

USING ORGANIZATION DEVELOPMENT: POINTS TO REMEMBER



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Die meeste hedendaagse bestuurders is bewus daarvan dat daar soiets soos organisasieontwikkeling bestaan, maar hulle het min waardering vir die talle verskillende maniere waarop dit toegepas word. Die mees praktiese probleem vir die bestuurder wat meen dat organisasieontwikkeling op sy organisasie toepaslik is, is die vraag of hy van interne versus eksterne konsultante moet gebruik maak, en die "behoorlike" toepassing van organisasie-ontwikkeling. In hierdie artikel voorsien die skrywers enkele riglyne met betrekking tot hierdie aangeleenthede. Die rol van die konsultant en die verhouding tussen hom en die organisasie word in die eerste plek ondersoek. Daarna volg 'n beskrywing van die etiese aspekte en die toestande wat die sukses van 'n organisasie-ontwikkelingspoging bevorder of benadeel. Ten slotte word enkele gevolgtrekkings gemaak wat van belang mag wees vir die bestuurder wat betrokke is by 'n organisasie-ontwikkelingsprogram.

THE INTERVENTIONIST

One of the most difficult problems confronting the manager who believes that OD may be appropriate for his organisation, is the decision as to whether to use internal consultants, external consultants or both. There is little that has been written to help, and the problem is further aggravated by the often over-optimistic claims made by those whose livelihood depends on selling their service to organisation clients, no matter how limited and inappropriate these services may be. In an effort to shed some light on the issue, we shall examine the roles of these two types of consultants, and how they may be brought into play.

The Internal Consultant

There are at least seven ways in which staff help is mobilised within organisations to undertake OD (Beckhard, 1969. pp. 111-114).

1. The Organisation Development Department. This is usually a department at corporate center which functions as an internal consulting organisation to other segments of the organisation. On the one hand

it has the advantage of bringing a few specialists together who are skilled in OD. On the other hand, it has the disadvantage of disconnecting this group, of isolating it from the rest of the organisation.

2. The Organisation Development Specialist. This is usually an individual identified as a resource specialist attached either to the top of the personnel system, or to the top of the line organisation. He may work with any part of the organisation that has a change problem. One of his main functions is to bring resources together with ready clients.

3. The Personnel Man with OD as His Primary Job. This occurs as a result of a division of labour within the personnel department. Usually the top man takes on

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the OD function as his own, working with groups within the organisation in such activities as team-development, goalsetting, and planning.

4. The "Account Executive". People in some aspect of the personnel function in the headquarters of large, decentralised organisations are assigned a number of field locations for which they are responsible. Their primary mission is to work as consultants to unit management.

5. The "Temporary" Change Agent. This consists of taking people from line positions, identifying them as organisation – change agents and assigning them specific "clients" with whom they work for a year or so. They get special training in OD, and become much better equipped to take on OD change assignments when they return to their own positions.

6. The Training Consultant. This is usually an extension of the traditional training director role found in a headquarters. He is a person who is seen to be able to help on those types of organisation-improvement efforts involving groups or groups of groups.

7. The Grid OD Co-ordinator. This is a person, from either a staff or a line position, who acts as the internal co-ordinator during an organisation-wide Grid OD program.

8. The "New Look" Management Development Department. Perhaps the most common approach, where the management development department simply takes on the additional responsibilities for team development, manpower planning, and other organisation improvement activities.

Knowing where to find the internal OD consultant is helpful, but what does it require to fill this role? Here, the literature is more outspoken, almost to the point of being overwhelming. Lists of needed characteristics read like the Boy Scout Code, with adjectives like perceptive, knowledgeable, theoretical, practical (those last two are *not* mutually exclusive), sensitive, imaginative, flexible, honest, objective, and stable, often mentioned.

Walton (1969) has described the attributes for an effective change agent as:

1. high professional expertise regarding social processes
2. low power over fate of principles
3. high control over confrontation setting and processes
4. moderate knowledge about the principles, issues, and background factors
5. neutrality or balance with respect to substantive outcome, personal relationships, and conflict-resolution methodology.

