commitment refers to the extent to which the leaders of the organization are sympathetic to the cause and goals of the movement as well as to whether these demands can be legitimately integrated into the organization. Furthermore, organizational capacity includes the resources which can be of financial or of human nature as well as knowledge and capabilities of implementing new structures and programs demanded by the social movement. This model describes the environment of the organization as the pressure put on organizations through surveillance and sanctions (Zald, Morrill, & Rao, 2005).

All these factors can be high or low in their treatment. The organizational responses range from symbolic action which includes only a little action, to an actual change in organizational processes and systems and can be divided into eight types of organizational responses. Zald, Morrill and Rao (2005) predict that the higher the demand for substantial changes is, the higher the degree of resistance can be expected. In addition, it is important to keep in mind that change is a dynamic process over time because of the interaction between the three factors environmental pressure, ideological commitment, and organizational capacity (e.g. commitment can lead to a rearrangement of resources which then leads to a change in capacity) (Zald, Morrill, & Rao, 2005).

However, organizations are not only influenced by social movements from the external. Social movements can also influence the people in an organization by changing their attitudes and raising their awareness of a specific issue (Zald & Berger, 1978; Zald, Morrill, & Rao, 2005). Zald, Morrill and Rao (2005) argue, that social movements also contribute to a change in organizational culture, discussions, frames and, symbolic categorization. The sustainability of the movement is either reached when the social movement has created an organization with solid structures and process that represent the demands and attitudes of a movement or when the organization in contrast adapts the network like structures of a movement and thus, is able to react to social demands (Scott, 2010).

In general, people participate in a social movement out of three reasons: first, because they see the social movement as tool to affect social or political environment. A second reason to act is that they can identify themselves with the group. The last reason is that the participation in a movement allows them to express their views and enables them to find meaning in their lives (Klandermans, 2004). Most of the time informal and loose networks are created when people connect and become active due to a social movement. Depending on the available resources the activist groups can then turn into professional and formal groups (den Hond & de Bakker, 2007). These movements within an organization are called social movement organizations (SMO) and the aim of this internal movement is to implement the goals of the social movement into the organization based on their shared beliefs (Zald & Berger, 1978; Zald, Morrill, & Rao, 2005).

2.3. New Social Movement Theory in Practice: The #metoo Movement in Hospitals

The #metoo movement is a good example of a new social movement. The movement was founded in 2006 and its goal is to raise awareness of sexual harassment, to reframe and expand the global conversation about equality and sexual harassment at work. In addition, they want to build a community of survivors to create solutions on how to prevent sexual violence (me too, 2018). Sexual harassment is defined by the European Union law as any unwanted or sexual related action that consequently offends the dignity of the person (Antidiskriminierungsstelle des Bundes, 2015, p. 7) and can be of physical, nonverbal or verbal nature (Jenner et al., 2018). The movement started with a focus on helping women of colour and low income (me too, 2018). Due to several incidents in 2017, the hashtag #metoo went viral on social media in less than six months and thus, started a global discussion in more than 85 countries about sex and power in our society (Gill & Orgad, 2018; Langone, 2018).

To prevent sexual harassment at work, long term strategies and systematic as well as cultural changes are required (Langone, 2018; me too, 2018). The open nature of this social movement enabled many people to participate and to step forward via social media and therefore, raise awareness of a particular issue as a collective which increased the pressure on organizations and politics to act (Gill & Orgad, 2018).

Due to the circumstances that #metoo gained publicity because of celebrities who accused well known personalities in Hollywood of sexual harassment, the movement is criticized of focusing on privileged women and leaving out other groups as for instance people with other ethnicities (Gill & Orgad, 2018). In addition, it is argued that other work sectors

where female employment is a concentrated area has mostly been absent in the discussion about the #metoo movement (Gill & Orgad, 2018).

One example for this is the healthcare system. Hospitals are an interesting research object because the traditional and hierarchy dominated structures as well as a complex process of professional segmentation (Baller & Schaller, 2017) make it difficult to react accordingly to changes in society and the environment (Zald, Morrill, & Rao, 2005). Nevertheless, many see the #metoo movement as an opportunity because it questions the status quo of a male dominated culture (Buckley-Nordwood & Lewis, 2018).

In Germany, the law of general equality treatment (*Allgemeine Gleichbehandlungsgesetz, AGG*) which forbids any discrimination due to sex, religion or other characteristics that cannot be changed was implemented in 2006 (Hansen, 2017). Although the employer's responsibility to prevent sexual harassment and discrimination by presenting a complaints department is included in this law only few hospitals have structures and processes to prevent and to deal with sexual harassment at work (Deutscher Ärztinnenbund, 2018; Liebscher & Kobes, 2010). University hospitals as organizations of public service have an exceptional position because of the state law which obliges hospitals to employ an equality manager who is in charge to ensure that the AGG is followed (Liebscher & Kobes, 2010). The nature of the equality manager depends on the state law which also defines the position and the possibilities of influence of the equality manager (Miemietz & Markowis, 2009)

Despite these structures and policies, one important study which was conducted at the Charité in Germany shows that there is still a lot of work ahead in order to overcome the problem of sexual harassment in the healthcare system. The project *watch-protect prevent (WPP*) was conducted in three stages: the first part was a quantitative study that focused on the extent of sexual harassment in the healthcare system ('*watch*'). The main discovery was, that about 70°percent of health care professionals have experienced some kind of sexual harassment during their career (Jenner et al., 2018). Second, interviews were conducted to get an insight on what changes should be made according to healthcare professionals to '*protect*' them by their organization. In the third part of the study, Jenner and Oertelt-Prigione (2018) collected working policies from different public domains and analysed them. According to their results, guidelines and proposals on what should be included in a working policy to prevent sexual harassment and to standardize the process of complaints were established. Open communications, continuous training and courses as well as a clear position of the board were seen as a key element to solve the problem (Oertelt-Prigione & Jenner, 2017).

In general, the outcome of the WPP-project showed that most employees were not aware of their options when being sexually harassed. This means, that most participants did

not know about possible contact partners or their legal rights in this context. Based on the literature and experiences of participants it could be seen that sexual harassment at work could not only be seen as a problem in organizational culture but even in a societal context in which sexual harassment is used as a tool of power on non-professional level (Oertelt-Prigione & Jenner, 2017).

