

Evidence-Based Organizational Change and Development.

Is Evidence-based OCD a reality or mere rhetoric?

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Abstract

This article discusses the compelling need for, and demonstrates, the significant practical 'reality' of evidence-based organizational change and development (EBOCD). It offers a summary of a previously conducted analysis that resulted in 10 validated 'original' and 10 'new' emergent common 'insights' and 'lessons learned' on the effective formulation and implementation of OCD initiatives. These were deduced from 'critical perspectives' and 'reflective case histories' of EBOCD practice offered by over 70 evidence-based organizational leaders/managers, HRD professionals and change management consultants. The article concludes with several recommendations for those engaged in OCD change agency practice.

Introduction

Organizational change and development (OCD) is a core component of modern-day human resource development (HRD). As Stewart (2015) claims, professional HRD practitioners are change-agents skilled in advising and helping leaders and managers with the facilitation of OCD programmes, either in their capacity as a colleague or as an external consultant. This resonates with Kohut and Roth's (2015) argument that HRD practitioners should increasingly enter the fray of the discussion on change management; and with McKenzie, Garavan and Carbery's (2012) observation that they are increasingly becoming strategic partners of managers tasked with aligning people, strategy, and performance. It also resonates with Hamlin's (2019, p. 8) definition of HRD which asserts that:

Contemporary HRD is: the study or practice concerned with the diagnosis of performance-related behaviour change requirements at the individual, group and organizational level within any host entity, and the design, delivery and evaluation of formal and/or informal activities to meet the identified needs (Copyright © r.g.hamlin, 2017)

However, as previously discussed by one of us in a previous issue of this journal (see Hamlin, 2016a, p.8), a major challenge confronting modern-day HRD practitioners is how best to help organizational leaders and managers facilitate and manage OCD programmes that continue to increase in frequency, pace, and complexity. Effectively addressing this challenge is an essential requirement bearing in mind that 70% or more of right-sizing, mergers, acquisitions and other types of OCD programmes appear to either fail or just partially succeed, and workplace outcomes of so many OCD initiatives have a negative impact on employees (Burnes & Jackson, 2011; Carnall & Todnem By, 2014; Shook & Roth, 2011; ten Have, ten Have, Huijsmans & Otto, 2017). Sadly, as Stanford (2016) observes, although organizational leaders, line managers, talent management professionals and other developers within organizations may realize the need for an OCD initiative, they often fail to grasp the complexity of what change management entails or to recognize that their expectations are not aligned with what is feasible. This is particularly so when they fail to take the time necessary to understand the scope of the change, the involved

stakeholders, the complexity of the dynamics of the internal and external environments, and the impact of change from a systems perspective.

According to Hamlin (2001a & 2016b) there are five ‘failings’ of managers that contribute to this lack of competence and effectiveness in bringing about effective and beneficial OCD, namely: i) not knowing the fundamental principles of change agency practice; ii) succumbing to the temptation of the ‘quick fix’ or ‘simple solution’; iii) not fully appreciating the significance of the leadership and cultural aspects of change; iv) not appreciating sufficiently the significance of the people issues, and v) not knowing the critical contribution that the HRD function can make to the management of change. He also argues that these failings are exacerbated by the lack of credibility that so many trainers and developers (HRD practitioners) have in the eyes of managers. Hamlin (2016b) argues that one of the best ways forward for managers and HRD practitioners is for them to become evidence-based in their change agency practices. He defines evidence-based OCD as follows:

Evidence-Based OCD is: the conscientious, explicit and judicious use of current best evidence and/or of action research to inform, shape, critically reflect upon, and iteratively revise decisions made in relation to the formulation and implementation of OCD interventions and the associated change management processes (p.129)

His advocacy of evidence-based OCD is consistent with the ‘rhetoric’ of numerous scholars who argue the merits of ‘evidence-based human resource development’ (see Gubbins, Harney, van der Werff & Rousseau, 2018; Holton, 2004; Kearns, 2014) and of ‘evidence-based management’ (see Axelsson, 1998; Brewerton & Millward, 2001; Briner, Denyer & Rousseau, 2009; Latham, 2009; Pfeffer & Sutton, 2006, Rousseau, 2012; Stewart, 1998).