In an empirical study (Huse, 1975, p. 308) a questionnaire was used to ask people doing OD work to describe effective and ineffective change agents. The profile of an effective OD agent emerged as follows:

"He is about 41 years old, though the age ranges from 26 to 55 years. He has generally been doing OD work for about five years and typically came to the OD department from a line position. He is sincere, clear thinking, conventional, unscientific, idealistic, passive, independent, and confident. He is concerned with task accomplishment rather than with power or purely personal goals. He tends to be strong in such skill areas as: inspiring trust, perceiving the unexpressed thoughts, feelings, and ideas of clients, forming effective interpersonal relationships, and finding, defining and diagnosing problems. He is better at influencing decisions than at implementing them. Similarly, the kinds of things he does well are: team building, process consulting, training OD skills to non-OD people, and resolving tension and conflict."

By contrast, the ineffective agent had the following profile:

"He is slightly younger and less familiar with the organisation and the job. He is typically more concerned with his own career goals than with task goals. He has a high need for power and can operate within the power structure quite well. He seems to be a person who is trying to make an impression. He is very sincere, conventional, active, insensitive, and rejecting. He lacks such human skills as forming effective interpersonal relationships, inspiring trust in people, and perceiving their unexpressed thoughts and feelings. However, he is good at changing the organisational structure, T-group training, and changing individual goals and values, all of which are relatively low-status activities and rather routine. The ineffective agent is better at implementing decisions than at influencing them. He is also good at other more technical (as opposed to human) skills, such as finding problems and solutions to these problems."

Another study reported by Huse (p. 315) concludes that the roles of internal and external consultants cannot be interchanged. They are not the same. There were some good reasons given for this independence. First, the role of the internal consultant is less clearcut. He has more difficulty explaining and articulating his role to the organisational clients, than does the external consultant.

Second, the internal consultant is more ready to accept the system as it is, and to accommodate to the needs of the organisation. External consultants are less apt to be affected by organisational norms, and to feel freer to examine the organisation from a broader, systems viewpoint.

Third, the internal consultant is more likely to feel pressure to divulge gathered information, than is the external consultant. As we shall see later, this has important ethical implications.

Fourth, the internal consultant does not have as easy access to top management as does the external consultant.

For these reasons, the internal consultant is not in as good a position to spend time and energy helping the organisation move toward self-renewal, growth and change, as is the external consultant. However, before jumping to conclusions about the relative effectiveness of these two kinds of change agents, we must be aware that more successful external consultants work jointly with internal consultants. Diagnosis and interventions are handled together. The internal consultant observes and learns and gradually becomes more central in the change effort as the external consultant becomes more of a teaching resource, aiding in the reviewing of OD objectives and strategies. This is quite in keeping with the recommendation made by Bennis (1969, p. 13) that an external change agent is most necessary during the beginning phases of an OD effort. Perhaps "critical" is a better word than "necessary", for it seems clear that the most successful OD programmes have involved both an internal and an external change agent.

The External Consultant

If we conclude that an external consultant is usually necessary, and the evidence seems to support this notion, then we might want to know what types of

arrangements can be made with such an agent. Following is a list of the major types of "contracts" an organisation may enter into with an external consultant.

1. The Continuity Arrangement. In this case, the external consultant is put on retainer to the total organisation, or some significant part of it. He spends time on a regular basis in the organisation.
2. The Periodic Review. This calls for a regular and periodic examination of organisational functioning, processes, and effectiveness.
3. The Project Arrangement. Here the external consultant is contracted full time, but temporary, to act as an expert in dealing with a problem such as a merger, introduction of a computer, or start up of a new plant or operation.
4. Educational Consultation. Some companies hire a university based behavioural scientist or consultant to provide educational counseling and information on OD, usually through a presentation or seminar.
5. The Trainer Arrangement. In this arrangement the organisation hires outside help to do a specific training activity, such as sensitivity training. Many package OD programmes require outside help to conduct the original program, then use the outside help to train in-company specialists to conduct the programmes within the organisation.

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Relationship	Diagnosis	Strategy planning	Education	Consulting and training	Organisation evaluation
Continuity	X	X	X	X	X
Periodic review	X	X			X
Project		X	X	X	
Educational consultant		X	X		
Trainer			X	X	
Packaged organisational development program		X	X	X	
Consulting team	X	X	X		
Organisation evaluator	X				X

FIGURE 1.

THE EXTERNAL CONSULTANT CONTRACT AND THE OD PHASE TO WHICH IT APPLIES. (FROM BECKHARD, 1969, p. 112)

6. The Packaged OD Program. Here the organisation contracts for a particular set of OD procedures, such as the Managerial Grid OD program. The set of procedures are applied on a self-help basis by the membership of the organisation itself.