This study gives an overview on the effect of the problem with sexual harassment on hospitals (Oertelt-Prigione & Jenner, 2017). Furthermore, proposals on the prevention of sexual harassment at work are included. However, the WPP-study focuses more on the status quo and does not consider external influences. The following study will try to fill this gap by investigating the #metoo movement and its impact on not only structures and processes in hospitals but also by regarding changes in awareness, internal discussions and attitudes towards the topic of sexual harassment in the workplace.

3. METHODS

The #metoo movement has brought some changes in society which further influence organizational structures and processes. To get a deeper insight into these changes, a qualitative approach was used to answer the research question. Due to the sensitivity of the topic information about the participants and the hospitals are kept general to ensure their privacy.

3.1. Research Design

In this research, qualitative interviews are chosen as research method. Qualitative interviews can be described as an interaction between a participant and a scientist which is led by loose guidelines. These guidelines involve the topics of discussion but gives the participant enough freedom to lead the conversation (Babbie, 2016). This method was chosen because it gives a good insight into complex situations (Liang, Dornan & Nestel, 2019) and therefore, it presents a good instrument to give a diverse perspective on the influence of the #metoo movement on hospitals.

3.2. Participants

For this research, university clinics were selected according to their already existing structures for preventing sexual harassment in the workplace. As a first step, the search focused on university hospitals that had an equality manager as well as some kind of working policy or information on the prevention of sexual harassment in the workplace. This characteristic ensures a sensitivity with this topic and a pre-existing awareness. In the search process of participants seven university hospitals were found, and their equality manager was contacted via e-mail. Four equality managers responded positively and agreed to participate in the research. In Table 1 the most important characteristics of the hospitals are shown. Thereby, general aspects like the size and the type of hospital are considered as well as their official structures for handling sexual harassment. An overview is given, and it enables a comparison of the four university hospitals.

Table 1:
Hospital characteristics

	Hospital 1	Hospital 2	Hospital 3	Hospital 4
Hospital	University hospital	University hospital	University hospital	University hospital
Size in employees	~ 8.000	~ 8.000	~ 11.500	~ 11.500
Existing structures for preventing sexual harassment	Working policy against sexual harassment to standardize the process on how to handle cases of sexual harassment	Guidelines against sexual harassment to standardize the process on how to handle cases of sexual harassment	Working policy against sexual harassment to standardize the process on how to handle cases of sexual harassment	Extended working policy against sexual harassment to standardize the process on how to handle cases of sexual harassment and measurements on preventing sexual harassment
Structures since…	After #metoo	Before #metoo	Before #metoo	Before #metoo

The second step included gathering participants for the interviews. The equality managers who were chosen because of their expertise in this area served as a starting and connecting point. Based on the connection of the equality managers, a snowball sampling method was used to get in contact with other interview partners. In total, eleven people with different professions and hierarchical levels were interviewed. This variety of professions as well as hierarchical positions ensured an in-depth insight into the hospital's procedures. Detailed information about the participants can be seen in Table 2. This table on the one hand summarizes some characteristics of the participants. On the other hand, it gives more information on the interview strategy and information pool that was available to the researcher.

Table 2:
Information and Characteristics of the participants per case

	Additional used information of the hospital	Participant (P)	Gender	Current profession in hospital	Interview via…
Hospital 1	• Website of the equality department • brochures and flyers of the equality department • working policy • information from first contact call	P7	Female	Staff council representative	Face-to-face
		P8	Female	Equality Manager	Face-to-face
Hospital 2	• Website the equality department • brochures and flyers of the equality department • online guidelines on how to handel sexual harassment • information from first contact call • diagram of standardized process on how to handle sexual harassment	P10	Female	Equality Manager	Face-to-face
		P11*	Male	Manager of different departments	Face-to-face
Hospital 3	• Website of the equality department • brochures and flyers of the equality department • online working policy • information from first contact call	P1	Female	Equality Manager	Face-to-face
Hospital 4	• Website of the equality department and the hospital • online extended working policy • information from first contact call • information from hospital event attended by the researcher	P2	Female	Employee in the areas of promotion of women and in the committee of clinics (Kommission Klinika der Bukof)	Telephone
		P3	Female	Equality Manager	Telephone
		P4	Female	Psychologist	Telephone
		P5	Female	Employee of project and development planning	Telephone
		P6	Female	Project Assistance	Telephone
		P9	Female	Manager of a department	Telephone

*The interview with participant 11 was a group interview with participant 10. However, participant 10 was additionally interviewed alone.

3.3. Procedure

After the contact with the equality managers had been established, an interview guideline was developed. On the one hand, the model of Zald, Morrill and Rao (2005) of organizational compliance that was discussed in the theoretical framework served as a frame to generate the interview questions. On the other hand, the information presented on the website of the university hospitals was included in the interview guideline as well. The interview guideline was then checked by an independent expert.

In terms of content, general questions about the participants profession, the role of sexual harassment in the hospital and the #metoo movement were asked to get an overview

of the situation in the hospital. For example, it was asked if the #metoo movement had evoked a push which led to concrete changes in the hospital and if changes of awareness and in attitudes could be detected on different levels in the hospital. These questions were inspired by the content of the websites of the hospitals as well as other available information (see Table 2).

Then, in-depth questions that were concerned with the topics of the model of Zald, Morrill and Rao (2005) about environmental pressure, the capacity of the organization and their activities based on hold and shared values and how they changed after the #metoo movement were asked. Examples of these questions were: 'Did the #metoo movement cause internal and external stakeholders to pressure the organization to change?' or: 'Did the #metoo movement lead to a discussion about values and norms in your hospital and in the healthcare system in general?'

Finally, the respondents were requested to summarize the influence of the #metoo movement ('What was in your opinion the most important change and achievement the #metoo movement has caused?'), and they were able to add a topic or content that they thought was important as well ('Is there something you would like to add that has not been mentioned yet in the interview?'). The complete interview guideline can be found in appendix A.

