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Organizational Development: An Assessment with Implications for Clinical Sociology

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ABSTRACT

This paper examines organizational development (OD) as a clinical sociological strategy. OD techniques are diverse and include interventions ranging from stress management to quality-of-work-life programs. Strengths and weaknesses of OD approaches and reasons for the recent reemergence of interest in organizational and human resource development are explored.

Four specific criticisms of OD are discussed: (1) lack of congruence in values, cognition, and action; (2) failure to examine meta-assumptions and values of organizational problem solving and learning; (3) simplistic understanding of organizational politics; (4) inability to create internal changes that deal with external complexity and environmental turbulence.

Three issues are raised: (1) the proper unit of analysis for clinical sociological action research; (2) the incorporation of macro-level concepts like culture and systems in conceptualizing organizational development and change; (3) the identification and explanation of learning constraints under which organizations and individuals operate.

Introduction

This paper examines the relevance of current issues in organizational development (OD) for clinical sociology. Critical observations of the field of organizational development will identify structural and value problems facing practitioners working for planned change. The observations derive from practice, case studies, materials presented at OD conventions, interviews with OD practitioners, and a review of the relevant literature. This paper aims at a critical and selective integration of OD insights and clinical sociological practice.

Clinical sociology was first defined by Wirth in the 1930s as a respected sociological field. It has recently surfaced with a more focused identity which

"brings a sociological perspective to interventions and action for change. Its value orientation is humanistic, holistic, and multi-disciplinary" (Glass 1979:513-14). Glass and Fritz (1981:351-52) criticize OD's social psychological focus because it ignores "structures, goals, and environments in which problems are rooted." However, sociological critics of OD selectively incorporate some of its more clinically oriented intervention techniques.

Glass highlights the role of clinical sociologist as catalyst for clarification of client alternatives and helping clients develop their own problem-solving strengths. Intervention may occur at a variety of levels in the social system: individual, group, organization, community, or society. Some theorists in clinical sociology claim that it follows a tradition of grounded theory, activist research, and dialectical methodology (Glassner and Freedman 1979; Glassner 1981). Perhaps the strongest claim of clinical sociology is to a client-centered collaboration, including sensitivity to cultural traditions of client groups and an awareness of the ways in which the structural embeddedness of interlocking problems affects organizational behavior and structures.

Overview of Organizational Development

Researchers and practitioners have conceptualized the field of organizational development in various ways. For example, Gordon Lippitt (1982) defines it as "any planned organization-wide effort to increase the effectiveness and health of an organization through various 'interventions' in the organizational process using behavioral management sciences as technologies." Huse (1980:3) sees the general purpose of OD as "a process by which behavioral science principles and practices are used in a planned and systematic way to attain such goals as developing greater organizational competence, bringing about organizational improvement, improving the quality of work life and improving organizational effectiveness." Burke (1982:3) offers the following definition:

> OD involves consultants who try to help clients improve their organization by applying knowledge from the behavioral sciences. . . . Most would also agree that OD implies changes and, if we accept that improvement in organizational functions means that change has occurred, then, broadly defined, OD means organizational change. The distinction between improvement and organization change may not be clear, however, and it is this distinction that compounds the problem of defining OD.

There appear to be two general and somewhat conflicting definitions of OD. One emphasizes structural components while the other places greater em-

phasis on human relations interventions. The structural emphasis focuses on design, structure, social-technological interdependencies, task activity, and organizational/environmental congruencies and contingencies. This approach includes quality-of-work-life projects, work redesign, Management by Objectives programs, collateral organizations, quality circles, and other system-level approaches. The human relations emphasis includes sensitivity training, team building, Tavistock-style conferences, transactional analysis, career-life planning, interpersonal confrontation, stress reduction, time management, process consultation, role negotiations, and group diagnostic meetings (Huse 1980:330-93; French and Bell 1978:117-30, 139-49, 150-76; Lippitt 1982; Burke 1982; French, Bell, and Zawacki 1983).