7. The Consulting Team. Applicable only in very complex organisations, each of a team of external consultants are assigned to a particular section of the organisation (and preferably paired with an internal consultant). They meet with key staff people and co-ordinate with each other.

8. The Organisation-wide Evaluation. This sort of arrangement is also only applicable in multinational or multi-industry organisations where sheer size allows various comparisons of subunit processes where different types of OD efforts may be attempted.

Figure 3 illustrates generally the relationship between the type of contract an organisation makes with an external consultant, and the phase of OD which the contract should handle.

The role of the external consultant may also be thought of as lying on a continuum of involvement with the client organisation, no matter what type of contract has been arranged. Figure 4 shows a range of potential consultant styles, ranging from "client centered", that is, the client organisation has most, if not all, the basic experience and knowledge and the role of the consultant is primarily to help the client organisation sort out that knowledge and experiences, to "consultant-centered", that is, the consultant's specialised knowledge is used as in the "doctor-patient" or "lawyer-client" model. Within this broad range, the consultant may adopt any of the

nine styles given. The choice of the proper style is affected by the following four sets of factors:

1. Factors unique to the client.
 - (a) Push toward greater client involvement
 - . client must "own" the solution
 - . would violate organisational norms otherwise
 - ∴ client needs more knowledge of the problem
 - (b) Push toward less client involvement
 - . client has little experience with the problem
 - . client has made effective use of consultant in past
 - . climate is supportive.
2. Factors unique to the consultant.
 - (a) Push toward greater client involvement
 - . solution more personally centered
 - . client seeks to avoid dependence on consultant
 - . consultant seeks to develop problem solving ability
 - (b) Push toward less client involvement.
 - . consultant very knowledgeable and experienced
 - . consultant fully accepted
 - . consultant clearly understands organisation
 - . consultant sure of diagnosis.
3. Factors in the client/consultant relationship.
 - (a) Push toward greater client involvement
 - . confidentiality of data not established
 - . lack of empathy/trust with consultant

A CONTINUUM OF CONSULTANCY STYLES

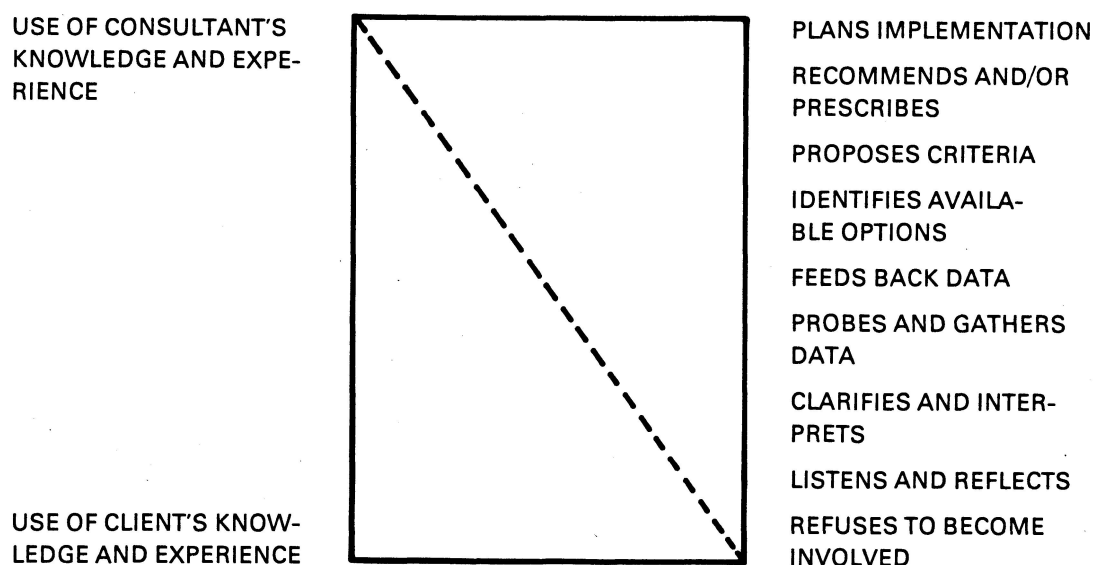


FIGURE 4; 2

USE OF CONSULTANT'S VS CLIENT'S KNOWLEDGE AND EXPERIENCE. (FROM HUSE, 1975, P. 310)