The interview guideline was sent to the interviewees a few days in advance. Due to the preference and the time constraints of the interviewees, some interviews were conducted via telephone while others were interviewed face-to-face. The duration of an interview varied between 30 and 60 minutes. In general, it can be said that the interviews that were conducted via telephone were shorter (30 to 45 minutes) than the interviews that were based on a face-to-face conversation (45 to 60 minutes). The interviews were recorded, transcribed and lastly anonymised. Because the study is concerned with very sensitive data, the transcription of the interviews was first sent to the interviewees for a last check before the data was analysed. The last check included some minor adjustments from the participants which were concerned with the correctness of the information and privacy issues.

3.4. Analysis

To analyse the data, first all interviews were transcribed by using the program *Express Scribe Transkription*. After the final check of the participants the data was analysed by using the three steps of the *qualitative comparative analysis* (QCA) technique as a frame. This technique has

been chosen because it allows a thick description of the cases as well as an establishment of a relation between the different cases (Khan & VanWynsberghe, 2008). Additionally, this method enables analysing the data without obscuring. Furthermore, the content of the cases is presented in an easily accessible form and the cases are in the centre of the analysis which ensures a goal-oriented approach of the analysis (Khan & VanWynsberghe, 2008)

The first phase is the case selection and case description. The structures and processes of the hospitals in dealing with sexual harassment cases are included in a thick description of the cases and some background (Rhioux & Lobe, 2012). In this context, the data of the interviews was summarized for each hospital individually with the focus on the information that was seen as important to answer the research question.

The goal of the second phase the 'analytic moment' is to minimize complexity. Therefore, the data was categorized in thirteen groups. These groups were developed with regard to the context and the questions asked by the interviewer and on account of the data. Thus, the use of an inductive category development method allows not only the reduction of complexity but also staying close to the information given by the data (Khan & VanWynsberghe, 2008; Rhioux & Lobe, 2012). For organizational purposes clusters of phenomena were created based on the similarities and differences of the cases (Khan & VanWynsberghe, 2008; Rhioux & Lobe, 2012). As a result, thirteen categories were established in relation to the two theories discussed in the theoretical framework of symbolic and material gain and damage discussed by den Hond and de Bakker (2007) and the model of organizational compliance by Zald, Morrill and Rao (2005). The formed categories summarize the information given by the four individual cases: (1) material gain and damage, (2) symbolic gain and damage, (3) relationship of dependence, (4) change of status quo, (5) change in awareness of individual, (6) changes in awareness of managerial staff, (7) events or campaigns, (8) expression of younger generation, (9) structures for handling sexual harassment were possible because…, (10) sustainability of the movement, (11) taboo breaker, (12) effect on healthcare system, and (13) downside of #metoo.

These categories were used in the third and last step to analyse the relation of the four cases in order to answer the research question. The categories served as a frame to combine the information in a cross-case-analysis and interpreting the data regarding the research question.

4. RESULTS

This section presents the result of the research. The structure of this chapter follows the proposed process described in the method section. Hence, first the four cases will be described individually before a summary occurs in order to facilitate the establishment of a relation between the cases. Finally, the results of the cross-case analysis will be described in regard to the research question.

4.1. Case Description

In general, all four cases already have existing structures to prevent sexual harassment. On the one hand, these structures consist of regulations concerning the handling of sexual harassment in hospitals. This standardized process includes some kind of examination of the case as well as regulated consequences of this unwanted behaviour in form of a warning or even a notice of dismissal. Moreover, other regulations included installed measurements to prevent sexual harassment for instance educating the staff and the management by holding seminars on the topic on dealing with cases of sexual harassment at work. The dimensions of these measurements vary between the four different cases depending on how long these structures already exist and how often they have been revised. The equality managers in every case plays an important role for implementing and revising these processes. In all cases, internal pressure is used to implement these changes. However, in two cases, external circumstances are used as well. These circumstances will be described in depth in the following sections.

Hospital 1: #metoo as a tool

This case showed two kinds of influences of the #metoo movement on the hospital. Both effects are based on the publicity and the emphasis the topic of sexual harassment gained because of #metoo. Firstly, the #metoo debate brought a direct effect with it in form of a working agreement for sexual harassment. Structures and processes were developed to handle internal cases of sexual harassment with the involvement of the hospital's board. Accordingly, the publicity of the topic was used to bring it in front of the board. Additionally, the discussion in society about the definition of sexual harassment and the increased awareness facilitated the process of implementation. However, it was mentioned that although

the topic was in the open, much convincing was necessary, and it was still a difficult and long process.

"I do not want to imagine what it would have been like if I had not have had #metoo. It sounds a little awkward, well, the expression sounds weird but because of that the topic was already in their heads and I did not need to start at zero or minus ten (…) or discussions in terms of content would have been more difficult and so on and so forth."

"I think the #metoo debate and this matter has fastened the working policy. Across different professional groups and no matter, the hierarchical level, it was seen as a central point and also gave it importance here."

The interesting feature about this case was that #metoo was also used to communicate cultural differences to new employees from another country. Thus, #metoo was not only used to implement a working agreement but also to communicate and introduce the internal culture to others. Additionally, no further events in the context of #metoo were organized.

Secondly, a discussion about culture was set in motion. This point has different facets. On the one hand the discussion about #metoo has led to more courage to say 'no' when being harassed. This is important because it is a first step to change the culture in a workplace by conscientizing employees about a problem and by questioning traditional ways of acting with each other.

"Culture in any case as well as discussion about culture. (…) 'how do we deal with one another' and (…) 'what is normal?'. I think that is important. I think the discussion is important and it is important that we keep discussing.'

On the other hand, #metoo created a moment of shock and was an eye-opener on different hierarchical levels. It was becoming evident that sexual harassment cannot be seen as an individual but as a societal problem. According to the participants, the middle management was one of the levels that was influenced the most by the #metoo movement. Therefore, the discussion has led to a more sensitized view of the subject and provides a more serious approach towards it. This change towards dealing transparently with sexual harassment increases trust which in turn is an important basis of cultural change in an organization.

However, it was also mentioned that the influence of the #metoo movement has not reached the whole healthcare system. Since other hospitals do not have the obligation to have an equality manager and due to the lack of qualified personnel it can be assumed that sexual harassment is still an unmentioned topic because no one feels responsible. Although people are more sensitized it sometimes still is difficult to allow a discussion about sexual harassment due to the nature of work in a hospital including time constraints and a high workload.

