

**OD: A Unique Change Strategy**

Consulting to organizations can take many forms. For example, Edgar Schein describes three consulting models:

- i. Purchase of Expertise Model
- ii. Doctor-patient Model
- iii. Process Consultation Model

In the “**purchase of expertise model,**” a leader or group identifies a need for information or expertise that the organization cannot supply. The leader hires a consultant to obtain the information and make a report, often including recommendations for action. Example would be (1) surveying consumers or employees about some matter, (2) finding out how best to organize the company after a merger, or (3) developing a marketing strategy for a new product. This is a typical consulting approach that is widely used.

## Roles of the Facilitator

### • Purchase-of-Expertise Model

#### ➤ Assumptions:

1. The manager has correctly diagnosed the organization's needs.
2. The manager has correctly communicated those needs to the consultant.
3. The manager has accurately assessed the capabilities of the consultant to provide the information or the service.
4. The manager has considered the consequences of having the consultant gather such information
5. The manager is willing to implement changes that may be recommended by the consultant.

In the “**doctor-patient model,**” a leader or group detects symptoms of ill health in some part of the organization, and calls in a consultant who diagnoses the situation, identifies the causes of problems and then, like a physician, prescribes a cure. Examples would be calling in “the doctor” to examine (1) low morale at a particular plant, (2) being over budget and behind schedule on a major project, or (3) a high- performing manager who suddenly becomes a low-performer. This too is a well-known, traditional approach to consultation.

**THE DOCTOR-PATIENT MODEL –Slide I**

- ❖ The core of this model is that the client experiences some symptoms that something is wrong but does not have a clue as to how to go about figuring out what is wrong or how to fix it.
- ❖ The diagnostic process itself is delegated completely to the consultant along with obligation to come up with a remedy.
- ❖ The client becomes totally dependent upon the consultant until such a time as the consultant makes a prescription, unless the consultant engages the client in becoming more active on his or her own behalf.
- ❖ A manager may detect symptoms of ill health, such as dropping sales, high numbers of customer complaints, or quality problems, but may not know how to make a diagnosis of what is causing the problems.

**THE DOCTOR-PATIENT MODEL –ASSUMPTIONS - Slide II**

- ❖ That the client has correctly interpreted the symptoms and the sick “area.”
- ❖ That the client can trust the diagnostic information that is provided by the consultant.
- ❖ That the “sick” person or group will reveal the correct information necessary to arrive at a diagnosis and cure, i.e., will trust the doctor enough to “level” with him or her.
- ❖ That the client has thought the consequences, i.e., is willing to accept and implement whatever prescription is given.
- ❖ The patient/client will be able to remain healthy after he doctor/ consultant leaves.

**THE DOCTOR-PATIENT MODEL –NOTICE - Slide III**

- ❖ This model puts even more power into the hands of the consultant in that she diagnoses, prescribes, and administers the cure.
- ❖ The client not only abdicates responsibility for making his own diagnosis and thereby makes himself even more dependent on the consultant, but assumes, in addition, that an outside consultant can come into the situation, identify problems, and remedy them.
- ❖ This model is of obvious appeal to consultants because it empowers them and endows them with X-ray vision.

#### THE DOCTOR-PATIENT MODEL –NOTICE - Slide IV

- ❖ Providing expert diagnoses and prescribing remedial courses of action justify the high fees that consultants can command and make very visible and concrete the nature of the help that they claim to provide.
- ❖ In this model the report, the presentation of findings, and the recommendations take on special importance in identifying what the consultant does.
- ❖ For many consultants this is the essence of what they do, and they feel that they have not done their job until they have made a thorough analysis and diagnosis leading to a specific written recommendation.

In the “**process consultation model**,” the consultant works with the leader and group to diagnose strengths and weaknesses, identify problems and opportunities, and develop action plans and methods for reaching desired goals.

In this model the consultant assists the client organization in becoming more effective at examining and improving its own processes of problem solving, decision-making and action taking. This third model, typical in OD, encourages greater collaboration between clients and consultants, engages the resources and talents of the clients, and strengthens clients’ abilities to improve their work processes.

Examples would include working on any of the previously mentioned problems, but using a collaborative, participative, you-can-figure-out-the-right-answer-yourself approach. An organization development consultant typically suggests general processes and procedures for addressing problems and issues. The consultant helps the clients generate valid data and learn from the data. The OD consultant is an expert on process-how to “go about” effective problem solving and decision making.

#### THE PROCESS CONSULTATION MODEL –Slide I

Process Consultation (PC) is the creation of a relationship with the client that permits the client to perceive, understand and act on the process events that occur in the client’s internal and external environment in order to improve the situation as defined by the client.