FIGURE 3:
DEPTH OF VARIOUS OD INTERVENTIONS
(from French & Bell, 1973, p. 176)

Depth of inter-vention	Intervention Target	Job En-rich-ment	Mgmt by Objec-tives	Role Analysis	Attitude Surveys	Interface Problem-solving meetings	Team Building	T-Groups	Encounter Groups	Personal Growth Labs	Group Psycho-therapy
Less	<i>Formal System</i>										
	Goals		X		X	X	X				
	Procedures			X	X	X	X				
	Structure	X			X	X	X				
	Tasks	X	X	X	X	X	X				
	Rules			X	X	X	X				
	Personnel policy			X	X	X	X				
	Skills & abilities				X	X	X				
	Communications		X	X	X	X	X				
	<i>Group or Between Group Informal System</i>										
	Role expectations		X	X		X	X	X	X	X	X
	Interactions					X	X				
	Sentiments, attitudes				X	X	X	X	X	X	X
	Norms and values			X		X	X	X	X	X	X
	Group process skills					X	X	X			
	<i>Self, and Inter-relations with Others</i>										
	"Here and Now"							X	X	X	X
	Life style								X	X	X
	Immediate past history								X	X	X
	Personal defenses								X	X	X
More	Unconscious, re-pressed										X

- (b) Push toward less client involvement
 - . high degree of empathy/trust with consultant
 - . successful outcomes with consultant in past
 - . relationship with consultant is clearly defined.

4. Factors in the situation

- (a) Push toward greater client involvement
 - . more subsystem interaction required
 - . uncertainty as to correctness of "solution"
 - . problem is long-term
 - . diagnosis shows long term solution needed
- (b) Push towards less client involvement
 - . high degree of validity in solution
 - . solution has high probability of success.

Even more important than choosing the appropriate consultancy style, is choosing the appropriate intervention techniques for carrying out the planning phase. There is a relationship between style and techniques employed which will become clearer if we think of techniques as lying along a continuum of depth of intervention. By depth is meant the extent to which the change target is the formal system, the informal system, or the self. Roger Harrison (French and Bell, 1973, p. 177) describes this continuum as based on *accessibility*, the degree to which data are public versus private and the ease with which intervention skills can be learned, and *individuality*, the degree to which the effects of the intervention are in the individual rather than the organisation. Figure 5 shows a comparison of various OD interventions in terms of depth.

In addition to choosing interventions which are appropriate and relevant to the diagnosis, Harrison suggests two criteria for determining the appropriate depth:

1. intervene at a level no deeper than that required to produce enduring solutions to the problems at hand.
2. intervene at a level no deeper than that at which the energy and resources of the client can be committed to problem solving and to change.

ETHICS OF OD

There can be no doubt that at this point OD is more of an art than a science. Application is almost wholly a matter of the consultant's judgement. There are no hard and fast rules to follow, and many times the "correctness" of the OD effort can be determined only in the results. These are usually not quick to appear, however, and it is possible for much harm to be done in the meantime, either through ignorance or intent. Unknowing misapplication is quite bad enough, and all too common. Any new rapidly expanding field such as OD, attracts all sorts of practitioners, some of whom are grossly unqualified. Some of these practitioners are charlatons and knowingly mis-apply OD for their

own gain. We will examine a number of ethical issues which may fall under one or the other of these two headings. They are considered here for the purpose of sensitising the manager to possible guidelines for the proper application of OD. The issues may be grouped into three categories after Walton and Warwick (1973): Power Relations, Individual Rights, and Professional Responsibility.

1. Power Relations. Following are some ways in which OD may affect power relations and so raise questions of justice and openness.

(a) Defining the problem. Diagnosis is the phase which focuses all which follows. What gets defined as the problem is therefore one of the most important aspects of OD. At the two extremes, definition may either be provided by the client organisation or by the external consultant. The more external consultant involvement here, the greater is his opportunity to influence the diagnosis in a manner compatible with the types of services he offers. Dunnette (1966) warns of those who twist problems to fit their special methods. Yet, as Bennis (1969, p. 12) points out, external consultant involvement in the diagnosis phase is necessary. A balance must be achieved, and the astute manager ought be aware of this.