Therefore, the possibilities to discuss problems are sometimes small and as a consequence changes cannot be communicated easily.

"Wherever there is pressure to perform and a difficult communication in general there is a difficulty to change something because there is no space for it. You also need time to communicate changes."

The relationship of dependence is included. When it comes to dependence or higher levels of hierarchical structure, sexual harassment is still seen as a taboo topic and the dominant opinion is that one has to live with it. However, this strongly depends on the profession and the professional area. Furthermore, it was mentioned that the younger generation perceive their rights and morals differently. Although #metoo has not made it easier to speak up in a relationship built on dependency, it still has changed the awareness of younger people. All participants believe that the movement was a start and that change just needs time to develop.

"I think society has to learn and an organization has to learn too to accept a clear no or a 'I don't want that. I don't like that'. And if it happens that one person says 'no' and the other one accepts it then we have come very far. And I think that we need to give the #metoo debate a little bit more time for that."

Hospital 2: higher awareness because of #metoo but still reluctance and insecurity

On the one hand, the second case showed that a small replication of the #metoo movement happened in the hospital and, on the other hand it made clear that although the movement brought a lot of attention to the topic of sexual harassment, there is still insecurity of dealing with such cases.

As in the previous case, this second hospital implemented their processes to deal with sexual harassment due to external factors. Although the guidelines were not a result of the #metoo movement it was a consequence of a similar event in Germany in another hospital some years before the #metoo movement started.

Some effects can also be seen due to the discussion about #metoo in the fourth hospital. One aspect that was mentioned showed the increase of the need for consultation mostly by women because of #metoo. Thus, the platform that was given by #metoo to tell their story was replicated on a smaller scale in the hospital. Some people were more encouraged to come forward while others only wanted to inform themselves as a measure of precaution. This reaction was seen by women of all ages.

"Well the #metoo debate (…) has definitely and that I can observe from my consultations (…) empowered women to prepare themselves as a prevention or as preventions just in case to inform themselves or just discuss it among themselves."

When being asked about what the greatest achievement of the #metoo movement, the answer was that no one could hide from the topic anymore as well as that it can happen everywhere meaning that organizations and hospitals are now forced to take a stand.

"But the #metoo debate shows that it happens and that it can happen anywhere. And no one should be lulled into a false sense of security. (…) I just say that people who don't want to face it or people who are still stuck in the taboo, they have to take a stand. They have to face it now."[1]

This stands in contrast to the sensitivity and awareness described in the hospital. Even though it was mentioned that the management has more interest in the consultation on sexual harassment and that the board of the hospital states a clear position on sexual harassment it was obvious that the higher hierarchical levels were neither aware of this topic nor sensitized. In this context, it was said that the topic was a taboo and the problem was denied in some parts of the hospital after all.

"There I cannot measure as well if #metoo gave a push because most of the time when I am discussing this topic in the internal public they say: 'Well in my area this does not exist.' (…) or they say: 'Oh really? Where? Yes? In my domain this is unimaginable.' (…) these are mostly management staff who treat it as a taboo only if it has fallen right into their laps."

This insecurity about the topic was reflected in an example that was given where one of the respondents wanted to publish their achievements in dealing with sexual harassment in the hospital. However, external communication expected negative reactions, so they denied the request. This example shows that sexual harassment is still seen as a taboo in public.

A reason for this might be that according to one respondent the discussion about #metoo was rather superficially portrayed as a war between genders instead of the actual subject: sexual harassment and power.

"That #metoo is divided into sexual violence, for me meaning the line of power and dominance and the discussion about the war between genders."

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[1] Original: *„Aber diese #metoo Debatte zeigt, es passiert eigentlich und kann überall passieren. Und da darf sich niemand in Sicherheit wiegen (…) Also ich sag jetzt mal, die nicht hinkucken wollen oder die doch in so tief in diesem Tabuthema noch drinstecken, die… müssten sich jetzt… müssen jetzt Stellung beziehen, ja? Und müssen hinkucken.“*

Although this resulted in a wrong portrait of the discussion about sexual harassment which made it difficult to understand the the main goal of the #metoo movement fully, #metoo still can be seen as a start of a discussion about sexual harassment. This debate however did not go as far as that the culture and the status quo are being questioned. However, according to the respondents this cultural change is already set in motion due to time and the professionalization of the work. Hierarchical structures and the traditional way of thinking are being questioned because existing processes such as teams treating diseases that are department overlapping show that working in a fluid form can be more beneficial than working in solid structures. Therefore, the need for new processes without any hierarchical structures regarded as necessary in order to overcome the problem of sexual harassment. This stands in contrast to people in high hierarchical levels who profit from this kind of system and want it to remain that way.

Hospital 3: #metoo as publicity wave but not sustainable

In this case, the influence of the #metoo movement on the hospital and the society was described in three ways: it created publicity, it made organizations aware of their responsibility and it was used as a tool for own interests.

First, when asked, what the biggest achievement of the discussion about #metoo was, the answer was the publicity it gained because of high media attention and its constant presence in the press and on social media during the time of the debate. The increased attention was reflected in the fact that it was believed that the #metoo movement and the topic were part of private and internal discussions more frequently. The presence of the topic increased the attention of the topic of sexual harassment and it created a stronger sensibility.

> *"(…) to make it more present and that people are now more aware and thus for example are more aware of brochures or inform themselves and to show more interest in this topic."*

Secondly, the discussion about #metoo was taken as a reason for organizations to think about their own structures and responsibilities in the area of preventing and dealing with sexual harassment at work. An indication for this effect is that the university hospital was approached by other external organizations to present their process for handling cases of sexual harassment. On the one hand, the open discussion about the topic made organizations recognized the need for change. On the other hand, the university hospital was known for its already existing structures to handle sexual harassment because of the network of the equality manager. The combination of the two factors have impacted other organizations in their

awareness of the importance of the topic. However, it cannot be identified if one factor had more influence on this change of awareness than the other.