The common core of these two approaches is a surviving commitment to the essential belief that organizations and the workplace can function democratically to promote human potential and effectiveness. Early efforts by such pioneers as Chris Argyris, Warren Bennis, Ronald Lippitt, Elliot Jaques, Renis Likert, Eric Trist, Harry Levinson, Gordon Lippitt, Richard Beckhard, Robert Blake and Jane Mouton, Leland Bradford, and Edgar Schein are still being refined by ongoing projects and consulting work. Recent thinking about OD issues has been stimulated primarily by the growing perception that Japanese organizations maximize both worker involvement and superior quality products. The importance of strategically developing the fit of technical and social systems in the workplace is being recognized. Previously vulnerable programs for developing human resources move from being "luxury" to "indispensable" in order to achieve long-term organizational goals, and produce quality products, harmonious work relations, and organizational effectiveness. Clinical sociology infuses OD with more flexible techniques of integrating micro and macro approaches to social and organizational change. The sociological perspective elucidates the latent dimensions of planned change, identifies hidden agendas, and examines the congruence of technologies and democratic values.

Much current work in OD is based on a conception of planned change that assumes that it is possible to find value-neutral facts and solve problems once and for all. In contrast, OD in the action research tradition assumes the effectiveness of a collaboration between consultant and client, with an emphasis on the development of ongoing learning systems. This in turn requires constant problem solving that allows for uncertainty, inconsistency, and slippage. This view further stresses the need for clients to participate in the formulation of their own questions and the devising of their own answers. It is a multidisciplinary approach that is compatible with the diagnostic thrust of clinical sociology and the symbolic interactionist perspective. A more specific discussion of OD's strengths and weaknesses will highlight issues that also concern clinical sociologists.

An Assessment of OD Problems

The first problem with OD concerns what Tichy (1974:164-82) identifies as congruence in values, cognition, and action: whether or not consultants take action consistent with their stated values and cognitive assessments in the process of facilitating change. Tichy (1974:179-82) found that consultants were consistent with their cognitive model of change, but inconsistent in their commitment to stated democratic values, in both decision making and action. This contradiction appears because consultants are often hired to improve productivity, boost morale, or resolve conflicts as last-ditch strategies to save the organization or specific leadership cliques.

Tichy argues that OD consultants must create congruence between values and action and deal with their own "internal conflict" with sponsors. Value differences are expressed by contingent approaches versus normative approaches (Burke 1982:11). In the contingent approach, OD practitioners facilitate change only in ways decided upon by key client actors, typically top leadership. Facilitation of change places the consultant in a more reactive and passive role. In contrast, the normative approach emphasizes action research and participation in ongoing learning systems and change projects. In the latter, minority view (Burke 1982:111-12), collaboration is required, but consultants bargain for open, humanistic, organization-wide changes: decentralized power, just reward systems, democratic decision making, development of the whole employee at all organizational levels. Much OD supports a contingency approach. Although there are practical arguments for the conduct of OD in settings where organizational change is unwanted and suspect, contingency thinking often results in treating symptoms, providing piecemeal minor changes, and supporting expediency. These approaches often treat only symptoms, ignoring underlying problems that persist when the consultant leaves. Normative approaches require intervention plans that acknowledge the true effort required of those committed to organizational change. If those in power, either individually or collectively, are not committed to change, the normative approach obviously cannot serve as a model.

Clinical sociology faces the same difficult dilemma. Does it focus change efforts on the real world as it is? Should it help people cope with oppressive situations and organizational structures, or attempt to establish lasting system changes? Can incremental problem solving and contingency thinking provide the needed roots for ongoing and more significant reforms at a later date? Is it possible to establish a normative and humanistic clinical sociology without assuming an impractical, utopian vision and prospects for constant failure? What is the price for the institutionalization of humanistic and democratic clinical sociology? These questions, derived from OD settings, equally apply to practice with individuals, communities, or other groups.

A related problem is OD's excessive reliance on the latest interventions that serve the consultant's needs, training, and style. Consultants often use interventions they are familiar with, which lead to satisfied clients, professional recognition, and financial rewards. Consultants must carefully consider the reasons the client is asking for intervention and how committed organizational leadership is to ongoing and meaningful system change. Client motives that impair normative OD include: offering OD as extra reward for work well done; being included in the trend toward OD; gaining approval and advancement; increasing morale; and selling unpopular changes. Part of working toward significant change involves normative collaboration with clients; this in turn means understanding client motives that fit meaningful and humanistic change into organizational systems, leading to stronger problem-solving capabilities. Intervention strategies are then devised to fit the situation.