(b) Where to intervene. The division as to where to intervene and when, that is, the result of the planning phase, depends partly on the diagnosis and partly on strategic considerations. Where can change realistically be brought about with minimum damage and maximum benefit? Closely related to this decision is the decision how far to intervene, which was discussed earlier in Figure 3. Both decisions are important to the correct application of OD, and must be judged with care.

(c) Intelligence gathering. During the diagnostic phase of OD much information may be gathered on the political life and emotional underbrush of an organisation. The terms OD uses, such as "openness", "trust", or "communication", are benign — but only in benign situations. When an organisation is considering OD, the situation is seldom benign. It is usually charged or under a crisis. Information gathered in an atmosphere of trust may subsequently be used for less than benign purposes. Internal consultants are especially likely to come under heavy pressure to share their knowledge.

(d) Who is the client? An external consultant is more likely to be faced with this dilemma than an internal consultant, that is, who is he working for? The organisation? The sponsoring subunit? A particular manager? The answer to this question becomes critical when information must be shared. Who is it to be shared with?

II. Individual Rights. OD consultants run the risks of tampering with individual rights whenever they allow technique to take precedence over such rights, or

when they become so entranced with the immediate consequences of their techniques that they ignore broader consequences.

(a) *Informed consent.* Participants in OD efforts seldom have a good understanding of the nature and consequences of the technique they are to be involved in. Often they are asked to join as an act of faith, or because of management's good intentions, or through seductive means. None of these adequately describe the sorts of experiences ahead. Indeed, it may not be possible to adequately describe, through mere words, the sorts of experience possible in, say a sensitivity session. For this reason, during the education phase, it may be appropriate to run a pilot session for would-be participants.

(b) *Coercion.* Even if participants are fully informed, there is the danger of being pressured into the program by management or the consultant. This situation is likely to arise in line organisations where promotions depend mainly on "co-operation" with senior managers rather than on measurable aspects of output. The question here is whether individuals should be made to participate even if they would prefer not to. A reluctant dragoon may actually be a detriment to the army.

(c) *Manipulation.* This refers to deliberate attempts to change personal qualities or the structure of the social environment without the knowledge of the individuals involved. Consultants may resort to this in attempts to encourage participants to open up with one another. It is important, in this regard, that the consultant be aware of his own values, and not try to impose them on participants.

(d) *Misuse of information.* Many OD techniques require participants to express their feelings toward one another. The open expression of negative feelings may create two problems. First, self-disclosure may have a harmful impact on the revealer. He may have cause afterwards to regret having revealed some of his secrets, either from worry or from backlash from others. Second, there may be negative impact on those who are the targets of the hostility. They may get more than they had bargained for and experience a kind of emotional overload. The borderline between useful feedback and psychic battering is a fine one, and requires a great deal of skill on the part of the consultant in handling.

It may be possible to minimise danger here by encouraging participants to monitor their own involvement, and engage in occasional discussion about the limits of self-revelation and feedback. In fact, the entire task of ethical monitoring should not be left to the consultant for it is inconsistent with the general philosophy of OD.

III. Professional Responsibility. This set of ethical issues is based on the consultant's obligation as a professional and includes responsibilities to his discipline as well as his client organisations.

(a) *Competence.* It is undoubtedly true that the more techniques a consultant is skilled in administering the more flexible he may be in his diagnosis and planning. However, even at this point in time, it is probably safe to assert that precious few consultants are skilled in as many as half the techniques which are available. Most consultants practice only a few, and herein lies a danger.

Given a particular skill, it all too often happens that the nature of the problem is made to seem that that technique is appropriate. This is known as "force-fitting" interventions, and simply means that a diagnosis is made on the basis of what the consultant is about to do, rather than on the merits of the situation itself. It should be noted that this sort of practice may be as much the fault of the clients, who often wants to bypass the diagnostic phase, believing that there is a simple, patent remedy.

Related to this issue is the case in which exaggerated claims are made for OD, leading to unrealistic expectations, and eventually, disappointment.

A consultant must be aware of his own needs and limitations, present them clearly, and be ready to say "no" if the situation requires skills he does not possess. Managers must be aware that there are no easy answers, and that diagnosis ought to be a joint venture with a consultant, and is necessarily an integral part of OD.