Thirdly, the publicity of the topic was used by the hospital for their own purpose to create more attention. In a small campaign, flyers of the equality department and whistles were distributed. The whistles had next to a practical reason – to call for help if being sexually harassed – also a symbolic meaning. The message behind it was to 'whistle someone off' meaning, to give a signal that a personal line has been overstepped and to show that the person is not alone and is allowed to protect him-/herself. Thus, the attention was used to raise awareness about the problem, to show them ways of prevention and possible sources for consultation.

Apart from the small campaign, neither other events were organized nor were specific changes made in the university hospital as a response to the #metoo movement. According to the interviewed person, a possible reason for this minor effect in the hospital and in the healthcare system could be that #metoo was out of touch with reality. Due to the fact that the focus of #metoo was on Hollywood and thus, most media did not report on daily life situations, the discussion about sexual harassment was too distant to be related to the healthcare area. Moreover, it was criticized during the interview that the discussion was mostly focused on women although other groups (e.g. men) were completely left out in the discussion.

Additionally, it was mentioned that neither the interest in seminars on sexual harassment at work did not increase nor the number of people reporting situations of sexual harassment. However, it is important to know that the interest in seminars on prevention of sexual harassment was already high before the start of the #metoo movement. Given the fact that the staff's demand was already high, it can be argued that an increase was not necessary. As a possible reason for this interest the new awareness and new attitude of the younger generation were named. According to the interviewee, this younger generation is more reflective on the status quo and questions old values and traditions including the view on hierarchical structures and the use of sexual harassment as an instrument of power. However, in a relationship built on dependency this attitude towards self-determination is still depressed.

"*There is still a high level of hierarchy. And I just hope that with the new realization, the new attitude that younger people have more than me or demand, not just having it but they really do demand it now, and I think that is great. And I only can support that. And that the decision-makers who come from another more archaic hierarchical structure that they are forced to reflect their actions and to change them, their way of how to do things and their reasoning. And that can only happen if the younger generation put*

pressure on them. For that they need to be free of their fear. And as long as they are in a relationship of dependence it is very difficult and a big challenge."

Despite this being the central point of the #metoo movement, no changes can be seen in this area, yet. It is important to bear in mind that changes in culture and values in a society and in an organization take time. The #metoo movement was not seen as very sustainable. Even though, it has given attention and has led to a discussion about sexual harassment at work it was too superficial for affecting the healthcare system. To really achieve changes a role figure would be needed and moreover a small fraction of the #metoo movement with focus on the healthcare system.

Hospital 4: different awareness of the effect of #metoo

This case presented some controversial views on how the #metoo movement influenced the hospital and on the consequences of this movement. Important to mention is, that this university hospital was already highly developed in their structures of preventing sexual harassment. One unique example is that courses on how to deal with sexual harassment were mandatory for every employee from every hierarchical level. However, most participants agreed that #metoo still had created some small waves which influenced the hospital.

One impact that was mentioned several times was, that #metoo brought a strong push of attention to the topic of sexual harassment at work. This led to breaking the taboo and more discussions in society and the workplace and further, strengthened people's self-consciousness to give feedback.

"The #metoo movement, I think, is this change (…) that someone comes and says: 'Hello, something has happened to me and I don't want that to happen', that this has been amplified and there is more self-consciousness to do that."

Additionally, it helped to take complaints about sexual harassment more seriously and it gave the subject a greater importance. This was mostly reflected in the way mostly middle managers dealt with the problem at work. Moreover, it was mentioned that #metoo helped to remind employers of their responsibility to protect employees. However, it was also described that the #metoo movement has put pressure on organizations also in a way, that they were scared that a case of their own hospital might become public. This external pressure was expressed by external requests and invitations for the hospital to present their processes and structures on how to deal with sexual harassment in the workplace:

"There are definitely many organizations that did not have a case before and they were made aware of it or were urged, I think, to really do something now."

Furthermore, one of the achievements of #metoo was the acknowledgement of sexual harassment being not an individual but a societal problem. Even though it was stated that it is too early to really notice any changes in the organization, it was pointed out by some respondents that it could be seen as a small step to a cultural change.

This is based on the fact that more people question the status quo and are more sensitive when it comes to looking at the relation between hierarchy, power and sexual harassment. However, no changes regarding the relationships built on dependency could be observed. It was unanimously described that the higher the level of hierarchy, the more the attitude of 'I need to go through it alone' was expressed. Although some argue that #metoo has unlocked the topic a bit relationships of dependence exist and in high hierarchical levels, sexual harassment is still a taboo subject and very difficult to handle and most high ranking managers are not as considerate when sexual harassment is put into context with power structures.

Secondly, the #metoo discussion has strengthened the individual by allowing speaking up and being more self-determinant. Due to the fact that the awareness of the staff has changed, the environment has to change consequentially. As an organization which depends on staff and has a problem with lack of qualified personnel, the hospitals should be concerned about the employee's development and satisfaction. As a result of #metoo a change in the traditional hierarchical structures and dealing with sexual harassment becomes mandatory.

The described changes, however, were not seen by all respondents. Interestingly, one participant described that the #metoo movement had no effect at all on the hospital or society. The perception of the participant was based on the fact, that in lower hierarchical work areas such as the cleaning service, time and performance pressure disabled employees to deal with the problem. In this context it was mentioned that people either did not have time to talk to superiors when a problem occurred, or they did not have any access to information about what they could do when being harassed. Furthermore, a development was seen that supervisory had to constantly manage more staff and thus, less time to address any topic that was not directly related to work. Neither the already existing structures nor #metoo helped because of the focus on time and resources.

At the same token, whereas some described that the #metoo movement had an effect also on the healthcare system due to its publicity and the discussions others argued that the #metoo movement did not have any connection and influence at all on daily life situations because since it primarily focused on Hollywood.

"For the public the #metoo debate about Hollywood was right (with emphasis) but also a bit disconnected from daily life. But #metoo made it possible to make it public via media because it was so big and thus, I think that it arrived in daily life and at the moment, it is interesting I think to see how far it will go."

Additionally, it was mentioned that these phenomena are more likely to be seen as an effect of a younger generation with more knowledge about their rights and focus on their own individual strength rather than an effect of the #metoo movement. One even mentioned that #metoo is mostly an achievement of the older generation but now is expressed by the younger generation in a new way enabled by digitalization and social media.