The second weakness of many OD interventions results from the failure to examine fundamental values or meta-assumptions of organizational problem solving and learning. Traditional OD intervention addresses this issue of problem solving in what Argyris (1980:15) and Argyris and Schon (1978) call single-or primary-loop learning. Single-loop learning occurs when the detection and correction of error permits the organization to compromise change efforts by supporting mere adjustments on the part of workers and status quo policies and goals on the part of management. Single-loop learning is based on the following assumptions: (1) the systematic blindness of people using traditional models of organizational learning; (2) competitive win-lose dynamics; (3) interdepartmental rivalries; and (4) organizational political games people use to protect themselves. Each of these loops leads to deception, lying, and protective behavior. Since such behavior is often not officially supported, it operates in covert and obscure ways. Individuals in such organizational settings often subvert the best organization development plans because truthful or clear information is routinely made ambiguous, vague, and inconsistent (Brunner 1973).

Many OD efforts do not address the need to challenge single-loop learning that impedes institutionalized organizational learning processes and system-wide problem solving. Double-loop learning, in contrast, builds upon a critical examination of the underlying values governing any social or organizational system.

This problem is related to the issue of organizational development's one-sided intervention at the request of management, a situation that promotes behavioral interventions and values conducive to management control and worker subordination. Many OD consultants support contingent intervention or "whatever works for management" because they ignore humanistic and democratic values. This "organizational imperative" view can be criticized as one-dimensional and elitist. In the name of doing OD, a climate supportive of

collaborative conflict resolution is often ignored in favor of behavioral control of workers. The normative approach educates management about worker sub-cultural values and motives that support meaningful participation and involvement in decision making and problem solving. Alienation, noninvolve-ment, and work-related problems result from a closed organizational cultural climate and single-loop learning and information systems. OD consultants often fail to recognize that they operate under the same informational and cognitive constraints as client and workers. A true action research strategy allows consultants to question the metatheoretical framework that guides both individual and system behavior.

Many OD consultants ignore the underlying dynamics of how organiza-tional members create systems that constrain and control their own activities in order to make life manageable. Argyris recommends transferring learning from OD interventions back into the workplace by breaking down the distinc-tion between basic and action research: basic research provides understanding, which then informs action; action research, to be effective, must "call to ques-tion the defensive structure of individuals and that in turn may trigger the defenses of the social systems in which actions are embedded" (Argyris 1980:13). OD strategies most often fit into single-loop learning systems that seriously limit "the actor's learning capacity, especially when the issues are im-portant, ambiguous or threatening" (Argyris 1980:14). Organizational members then cannot challenge system-wide problems without questioning underlying values. Action researchers cannot rely solely upon traditional methodological techniques because that tacitly hinders critical reflections and dialogues (Argyris 1980:21).

Glaser and Taylor (1973:145) found that OD projects that make a positive difference in client organizations involve consultants who probe, explore, keep communication channels open both within and outside of the immediate environment, and solicit criticism by utilizing committees, critics, liaisons, linkages, and broad-based contacts. Although there is not one best way to con-sult, this approach requires a humanistic commitment to facilitating client strengths. Burke (1982:360) calls this the *marginal consultant role:*

> Remaining marginal, at the boundary of interface between in-dividuals — especially bosses and subordinates — and between groups and systems is critical. . . . The consultant functions in the organic way, attempting to intervene in a timely manner and according to what the client needs at the time. Consulting organically means that the practitioner must use himself or herself as an instrument — sensing client need by paying attention not on-ly to what may be observed but also to his or her own feelings and intuitions.

OD specialists who operate as scientists trying to apply principles of traditional pure research have often failed at changing organizational environments because they have not adequately conceptualized the cultural dynamics of organizational life. Such a view ignores the difficulty of shifting organization-wide norms and values toward a more humanistic direction. On the other hand, psychocultural strategies adopted uncritically by consultants overemphasize the need to improve the organization/worker fit by resocializing the worker at the expense of a more mutual collaboration in the change process (Lewicki 1981). The clinical sociologist brings to the situation methodological skills and sensitivity to cultural/structural issues that can avoid these consulting pitfalls.