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### THE PROCESS CONSULTATION MODEL – FOCUS - Slide II

- The focus of PC is to build a relationship with your client and help them figure out what to do
  1. **Build a Relationship**
    - Permit the consultant and client to deal with reality
    - Remove the consultant's areas of ignorance
    - Acknowledge the consultant's behavior as being always an intervention
    - All of the above in the service of giving the client(s) insight into what is going on around them.
  2. **Help the client figure out what they should do about the situation**
    - Clients must be helped to remain proactive
    - Clients must own the problems (“monkey always remains on the client's back,”)
      - Clients know the true complexity of their situation and they know what will work in the culture where they live

### THE PROCESS CONSULTATION MODEL – KEY ASSUMPTIONS - Slide III

1. That the nature of the problem is such that the client not only needs help in making an initial diagnosis but would benefit from participation in the process of making that diagnosis.
2. That the client has the constructive intent and some problem solving ability.
3. That the client is ultimately the only one who knows what form of solution or interpretation will work in his or her own situation.
4. That if the client selects and implements his or her own solution, the client's problem-solving skills for future problems will increase.

### THE PROCESS CONSULTATION MODEL – PRINCIPLES - Slide IV

1. Always try to be helpful
2. Always stay in touch with the current reality
3. Access your ignorance
4. Everything you do is an intervention
5. It is the client who owns the problem and solution
6. Go with the flow
7. Timing is crucial
8. Be constructively opportunistic with confrontive interventions
9. Everything is data: errors are inevitable – learn from them
10. When in doubt, share the problem

Thus, OD differs substantially from traditional “expert” models of consulting in its overall approach. Likewise, OD practitioners have different goals and focus on different targets compared with other consulting models. Here is a list of “primary distinguishing characteristics of organization development”

1. **Change:** OD is a planned strategy to bring about organizational change. The change effort focuses on the human and social side of the organization and in so doing, also intervenes in the technological and structural sides.
2. **Collaborate:** OD typically involves a collaborative approach to change that includes the involvement and participation of the organization members most affected by the changes. Participation and involvement in problem solving and decision making by all levels of the organization are hallmarks of OD.
3. **Performance:** OD programs include an emphasis on ways to improve and enhance performance and quality.
4. **Humanistic:** OD relies on a set of humanistic values about people and organizations that aims at making organizations more effective by opening up new opportunities for increased use of human potential.
5. **Systems:** OD represents a systems approach concerned with the interrelationship of divisions, departments, groups, and individuals as interdependent subsystems of the total organization.
6. **Scientific:** OD is based upon scientific approaches to increase organization effectiveness.

While the six characteristics, described above, describe organization development, let us add another means of identifying OD.

**An OD Program is a long-range, planned, and sustained effort that unfolds according to a strategy.**

The key elements here are long range, planned and sustained, and strategy.

**Let’s look at each one independently:**

**Long-range:** The reason for OD practitioners and theorists conceptualizing OD programs in long-range terms are several. First, changing a system’s culture and processes is a difficult, complicated, and long-term matter if lasting change is to be effected. OD programs envision that the system members become better able to manage their culture and processes in problem-solving and self-renewing ways. Such complex new learning takes time. Second, the assumption is made that organizational problems are multifaceted and complex. One-shot interventions probably cannot solve such problems, and they most assuredly cannot teach the client system to solve them in such a short time period.

There is a long-range time perspective on the part of both the client system and the consultant in OD program. Both parties envision an ongoing relationship of one, two, or more years together if things go well in the program. A one-shot intervention into the system is thus not organization development according to this criterion even though the intervention may be one that is used in OD efforts.

**Planned and Sustained effort:** OD involves deliberately planned change, as contrasted with system “drifts.” Unlike an innovative project or program it is generally not limited to a specific period of time. To implement OD, an organizational subsystem – such as a Department of OD – is created and charged with the specific responsibility for planning, managing, and evaluating the continuous process of organizational self-renewal. Members of such a subsystem act as inside change agents or OD development specialists ... and usually link with outside consultants to carry out their mission. The essential concept is that some fraction of an organization’s resources is devoted to continuous organizational maintenance, rebuilding, and expansion. Such a concept is familiar to managers in the field of plant maintenance but is much less widely known and accepted in the maintenance of the human organization.

Organizations are not easily or quickly transformed. The available evidence suggests that in large organizations two to three years of OD effort is typical before the completion of serious and self-sustaining change. In addition, it must be borne in mind that an organization is never transformed permanently. Instead, institutionalized, built-in OD functions must continually be involved in facing the

dilemmas and vicissitudes of organizational renewal.

There is, however, a point that is a source of some confusion. When some good management practices are taking place in an organization without an OD program – for example, a manager has worked out effective ways to manage team and inter-group culture and processes – is that organization development? We do not think so. OD practitioners try to inculcate good management practices in organizations, that is, they try to help organization members learn to manage themselves and others better. But many managers and many organizations are competently managing their affairs without help from organization development consultants and OD programs; what they are doing would not be called OD even though they may be using some techniques found in the OD technology. OD practitioners did not invent good management practices; OD practitioners are not the sole source for learning good management practices; and finally, the term organization development is not synonymous with the term good management.