Demonstrating the ‘reality’ of evidence-based OCD

In support of his long-standing advocacy of evidence-based OCD, Hamlin has sought over the past 20 years to demonstrate its ‘reality’ in the world of practice. This has been in the form of obtained ‘stories’ told in the candid and authentic voices of numerous organizational leaders, line managers, HRD practitioners, OD specialists, executive coaches, management consultants and other professional organizational change agents who have been successful in bringing about effective and beneficial OCD. A set of such stories based on OCD-related initiatives carried out during the 1990s in 16 British public, private and third (not-for-profit) sector organizations, and

also in an Irish private company and a Dutch public sector organization, was published in *Organizational Change and Development: A Reflective Guide for Managers, Trainers and Developers* (Hamlin, Keep & Ash, 2001). A more contemporary set of 33 equivalent multi-sectoral stories of evidence-based OCD change agency, which Hamlin refers to as ‘critical reflective case histories,’ and of which 18 were carried out in ‘Anglo’ countries (New Zealand, UK, USA) and 15 in ‘Non-Anglo’ countries (Germany, Honduras, India, Italy, Lebanon, Malaysia [though linked to Australia], the Netherlands, Portugal, Singapore, Switzerland, United Arab Emirates), was recently published by IGI Global Publishers in a two-volume book- *Evidence-Based Initiatives for Organizational Change and Development* (Hamlin, Ellinger & Jones, 2019).

Underpinning all of these ‘critical reflective case histories’ (CHs) was the recognition by the respective OCD practitioner authors that adopting an ‘evidence-based practice’ (EDP) approach to change agency practice requires change leaders and change agents to take all necessary actions to:

- a) Understand and make sense of the organization and what is going on;
- b) Formulate appropriate well-informed change strategies by reference to relevant theories, models, and empirical research;
- c) Implement these strategies effectively and efficiently;
- d) Evaluate critically the effectiveness of the change processes; and,
- e) Reflect critically upon their own professional practice to draw useful insights and learn lessons for the future.

By adopting an EBP approach, Hamlin et al. (2019) argue it is likely the OCD strategies of change agents will be more effective than when they use other approaches. To meet the challenge of the necessary actions outlined above, they need increasingly to draw upon different forms of *best evidence* to help inform, shape and critically evaluate their change agency practice. The forms of *best evidence* can include: i) Mode 1 ‘scientific research’ which is concerned with *conceptual knowledge* production and the testing of theory; ii) Mode 2 ‘applied research’ which is mainly concerned with *instrumental knowledge* production to solve real-life problems; lesser strength *best evidence* including: iii) ‘descriptive studies and/or self-report stories’ and ‘the opinion of respected authorities or expert committees’; and, iv) ‘situated expertise’ based on the proficiency

and judgment that individual OCD practitioners acquire through experience and practice (see Morell, 2008; Reay, Berta, & Kohn, 2009; Rynes & Bartunek, 2017; Tourish, 2013).

By reviewing and critically reflecting upon their own ‘situated expertise’ in facilitating and managing OCD, new ‘insights’ and ‘lessons’ (ILs) can be gained/learned as to why particular initiatives succeed or fail in specific organizational contexts, and about effective and ineffective OCD change agency practice. Furthermore, by comparing and contrasting the ILs resulting from the ‘reflections on practice’ of various OCD practitioners who have gained ‘situated expertise’ in single or multiple organizations in different organizational sectors and countries, common ‘insights’ and ‘learnt lessons’ (CILs) about effective and ineffective OCD practice are likely to be identified. As part of Hamlin’s (2001b) chapter *Towards research-based organizational change and development* (Chapter 11) that he contributed to the Hamlin, Keep and Ash (2001) book, he conducted a ‘multiple cross-case comparative analysis’ (MCCCA) of the 16 contributed ‘stories’ of research-informed/evidence-based OCD. His MCCCA study resulted in a framework of 10 CILs being identified as listed in Table 1. Hamlin, Jones, and Ellinger (2019) have

Table 1. *Framework of ‘original’ common insights/lessons (CILs) about effective OCD change agency and empirical support/validation from the Hamlin, Ellinger and Jones (2019) study*