Furthermore, some argued that the discussion about sexual harassment is being distorted by media and some voices tried to delegitimize the #metoo movement. As a consequence, the movement was not taken seriously anymore. At the same token, it was criticized that the debate focused too much on women whereas other groups (e.g. men or people from other ethnicities) were left out of the discussion.

Interestingly, one participant was member of the *Kommission Klinika der Gleichstellungsbeauftragten* (hospital committee of equality managers) which is a union of all equality mangers of university hospitals in Germany. In this organization which also has influence on political decisions, the #metoo movement was discussed. The goal was to analyse the status quo and to look at already existing structures and processes. On another level of this network, the committee on state level (*Landeskonferenz of universities and university hospitals - Lakof)* has taken the #metoo movement as a reason to start a campaign against sexual discrimination and violence.

Summary of the cases

In Table 3 the information of the cases is presented in a summarized manner. The categories of the qualitative content analysis serve as a frame in the table as well as a description for the relation between the different cases.

Table 3:
Summary of the data on the effect of the #metoo movement (categories) on the university hospitals

	Hospital 1	Hospital 2	Hospital 3	Hospital 4
Material gain and damage	Working policy as a gain	No gain and no damage	Served as a role model for other organizations → could lead to material gain with focus on lack of qualified personnel	Served as a role model for other organizations → could lead to material gain with focus on lack of qualified personnel
Symbolic gain and damage	Role model function because confronts problems internally	Role model function because confronts problems internally but damage was feared when going public	Role model function because confronts problems internally and externally	Role model function because confronts problems internally and externally
Relationship of dependence	No changes	No changes	No changes	No changes
Change of status quo	Yes, change of (organizational) culture, attitude, awareness	Yes, but because of time and change in professionalization	Cannot be said	Yes, but disagreement if it is because of #metoo or because of generation
Changes in awareness of individual	Yes	Yes	Yes	Yes
Changes in awareness of managerial staff	Yes, but depends on hierarchical level	No	Yes	Controversial awareness
Events or campaigns	No, but was used as a tool in different ways	no	No	No, but campaign of the lakof
Expression of younger generation	Yes	Cannot be said	Yes	Yes, but also something worked out from older generation
Structures for handling sexual harassment were possible because of…	External and internal pressure	External and internal pressure	Internal pressure	Internal pressure
Sustainability of the movement	Depends on how it is lived	Depends on individual	Depends on a face; too superficial	Yes, because taboo is broken
Taboo breaker	Yes	Depends on individual and department	Yes	Yes
Effect on healthcare system	No, because lack of resources and someone who feels responsible	Cannot be said	No, because too much focus on Hollywood	Yes because of lack of qualified personnel; disagreement that #metoo was to unreal
Downside of #metoo	none	Media focused too much on war of gender	Too much focus on women	'White discussion' which left groups out

4.2. Cross-Case Analysis

When comparing the results of the four cases, a pattern is recognizable on how the #metoo movement has fostered change in the four hospitals – either in a more subtle or in a more direct way – by influencing internal discussions, perceptions, processes and behaviour. These effects are made possible due to the awareness that has been created by #metoo in traditional and on social media. In general, four outcomes of this study can be established.

First of all, hospitals, organizations and the society have been confronted with a topic that has been a taboo until that point. The publicity of the topic has broken this taboo by starting a debate in society about sexual harassment in the workplace. The circumstances that two university hospitals have been contacted to consult on their management for developing structures against sexual harassment in the workplace show that organizations have been influenced by the publicity of the topic. Hence, organizations have been made aware of their responsibility in protecting their employees and the lack of standardized processes and structures to handle sexual harassment in the workplace.

Second, the debate in society has changed the awareness of not only organizational but also the individual responsibility. This has two facets. First, people (mostly women) have been more encouraged to speak up and to inform themselves about their rights and their possibilities how to handle sexual harassment. Therefore, one indication is that in one hospital the movement has created a smaller internal #metoo movement, thus, more women have been encouraged to step forward and tell their story. In addition, a cultural change is set in motion regarding the way people act with each other during work. The second facet is that the topic of dealing with sexual harassment has gained importance. This is relevant because the change of awareness has caused an alteration in the expectations of employees. Due to the fact, that the healthcare system has to deal with a lack of qualified personnel the satisfaction and happiness of the staff is getting more and more important. Thus, in order to keep and get new personnel hospitals have to meet these new demands.

Nevertheless, the outcomes of the study also show that although the topic has gained importance, the causes for sexual harassment like relationships of dependence and high degree hierarchies as well as time and performance pressure have not been influenced by the movement. This can be seen in all four cases where it was said that it is still difficult when relationships of dependence exist. According to this people keep quiet or have the impression that they are isolated. However, people start to question the status quo, which is not the result of the #metoo movement but of a new generation with other attitudes, different values and standards. In this context, the #metoo movement was seen as an expression of the younger

generation to criticize the old traditional ways and thus, can be seen as the beginning of a societal change which needs time to develop and new role figures who feel responsible to represent the values of the movement.

The key for changes in structures and processes in hospitals can be linked to the equality managers and not to the influence of a social movement that evoked damages to the existing system. In all four cases, the equality managers were the ones who set the structures the handling of sexual harassment in the hospital in motion. External as well as internal circumstances and situations were used to their advantage and put pressure on the hospital board. However, the internal pressure in this case can be seen as the most important factor to influence organizational change which is performed by the equality managers themselves. University hospitals have a unique position in the healthcare system based on the law of general equality treatment (*Allgemeine Gleichbehandlungsgesetz, AGG)* whereas other hospitals that are not part of public service mostly have no resources to employ an equality manager. The reasons could be the lack of qualified personnel and the characteristics of the work which are dominated by time and performance pressure. However, due to the fact that the objects of research in this study were only university hospitals the situations of other hospitals cannot be analysed with certainty.