Any attempt to help organizational members improve organizational rationality through increasing learning, collaborative feedback, no-fault problem resolution, and system-wide bargaining makes sense only if relevant information and supportive attitudes are widely available in the organization. However, in many situations sponsorship for change is ambiguous; consultants are called in because problems have become "messes" or have grown into a system of unresolved problems (Ackoff 1981).

The third criticism regarding OD is its often simplistic view of organizational politics and power. Pfeffer (1981:7) sees power as "a property of systems at rest: politics is the study of power in action." Brym (1980:26) defines power as "the structurally determined capacity to control others by deciding issues, by deciding which issues are to be contentious, and by suppressing manifest and latent conflicts." Power includes both the ability to initiate action and to resist or stop activity. The traditional view of power in organizations overemphasizes its legitimate basis. In contrast, power in action involves politics, the interpretive side of organizational bargaining for resources, where subordinates often resist actions they view as arbitrary (Clegg 1975; Baumgartner 1977; Lukes 1976).

Many OD writers downplay power, or when they do recognize it, they define it in a negative manner. For example, Varney (1977:219) defines power-based activity as "reliance on force or its residues or as a status position carrying negative connections." French and Bell (1978:258) mention the limited role of power in traditional OD models, but they fail to explore the implications of this weakness: ". . . organization development seems restricted in its models regarding effective use of power in organizations. Stemming from the laboratory training method background, models of change typically involve love-trust . . . (and underplay the importance of power)." Further, many OD consultants using a contingency model ignore the importance of organizational resources such as position, information, access, and coalition membership. Brute power is often legitimized by assuming value and goal consensus. Yet, under conditions such as resource scarcity, competition, plurality of

coalition goals, or repressed bargaining tactics, it is inevitable that conflict and power struggles will emerge. In such contexts OD consultants often fail to see politics and power covertly clothed in the rational guises of bureaucratic rules, standard operating procedures, chain of command, and cultural values taught as "that's the way things are around here."

Such use of power by management, even if legitimate, does not neutralize the other side of the power equation: the phenomenon of power-created resistance. Resistance cannot be avoided; in fact, it is a sign of healthy involvement. It signals the need to recognize that involved and rewarded workers are often more productive than those who perceive a lack of praise and reward and who feel excluded from meaningful involvement in the decision-making process. Successful leaders must recognize the reality of conflict over resources and learn how to induce compliance in a humanistic way in order to mitigate negative or destructive resistance. This conflict model recognizes that consensus is not always possible or even healthy (Clegg 1975) and that attempts to avoid worker participation, bargaining, or resistance can lead to secondary effects such as worker passivity, alienation, and noninvolvement. These effects in turn contribute to deterioration of managerial legitimacy, a decrease in morale and productivity, and an increase in absenteeism and turnover.

Sennet recently addressed the complex issues of authority and power. Authority, he claims, is often distorted by fear, paternalistic impulses, and autonomy without compassion. He suggests that "the dominant forms of authority in our lives are destructive; they lack nurturance . . . (which is) a basic human need." He identifies the following tactics for breaking the bonds of arbitrary domination (e.g., power) in the chain of command: (1) refuse the active voice in the chain of command in order to counter bureaucratic language; (2) openly discuss categories and rules; (3) create discourse about the nature of obedience; (4) exchange roles; (5) openly discuss nurturance (1980:120;180-90).

Humanistically oriented clinical sociology also supports the view that illegitimate authority and unnecessary domination can be overturned by the proper exercise of power on a human scale, by mutual compassion, and by nurturant behavior. The fight against arbitrary power is a constant struggle because it is easy to fall into the trap of converting power into such metaphorical security blankets as the belief in paternalism: "Management always knows best."

If organizations are to resolve essential problems, and if both organizations and workers are to achieve their true potential, both must revise their understanding of power. Power cannot be treated as the sole possession of either management or labor. Instead, it must be defined as a negotiated relationship between people. In ignoring this relationship, managers downplay their dependence on staff and use power coercively and destructively (Knights

and Roberts 1982:47-61). The essential point is that power or legitimate authority has two sides: a dominating side and a participatory side. Authority in its most meaningful form recognizes the need for legitimate bargaining, hence transforms covert resistance into overt and legitimate opposition. Thus, the negative and destructive secondary latent effects of denying subordination can be seen in a more rational way — conflict may be organized, managed, and dealt with through bargaining or compromise.