01) Communicating with all stakeholders for the purpose of securing common ownership, commitment and involvement (27 of 33: 81.82%)
02) Securing the active commitment, involvement and participation of senior to middle managers is pivotal (24 of 33: 72.73%)
03) Securing top management support. (16 of 33: 48.48%)
04) Being clear, consistent and open with regard to what you are seeking to achieve, setting clear strategic objectives and sharing the vision (18 of 33: 54.55%)
05) <i>Recognising and addressing the real problems or root causes of change agency problems, including the cultural dimensions</i> (13 of 33: 39.39%)
06) Giving enough time for the OCD program to take root and succeed (21 of 33: 63.64%)
07) Recognising the relevant contributions that the HR function can make and the strategic role it can play in bringing about transformational change. (6 of 33: 18.18%)
08) The role of learning in the change management process and the need for a no-blame culture (18 of 33: 54.55%)
09) <i>The importance of being reflective as a change agent</i> (22 of 33: 66.67%)
10) <i>The value of conducting internal research as part of the change agency practice</i> (24 of 33: 72.73%)
Note: The insights/lessons in <i>italics</i> relate specifically to evidence-based OCD initiatives

Source: Hamlin, Ellinger and Jones (2019)

conducted a similar MCCCA study by examining the 33 CHs of evidence-based OCD initiatives published in Section 3 of their co-edited book, *Evidence-Based Initiatives for Organizational Change and Development*. The results lend support for the 10 ‘original’ CILs identified by Hamlin (2001b), as indicated by the proportion of CHs (and underpinning ILs) coded against

them. As can be seen in Table 1, of the 10 ‘original’ CILs, 9 are ‘quite strongly’ to ‘strongly’ supported and thus validated by 39.39% (n=13) to 81.82% (n= 27) of the 33 CHs. As can also be seen in Table 1, the remaining CIL, *Recognising the relevant contributions that the HR function can make and the strategic role it can play in bringing about transformational change*, is validated by just 18.18% (n=6) of the CHs; the reason for this low support is not known. Additionally, the MCCA resulted in 10 ‘new’ emergent CILs being identified, most of which were derived from 24.24% to 63.64% (8 to 21) of the 33 compared and contrasted CHs, as shown in Table 2.

Table 2 *Emergent ‘new’ common insights and lessons (CILs) and proportion of the 33 ‘critical reflective case histories’ from which they are derived*

<ol style="list-style-type: none"> 1) Create a vision and set of values that engage everyone: 27.27% (n=9) 2) Allow participative ‘bottom up’ initiatives in the change process: 24.24% (n=8) 3) Adopt a shared/distributive leadership approach: 12.12% (n=4) 4) Engage participants affected by the change by giving them voice, using their expertise, involving them, and treating them as active collaborative partners: 27.27% (n=9) 5) Recognise the power of trust and build on it: 9.10% (n=3) 6) <i>Use theory and models as change agency tools, and draw upon sources of ‘best evidence’ to inform and guide OCD processes</i> 63.64% (n=21) 7) Ensure understanding of individuals’ interests and the power relationship between those involved in the change, and also respect their perspectives 24.24% (n=8) 8) Ensure collaboration between internal external (or internal) change consultants and the internal client change agents 12.12% (n=4) 9) Ensure all change agents involved in the OCD processes become fully skilled and act as a team: 24.24% (n=8) 10) Ensure the ‘soft’ social/interpersonal relations/cultural aspects: 18.18% (n=6)

Source: Hamlin, Ellinger and Jones (2019)

Of particular note is that the ILs gained and learned by the authors of 63.64% (n=21) of the examined 33 CHs that contributed to the emergence of CIL- *Use of theory and models as change agency tools, and draw upon sources of ‘best evidence’ to inform and guide OCD processes*’- clearly indicate the reality of EBP in the field of OCD. Interestingly and importantly, the more granular results of our MCCA suggest the use of *best evidence* to help formulate and implement OCD strategies and/or to critically evaluate their effectiveness is much more extensive than indicated by this emergent ‘new’ CIL. In fact, the authors of all 33 CHs drew upon at least one of four types of OCD-related ‘best evidence’ publications that were cited and referenced in their respective CHs. These types were as follows: a) *Change management/OCD books/handbooks and the Harvard Business Review*; b) *Books/articles on specific OCD-related theories and models*; c) *Articles on OCD-related Mode 1 and generalized Mode 2 research*; and

d) *Articles/reports on organization/sector-specific Mode 2 research or investigation.* The use of these sources of OCD-related ‘best evidence’ is quite extensive as indicated by Table 3. This