Lastly, this study has shown that the #metoo movement has influenced hospitals when it was used as a tool. The cases show that on the one hand, campaigns were created based on the societal discussion and on the other hand, even a working policy was set in motion. The campaigns ranged from small campaigns within a hospital to create awareness on how the hospital handles this problem to bigger campaigns against sexual discrimination and harassment on a national level from a national wide network-organization. Although the working policy was not developed based on the #metoo discussion, it still accelerated and facilitated the process of development. Furthermore, #metoo was used as a tool of information about the hospital's processes for people with a different cultural background. The international range and the publicity of #metoo can be regarded as a cultural bridge for communicating the topic properly.

In summary, the results of the study show that the #metoo movement has affected the hospitals in different ways. The equality managers and their ways to use the #metoo movement for their advantage were the main causes in creating internal pressure which has led to a change in structures and processes. However, the influence of the debate about #metoo in the individual is just as much important because it has set a change in culture as well as in the traditional way of thinking in motion.

5. DISCUSSION AND CONCLUSION

This research has focused on the change fostered by the #metoo movement by influencing internal discussions, perceptions, processes and behaviours in university hospitals. Although, measuring the influence of social movements on organizations is regarded as difficult due to uncertainty on how to determine the success and the impact of a movement (den Hond & de Bakker, 2007), the analysis of the four cases was a first step to elucidate the possible effects of social movements on organizational change.

This study has resulted in four main results: (1) social movements can evoke material and symbolic damage and gain which can lead to organizational change on different levels, (2) in order to have a great impact on organizations social movements have to be presented in some organizational form with resources to foster change, (4) publicity is salient for the success of a movement whereas sustainability is achieved by aligning online activities with offline action, and (4) the higher the level of hierarchy, structures and traditions of the way things are done in an organization the more difficult it is to change them. These four results will be discussed in more depth in the following section.

5.1. Discussion of the Results

This research has given an insight into how the #metoo movement fostered change in university hospitals. The first and main outcome of this research is that the #metoo movement has led to material as well as symbolic damages and gains (den Hond & de Bakker, 2007) which have been the basis of evoking organizational change in the hospitals. Different areas have been influenced in a direct and more subtle ways. The four cases have shown different kinds of damage and gains as a result of the #metoo movement. For example, the #metoo discussion has increased the awareness of the topic of sexual harassment at work and additionally the topic has gotten important for many individuals. Due to the lack of qualified personnel in the healthcare system, this debate could on the one hand lead to material gain in hospitals who openly deal with the topic. On the other hand, it could also lead to material damage in those hospitals who still deny the problem and do not have any structures or processes to handle cases of sexual harassment.

This material damage and gain is the consequence of the change in social values and the individual awareness which according to den Hond & de Bakker (2007) can be regarded as symbolic damage. The publicity of #metoo has put pressure on organizations by breaking

the taboo of the topic of sexual harassment in the workplace. Zald, Morrill and Rao (2005) likewise argue, that social movements contribute to organizational change by influencing culture, frames and debates in an organization. These internal effects have also been identified in this research, although the cause of these changes was seen in the light of a new generation with new values and a new way of doing things rather than as an effect of the #metoo movement.

Due to material and symbolic damage and gain the need for aligning field frames according to the demands of the social movements is very important (den Hond & de Bakker, 2007). By providing a working policy, a guideline or an extended working policy, a standardized process is provided to deal with sexual harassment. In this research, most working policies have been established before the #metoo movement went public, however, hospital one shows that changing a field frame can be a result of a social movement.

Second, the success of social movements to change organizational structures and processes depends on the type of resources and ideological commitment these hospitals have to implement the demands of the social movement (Scott, 2010; Zald, Morrill, & Rao, 2005). The equality managers are regarded as key elements in evoking pressure for integrating long term strategies and systematic change which are salient when preventing sexual harassment in the workplace (Langone, 2018; me too, 2018). Additionally, the equality managers serve as leaders on behalf of the movement. This is necessary in terms of negotiating the demands of the movement with an organization and thus, succeeding in implementing the goals of the movement (Tufekci, 2017). This supports Scott's (2010) proposition that social movements are sustainable when they manage to create a social movement organization. Although the equality department is not a consequence of the #metoo movement, it can be said that due to their job characteristics which are guided by the AGG, they represent some of the interests of the #metoo movement and therefore, are the main force for implementing structures and raising awareness of specific issues that are demanded by the social movement. Structural change was only possible because of these departments and the #metoo movement served as a supportive tool in implementing these changes but evidently not as a cause. As a consequence, it has been established, that not only social movements are responsible for organizational change but also the environment and internal circumstances (den Hond & de Bakker, 2007).

Thirdly, this study underlined the theory which characteristics of a social movement are salient in the context of success and sustainability. The effects described in the analysis are based on the worldwide publicity which the movement has gained by its participatory nature and the press coverage. Due to these circumstances, the #metoo movement had a catalytic

effect by mobilizing society (Tufekci, 2017) and subsequently pressurizing organizations to adapt to new values and a new way of thinking (Davis & Zald, 2005; Lalonde, 2011). According to Tufekci (2017) these are the key elements for the successful development of a movement. However, it is important to align online with offline actions to ensure the sustainability of the movement (Castells, 2001; Kidd & McIntosh, 2016). This has also been established by this research by some participants who have emphasized the importance of a distributer or a face of the movement especially for the healthcare sector to achieve sustainability and to implement the demands of the movement into organizations. Additionally, the #metoo movement has been seen as an expression of the younger generation whereby the movement affected mostly younger women. Tufekci (2017) states that in order to understand the reasons for a network, it is necessary to look at their use of technology and their culture of protest. The fact that #metoo went viral on social media is a possible explanation for the influence on mostly younger people and their participation in the movement.

Finally yet importantly, the cases have shown that high hierarchical structures and complex processes of professional segmentation are more resistant to change (Baller & Schaller, 2017; Zald, Morrill, & Rao, 2005). This is based on the fact that sexual harassment as a tool of power was still seen as a problem. Additionally, it has been mentioned that the higher the hierarchical level, the less awareness of the topic exists. These examples have shown that although small changes were made to handle sexual harassment in the workplace the causes of the problem were not affected.

In summary, it can be said that social movements have the potential to foster organizational change. Moreover, their success depends on the creation of departments who support the cause of the social movement and communicate the problem through official ways in an organization. However, as the theory of symbolic and material gain and damage in relation with this research has demonstrated can social movements also influence organizations in a more subtle way by affecting individual awareness and demands. In this context, publicity and attention is key to foster change. With this outcome, this study has given insight into how organizational change can be evoked not in a planned manner but by social movements.