(b) *Client dependency vs. consultant commitment.* — These are two extremes. It can happen that there is insufficient commitment to the client organisation than is necessary to accomplish mutually established goals. Some consultants are attracted to temporary, rather intensive experiences, as was typically the case when sensitivity training was first being widely used. This lack of follow-through is no longer a serious problem, but if a consultant does not have the necessary time to give a client, this should be made clear at the outset.

The pendulum has swung the other way, and today we are experiencing an increasing number of cases in which the client is made too dependent on the consultant. The contract is continued after the need no longer exists. This may occur through economic exploitation, or the gratification of the consultant's need to be needed. The conditions under which the relationship will be ended or phased out must be made clear at the time the contract is established.

(c) *Confidentiality.* It is particularly important that all parties involved have a clear understanding of the ground rules concerning how the information generated through OD is to be treated. Once established, it is the responsibility of the consultant to abide by these norms. To do otherwise, will jeopardise not only the immediate OD effort, but also the integrity of the whole OD profession.

(d) *Expert vs consultant roles.* The very nature of OD requires the consultant to resist the temptation of

acting the expert. He must give no substantive advice, but rather present a range of options to the client. There are some good reasons. First, becoming an expert encourages client dependency. Second, the client is not encouraged to develop his own resources. Third, if the consultant becomes an expert giving advice, he must then defend his recommendations, which negates the OD collaborative approach. The problem is no longer being explored.

In this same vein, the consultant as expert may become overzealous in his promotion of OD. The necessary trust between the client and consultant will be mitigated by enthusiastically selling OD. This makes the consultant the "good guy" with "the word", implying that all others are, perhaps, the bad guys. Evangelism must be soft-peddled.

(e) Premature application of techniques. There is a great deal of pressure from management for the behavioural sciences in general, and OD in particular, to come up with some snappy answers to their problems. Often, because of this insistence, techniques are applied before all the "bugs" are worked out. Yielding to the temptation to do this results in a loss to everyone concerned: the client loses time and money; the participants feel unhappy and perhaps manipulated; and the profession must suffer the disenchantment of the business world.

Pinder (1975) argues that a code of ethics is required, for these reasons which specifies when and by whom theories and techniques may be applied.

(f) Marketing new labels. As is evidenced by the proliferation of techniques in recent years, OD is growing rapidly. Yet much of the growth is apparent, not real. There is much overlap in techniques with different names. Differences that seem clear in explanation vanish in practice. A great deal of this labelling game can be attributed to creating markets for new "products" by consultants, who must, of course, be businessmen themselves. The result, however, is a sometimes confusing array of techniques that makes this aspect of OD seem much more complex than it really is.

CONDITIONS FOR SUCCESS OR FAILURE OF AN OD EFFORT

Clear cut evidence on the successes and failures of OD programmes is sparse. The research that has evaluated the impact of OD has resulted in mixed findings. Occasionally, the programmes have increased managerial effectiveness, but more often, little effect on performance is noted, although improved job satisfaction may result. A recent thorough review of all reports on evaluations of OD during the years 1970-1973 concluded that the impact of OD techniques was very clear on attitudes, but was far from clear in terms of work performance (Friedlander & Brown, 1974).

Quite often the successes and failures reported are rather successes and failures of specific techniques

used in OD. In most reported failures the interventionists usually blame implementation of the wrong technique and/or the non-readiness of the particular client organisation and suggest another technique. In such cases top management refuses on the ground that an on-going business is no place for "experimentation" of the sort interventionists carry out. The complaints are even louder when there is a drop in profit figures to present as evidence of the failure. What then goes wrong?

Following are six conditions which may lead to failure of an OD effort:

1. Clash of OD values and organisational values. Although there will always be some conflict between the values of OD and those of the client organisation, OD will not be successful when the two clash head-on. Important is some recognition of the legitimacy of inter-personal relationships. If the client organisation does not recognise this legitimacy, denies its relevance to task performance, or views the discussion and change of these relationships as mere invasion of privacy, the OD effort will be seriously undermined.

A rigid and authoritarian control system operating within the client organisation may be too much at variance with the goals of OD for the latter to become attainable. In certain market situations, competitive and technological conditions may be such that the goals of OD are just not appropriate.

2. Short time perspective. Management is necessarily action/results oriented. Yet unrealistic time constraints on an OD effort will lead to its demise. Beckhard (1969, p. 94) feels that three to five years is a realistic time frame in which an OD effort may be expected to show real results.