Table 3 *Number of Anglo and Non-Anglo case histories (CHs) citing references drawn from each type of OCD-related ‘best evidence’ publications*

	Type A ‘Best Evidence’ Publications	Type B ‘Best Evidence’ Publications	Type C ‘Best Evidence’ Publications	Type D ‘Best Evidence’ Publications
Anglo Case Histories	17	13	11	8
Non-Anglo Case Histories	14	10	10	8
	31 (93.94%)	23 (69.70%)	21 (63.64%)	16 (48.48%)

table depicts the number of ‘Anglo’ and ‘Non-Anglo’ derived CHs which contain one or more references of each type of OCD ‘best evidence’. The proportion of the 33 CHs where the authors had cited works from each of the four types of ‘best evidence’ were as follows: Type A: 93.94%; Type B: 69.70%; Type C: 63.64%; and Type D: 48.48%. As can be seen in Table 3, the extent to which the four types of ‘best evidence’ were drawn upon by the ‘non-Anglo’ OCD practitioners is similar to that of the ‘Anglo’ OCD practitioners, Furthermore, over 300 OCD-related ‘best evidence’ books, articles and reports were cited and referenced in the 33 reflective case histories (CHs) (see Table 2 in Hamlin, Jones & Ellinger, 2019).

Implications for Professional HRD Practitioners and Other OCD Change Agents

The findings from the MCCA study of the 33 CHs published in Section 3 of *Evidence-Based Initiatives for Organizational Change and Development*, as outlined above, demonstrate that evidence-based OCD is a practical ‘reality’ within a wide range of culturally diverse countries around the globe. Furthermore, they demonstrate the existence of a significant body of OCD-related ‘best evidence’ that can be used to help inform, shape, and critically evaluate the formulation and implementation of evidence-based OCD initiatives. Thus, Hamlin et al. (2019)

concluded that evidence-based OCD is likely to be a more extensive and widespread phenomenon in Non-Anglo as well as Anglo countries than common discourse suggests.

The 10 validated ‘original’ CILs, and 10 emergent ‘new’ CILs resulting from the MCCA study reported in the Hamlin, Jones and Ellinger (2019) chapter have significant relevance and utility for organizational leaders, line managers, HRD professional practitioners, OD specialists and change management consultants who are striving to become more effective in their OCD change agency practice. Furthermore, they have equivalent relevance and utility for HRD scholars and practitioners who deliver management and leadership development (MLD) programmes that focus on strategic leadership and change management issues.

Specifically, we would encourage all OCD change agents, [and particularly professional HRD practitioners](#), to give serious consideration to the relevance and applicability of the 20 CILs to their own change initiatives. Additionally, we would suggest they should critically reflect upon their existing change agency skill sets and identify those that might need to be enhanced and those other skills that may need to be acquired and developed. Furthermore, they should ensure that all colleague managers and staff and/or external change management consultants who are involved in the planning and/or facilitation of their respective OCD initiatives, also possess the requisite change agency skills. Importantly, they should consider whether the *best evidence* readily available at hand is sufficient to adequately inform and shape the proposed OCD initiative. If not, they should consider obtaining more of the same or other forms and strengths of *best evidence* to enhance their change agency practice. Alternatively, they should consider instigating a programme of academically rigorous Mode 2 research, or even Mode 1 research in partnership with academic researchers, to generate new insights and better understanding of the organizational context prior to implementing their respective OCD initiative.

In conclusion, we hope the 10 validated ‘original’ CILs, and the 10 potentially emergent ‘new’ CILs which have yet to be validated by the ‘situated expertise’ of many more OCD practitioners and their ‘critical perspectives’ on and ‘reflective case histories’ of evidence-based OCD initiatives, as outlined in this article, will provide useful guidance to anyone involved in instigating and/or designing and facilitating initiatives for OCD, or is striving to become more research-informed and evidence-based in their change agency practice. Furthermore, we hope

this conclusion will be taken as a ‘call for action’ by all professional HRD practitioners who seek to maximize their contribution to the achievement of organizational effectiveness and sustained business success, and thereby increase their credibility and that of the HRD function in the eyes of managers

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