5.2. Limitations and Future Research Suggestions

Firstly, it is important to mention the limitations that are a consequence of a qualitative approach. Whereas the cross-case analysis enabled a thick description of four individual cases, the possibility of generalizing the outcome is only possible to a certain degree due to a

low level of reliability in qualitative research. Hence, reliability issues are an important limitation of this research which can be the focus of future research to enable reliable data which can be generalized to a broader context. In addition, a limitation is given due to the choice of research objects. University hospitals already have a unique position because they are in the public service sector and are bound by law to have an equality manager, whereas other hospitals do not have these preconditions and therefore, it is difficult to project the outcomes of this research on to the healthcare system in general.

As a consequence, future research should focus not only on university hospitals but also could explore the effect on the healthcare system in general as well as on other organizations in different sectors. A comparing research method could be the basis of studying the effect of a movement in a setting with and without equality managers to explore their impact further. Moreover, it is proposed to follow a more quantitative approach to get an insight of the dimensions the #metoo movement had on the healthcare system or in society.

Second, a disproportion of participants per case can be seen in this research as well as an imbalance of the gender of the participants. One reason for this imbalance is the snowball-sampling method. To overcome this limitation, future research could include the same amount of men and women and for example compare their awareness and attitudes on the impact of the #metoo movement on the healthcare system. In addition, the case which showed controversial awareness of the effects by the #metoo movement was the one with the most participants. It would be interesting to get further insight of these controversial attitudes and more background information on why people hold these different perceptions. As a consequence for future research, it is proposed not only to align the gender of the participants but also their job and their status.

Last but not least, it was mentioned several times that it was too early to determine the full impact of the #metoo movement on university hospitals. Due to this fact and further, because change is a process and not a fixed point in time (Zald, Morrill, & Rao, 2005), more research could show the effect of a movement on organizations over time.

5.3. Practical Implications

The results of this study which showed how a movement fostered organizational change on various levels can be seen as having practical implications.

First of all, this study has implications for practitioners who are concerned with the topic of handling sexual harassment in the healthcare system. The cases show on the one hand

the reactive methods of hospitals in dealing with cases of sexual harassment on the other hand it implies the instrumentalization of social movements for a successful implementation of change in organizations. Additionally, it has given an insight into the effects the #metoo movement had on sexual harassment which can be realized in further strategies of change for example, the change of awareness and demands of the younger generation due to the discussion in society.

Second, the research has given an insight into the needs of a movement for becoming successful and having a sustainable effect on organizations. This is important for understanding the influence, social movements have on organizations and the society and furthermore, it enables practitioners to react to societal demands and movements.

5.4. Conclusion

This research has given a thick description and an insight into the question of how the #metoo movement has fostered organizational change by influencing internal discussions, behaviour, perception and processes in hospitals. Although this research has focused on a narrow object of research the outcomes of this study can also be applied to a broader context. It has given insights on the influence of the movement on not only organizations but also on the individual and thus, society at large. Moreover, it has given an understanding of how social movements impact organizations with a high degree of hierarchical structures and complex processes. This study is an addition to literature on the interactions and reactions of highly structured and complex organizations to network-like and fluid movements that change the environment by creating new attitudes and new awareness of different topics and situations. The #metoo movement and hospitals provided an interesting and important research object and this research can be seen as a relevant initiation for future research into understanding the interaction between fluid structured social movements and complex organizations.

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APPENDIX A: INTERVIEWGUIDELINE

Interviewguideline for the Masterthesis '#Metoo in Hospitals' (translated version)

Introduction

- Do you give your consent that I am allowed to record this interview?
- Do you give your consent that you want to participate in my research?
- Could you first maybe give me an insight into your work? What is your job and what are your main tasks?

Focus: hospital and sexual harassment

- Which role does the topic of sexual harassment play in your hospital (how do you deal with the topic, already existing structures to prevent sexual harassment etc.)?
- In general, are there aspects that have to change to solve the problem of sexual harassment in your hospital and in the healthcare system?

#metoo Movement

- In my previous telephone conversations was mentioned that the discussion about #metoo has led to a push.
  Were there any concrete changes that were a consequence or a result of this push in your hospital?
- Was there an internal discussion about the #metoo movement in your hospital?
  If yes: how did it develop? On which levels/groups/departments did these discussions take place?
  If no: Why not?
- Would you say that in general, the perception and awareness of the topic of sexual harassment in the workplace has changed due to the movement (internal as well as external)?
  If yes: How?
- Would you say that the #metoo movement was enough to really have influenced society and the healthcare system?
  If yes: What?
  If not: Why not? What would be necessary?
  → sustainability of the movement or just a phase?

Specific questions about changes in the organization

Environmental Pressure

- Do external groups play an important role when it comes to changes in your hospital?
  If yes: How?
  → pressure from different professional groups (internal and external)
  → new expectations
  → sanctions

Organizational Capacity

- Was there a redistribution of resources and capacities in your hospital? How?
- Did you take any concrete measurements due to the #metoo discussion f.e. discussions, events, training?
  If yes: What did you do and how was the measurement integrated?
  If not: Why not? Already existing?
- Did the management react to the #metoo movement with concrete measurements in your hospital?

Ideological Commitment

- Can you remember if the #metoo debate has led to a discussion about values and norms in the healthcare system and in your hospital?
  If yes: Would you say, that something has changed?
  If not: Why not?
- How was the goodwill towards the #metoo movement expressed in your hospital on different levels f.e. management level, healthcare level etc. (new formation of groups, changes, discussions etc.)?
- Could you give your opinion whether the culture, the way employees act with each other and some things how things are done in a hospital were influenced or changed due to the discussion about sexual harassment (hierarchical structures, gender pay gap etc.)?

Closing questions

- In summary, what is in your opinion the biggest change or achievement of the #metoo movement?
- Is there something that is important to you or that you want to add that was not mentioned in the questions before?
- Would you like to receive the full research when it is finished (English or with German summary)?
- Would you like to check the transcript of your interview before the information is being used?