3. Overdependence on consultants. One of the aims of OD is to develop in the client organisation the ability to cope creatively with its day to day problems. This implies self-sufficiency. If the client organisation becomes too dependent upon the client there will be not only a lack of self-sufficiency developed, but also a lack of real commitment to the OD effort. This condition leads to failure.

4. Confusing "good relationships" as an end with good relationships as a condition. Achieving good relationships among individuals and groups in an organisation must not be thought to be the goal of OD. Good relationships are an important condition in an effective organisation but additionally there must be clear goals and plans for achieving them.

5. Misapplication of OD techniques. In the search for quick and easy answers, management many times will seize upon a solution simply because it is known to have "worked" in another organisation. Or, a consultant may apply a technique without first properly diagnosing the situation in the client

organisation. These cookbook solutions are to be avoided because sloppy applications of OD techniques invariably lead to sloppy results.

6. Failure to reinforce learned behaviours. A new sensitivity on the part of individuals in their behaviour toward one another, or a new mode of handling tasks on the part of work groups relative to other work groups, may not be supported by the total system. That is, the organisation does link rewards with successes in the OD change programme. This eventually leads to a reversion to old modes of behaviour, and the failure of the OD effort.

Now let us look at the other side of the coin. Following are six conditions which are necessary to a successful OD effort:

1. A felt need for change exists. Practitioners and students of OD are unanimous in the belief that top management must recognise the need for change. This, in turn, creates a pressure for change.

2. Top management support. To be successful an OD effort must also have the support, involvement and commitment of key people in the client organisation.

3. Trust. The relationship between the consultant and client organisation must be based on a feeling of mutual trust. A good support here, as was pointed out earlier, is also the single best indicator of the readiness of the organisation for an OD effort. Trust itself is developed through common goals, interdependency, and caring. Friedlander (1970) has provided evidence that trust leads to improved group functioning through the OD technique of laboratory training.

4. Expectation of success. Scientific evidence has also been obtained to show that if members of the client organisation expect the OD effort to be successful its probabilities for success are greatly enhanced. Filley (1975 p. 131) states that one reason why change agents are effective is because they are expected to be. King (1974) has shown that greater organisational change can be attributed to expectations of success, than to the introduction to the OD technique itself!

5. Openness. The assumptions, values and goals of the OD effort must be open and understood by all participants, as well as top management. Commitment to the OD effort is necessary in the participants, those who are most directly involved in it, and this condition is much more likely to come about through a candid approach. People who understand clearly what is to be done, and are then given the choice to participate, commit themselves to the OD effort by so doing.

6. Political orientation. Any OD effort is more likely to succeed if the consultant has a wide sense of political science. Roger Harrison (Tichy, 1973) describes this as knowledge of uses of power and historical processes. We might also include a sensitivity to organisational interdependent variables, the

appreciation of the organisation as a system. Political naiveté sinks many an otherwise sound OD effort.

CONCLUSIONS

On the basis of the foregoing discussion it is possible to make a number of conclusions from the viewpoint of management. We offer six conclusions here by way of summary for those in positions to make hard decisions about the use of OD.

1. Be sensitive to the need for change. It is necessary to achieve a consensus among key management that a real need for change exists, before any kind of a change effort becomes possible.

2. Seek firm commitment. After consensus is obtained on the need for change, there must be commitment to the OD effort. This is developed through the expectations of success, and through a relationship of trust and close support with a consultant.

3. Develop a clear contract with the consultant. Overdependency, ambiguity of goals, violations of confidentiality, and all manner of confusions can be avoided if it is made clear to both the consultant and the organisation at the outset as to what the conditions of employment and ground rules are under which the OD effort will take place.

4. Be generous in time estimates. Three to five years has been suggested by Beckhard. Lee (1971) is even more liberal. His recommendation is that top management should double a behavioural scientist's estimate of time required and triple its own.

5. Seek behavioural changes. It was pointed out previously that it is not enough to make people feel good, that is, to only develop good relationships. Ultimately the test of any OD change effort must be in terms of work performance (for example, see Campbell and Dunnette, 1968) in relation to organisational goals.

6. Evaluate. It is too often the case that management's concern for money ends with the application of behavioural science. Any sort of a personnel program ought to be evaluated in terms of its effectiveness and costs, whether it is concerned with selection, motivation, training, management development, or organisational development. To ignore this step is to accept OD on faith, and not even academics are willing to do that.

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