This view is compatible with humanistic collaborative clinical sociological interventions, which call for enlarging the common interests and values of organizational members at all levels. Burke (1982:134) states the issue in more practical terms for clinical sociologists and humanistically oriented consultants: "The consultant should help the client empower his or her subordinates so that their energy can be channeled toward team and organizational achievements rather than toward passive hostility, inappropriate competitiveness and an overdependence on rules . . . or feelings of powerlessness." Burke is one contemporary OD consultant and researcher who sees the need for consultants to understand the role of power in effectively managed organizations. Woodworth and Nelson (1979:21), however, provide a more radical assessment of OD consultants for perpetuating a conservative view of dominating power:

> In short, we see most OD interventions as consisting of minor adjustments in the organization's culture — adjustments aimed at ensuring the goal of continuity and power structure of the system. As often as not, intervention by a change agent is called for by someone in the firm's upper echelon who is trying to create a power base larger than those of his rivals in the firm. Thus for all the consultant does, he seldom steps out of the bounds establishing the politics of the system.

The contingent management of change processes appears to make little difference in the lives of many workers (Woodworth and Nelson 1979). OD techniques and programs have often perpetuated the existence of passive, disillusioned, uninvolved, and powerless employees. Clinical sociology has yet to determine whether its value base and ethical stance are consistent with assisting management in making changes of greater benefit to those already in power at the expense of the relatively powerless.

A fourth issue is the complexity and turbulence of external events that influence OD efforts. Those who are interested in organizational change, development, and effectiveness need to recognize that in many organizational settings change occurs via processes other than OD. It is apparent from even a cursory glance at the literature (Argyris 1980; Kets de Vries 1980; Pfeiffer and

Jones 1976) that the romantic lure of organizational development and planned change has recently been eroded by numerous external events: selective deregulation, high interest rates, tight money, inflation, and other scarce resources. The initial evangelical heat of OD "true believers" (Harvey 1974) has cooled in the flood of constraints of a highly turbulent world. How these external factors affect organizations trying to change in humanistic and effective directions is an essential part of organizational analysis. For example, dramatic internal change often results from external shifts in organizational power, competition, and new technology, from regional shifts in money markets and investment, and from adjustment to tight money, computerized information, robotics, and global interdependencies.

Implications for Clinical Sociology

This brief review of the problems of organizational development highlights issues which clinical sociologists must consider as they work in this area. There are three major issues: selecting the proper unit of analysis; the need to understand and use concepts of power, culture, and authority; understanding the learning constraints that inhibit interaction.

1. **Units of Analysis.** Clinical sociological intervention in organizations may be at any level. Should it downplay macro-level behavioral interventions, or integrate them into micro strategies? Research in organizational development suggests the increasing importance of macro-level changes, and interventions at this level are increasingly visible in business school curricula (Miles 1980). A systems theory perspective allows the clinical sociologist to operate at a variety of levels, drawing connections among them.

2. **Concepts.** Culture and power are important concepts in understanding the dynamics of organizational change. Many clinical sociologists (Glass 1979:516-18; Fritz 1979:586; Hurvitz 1979:574) have expressed concern about the traditional "victim blaming" ideology implicit in ignoring system-wide structural and contextual barriers. The clinical model is built upon a humanistic and holistic recognition of the individual operating within social system constraints. Mills's contention that personal problems are really public and structural issues needs more rigorous articulation.

Thurow (1980:110-25) provides a "zero-sum" model of political-economic systems that might be useful for clinical sociologists studying organizations. In a zero-sum situation, which requires bargaining over scarce resources, there will always be winners and losers. Knowledge of the dynamics of power and bargaining requires the creation of social structures in which power and control are shared in ways that benefit workers' initiative and

democratize loss allocation. Institutional leaders cannot expect that asking for economic progress and security for themselves will protect others from loss. Only by addressing values of justice, fairness, and equity can living in zero-sum organizations allow people to work together to create more viable enterprises.

Hart and Scott (1979:13-80) framed this question in the language of values that make up the "organizational imperative" in America (for example, excessive specialization, planning, paternalism, dispensability, and obedience). The issue becomes one of transforming these values into a new vision of human nature and the cultural values implicit in the humanistic imperative (innate humanistic limits, indispensability, community, spontaneity, voluntarism). As our society moves from individualistic to organizational values, can OD consultants/clinical sociologists provide substantial help to individual clients by fine tuning or tinkering? Is "renewal" or "effectiveness" achieved merely by propping up the organizational imperative? The answer seems bleak if we look at large-scale bureaucracies, especially in comparison to the Japanese model.

3.   **Learning Constraints.** Change to a more humanistic model also involves the identification and explication of the learning constraints under which individuals and organizations operate. For true organizational change to occur, the nature of organizational errors, including manipulation of personal relationships and social structural arrangements, must be identified and corrected. Such change involves recognition of metatheoretical thinking and the development of creative interventions to modify fundamental cultural values and organizational norms, policies, and procedures that create win-lose games or zero-sum situations. Clinical sociologists can address the potential dangers of focusing too heavily on either micro-level behavior or single-loop strategies of learning because these often fail to throw fundamental norms and structures into analytical relief.

The Impact of the Japanese Experience

Human relations productivity and work measurement specialists sometimes concentrate erroneously on the quantitative aspects of work, ignoring the qualitative. For example, the workers at General Motors' Lordstown, Ohio, Vega Plant resented management's decision to utilize the latest technology in order to speed up assembly line production. Assuming that the workers desired only higher pay, bonuses, and other extrinsic rewards, management ignored intrinsic rewards and worker involvement in structuring the production process. The quality of Vegas dropped quickly, and the line was down constantly because workers sabotaged the technical system. In contrast, Aber-

nathy (1983:78-79) summarizes the key differences achieved through integrating the technical (quantitative) and social/cultural (qualitative) systems in Japanese industry:

> In Japan, the work force is viewed as an integrated part of the manufacturing system, as something to be carefully nurtured. . . . Nor, for that matter, are the Japanese uniformly successful. But the differences between operating in the two countries are real, not the fabrication of some human resource consultant. Americans buy and sell labor; the Japanese build a productive process around it. . . . Again, what the Japanese have deliberately done is treat their work force as a key point of competitive leverage. This has its costs—workers face the same grueling pressure as managers do—but extraordinary benefits as well.

Abernathy (1983:78) notes in his comparison of Japanese and American factories that the "status symbols of management often get in the way of first-class operations, that narrowly-defined jobs waste valuable human talent, and that adversarial relationships between workers and managers need not be an inescapable fact of life." On the other hand, one of the costs of the Japanese system is a lack of social, geographic, or occupational mobility. The Japanese worker is tied to the employer in many ways that would not be tolerated by American workers: greater involvement in the work experience may come at the cost of other areas of personal and social freedom. The critical question remains how technical and sociocultural systems are integrated to ensure quality work, efficient use of capital and other resources, and high worker satisfaction.

The difference between the Japanese and American systems lies in the presence or absence of cultural climate and social organization factors that nurture involvement, creative problem solving, and authentic teamwork. The success of quality circles and similar programs depends on the existence of strategic, innovative, "thinking" organizations. Problems and pitfalls exist for all organizations in our competitive world — even for the Japanese. Their experience reflects the extent to which they have incorporated the environmental turbulence of market competition into their integrated organizational systems.

Conclusion

Neither OD specialists nor managers cause the greatest proportion of organizational change. Clinical sociologists can create interdisciplinary OD teams that confront both internal and external behavioral and structural obstacles to constructive change. The strong tradition of sociological theory

and research in organizational behavior provides a solid base from which to conduct a multi-level systems-oriented OD practice.

Specifically, the sociologist has an advantage in engaging in organizational development because of training in research design and methods, a broad awareness of systems and structural issues, and sensitivity to cultural phenomena such as family trends, workplace values, and ethnic, racial, or sex-role stereotypes. Because of their view regarding the situational basis of personal problems, clinical sociologists can also design and adapt micro-level interventions; acquisition of small-group theory and insights strengthens practice at this level.

These reflections are intended to increase discussion and analysis within the slowly consolidating networks of clinical sociologists, OD specialists, and applied behavioral scientists about the meaning and strategic relevance of organizational development for a changing world.

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