**Strategy:** OD programs unfold according to a strategy. A part of the planned nature of OD programs almost always involves an overall strategy even though the strategy may be only dimly obvious and articulate, and even though the strategy may emerge and change shape over time. (From our experience, the more viable OD efforts have a fairly clear and openly articulated strategy.) Consultants and clients develop overall goals and paths to goals on organization development programs, and these guide the programmatic activities. It is preferable and usual for the strategy to be developed out of the diagnosed problems of the client system, the client system's desires and capabilities, and the consultant's capabilities and insights into client system needs.

**The OD consultant establishes a unique relationship with client system members:**

Probably the most fundamental differences between organization development programs and other organization development programs are found in the role and behavior of the consultant vis-à-vis the client system. In OD the consultant seeks and maintains a collaborative relationship of relative equality with the organization members. Collaboration means “to labor together” – essentially it implies that the consultant does not do all the work while the client system passively waits for solutions to its problems; and it means that the client system does not do all the work while the consultant is a disinterested observer. In organization development, consultant and client co-labor.

A second distinguishing feature of the consultant-client relationship is that it is one of relative equality – the two parties come together as relative equals, each possessing knowledge and skills different from but needed by the other. The client group is encouraged to critique the consultant's program and his or her effectiveness in terms of meeting client system needs and wants. In OD the consultant's role is generally that of a facilitator, not an expert on matters of content; the consultant acts primarily as a question-asker, and secondarily as an answer-giver.

The consultant's role is often described as nondirective and that is partially true, but the rationale behind this nondirective posture is less well understood. The OD consultant role rests on three beliefs. The first belief is simply an affirmation of the efficacy of division of labor and responsibility: let the consultant be responsible for doing what he or she does best (structuring activities designed to solve certain problems); and let the client system do what it does best (bring to bear its special knowledge and expertise on the problem and alternative solutions). The second belief is derived from the question: Where is the best solution to this problem likely to be found? In situations where the consultant is an expert role, the answer to the question is that the best solution is in the consultant's head due to that person's education, experience, and expertise. Both clients and consultant believe this. In organization development situations where the consultant is playing an enabling and facilitating role, the answer is that the best solution is in the heads of the client members and the challenge is to structure situations to allow it to become known. The third belief is that the responsibility for changing something rests ultimately in the client system members, not in the consultant. Therefore the members of the client system must “own” the problem and the solution, and that is best done when they generate both the problems and the solutions. This belief no doubt rests on Lewin's conceptualization of “own” and “induced” forces. Lewin believed, and demonstrated, that an individual's own forces toward a

particular behavior were more powerful in determining the behavior than forces/motives/pushes induced by some outside agent.

The consultant is both expert and directive on matters relating to the best ways to facilitate/enable the client group to approach, diagnose, and solve its problems. In organization development, it is this expertise that the clients expect from the consultant - the expertise to offer the clients effective ways to work on problems, not answers to problems.

**The nature of the intervention differentiates OD from other improvement strategies:**

OD consultants fashion, conduct, or cause to happen, interventions – structured sets of activities and events in the life of the organization designed to achieve certain outcomes. As indicated in Fig (definitions of OD), the nature of these interventions is that they are reflective, self-analytical, self-examining, proactive, diagnostically oriented, and action oriented. Further, they focus on the organization culture and its human processes. OD consultants try to inculcate diagnostic skills, self-analytical skills, and reflexive skills in organization members, based on the belief that the organization’s members must be able to diagnose situations accurately in order to arrive at successful solutions. But there are several additional beliefs in this statement. Diagnosis and self-reflection are necessary skills to have for problem solution – that is a belief of OD consultants. But who should possess those skills? “The client system members,” answer OD consultants; “me,” answer expert consultants. This is a key difference in the OD prescription. Another belief involved here is the belief that both the problems and the solutions to the problems abound in the client system members. Teaching the client system to diagnose and solve problems and take corrective actions is the goal of the OD consultant. The overriding goal is that the client system members learn to do it themselves. This tenet derives from nondirective therapy notions suggesting that responsibility for improvement and change rests in the individual (organization) that needs to change, not some outside agent. This is supported by most discussions of normalcy and maturity in psychotherapy that include the patient’s ability to solve problems, adapt effectively, and cope effectively as criteria for a healthy organism. Many authors, including Gordon Lippitt, speak of the organization “learning from experience,” and the OD literature suggests that “learning how to learn” is a desired outcome of OD interventions. This is what is being discussed: that the client system becomes expert in self-examination, diagnosis, and corrective action taking.

Planning, problem solving, and self-renewal are also mentioned as important processes for the client system to be reflexive about. The same overriding goal applies here: the client system members must learn to manage these processes effectively by themselves. There is thus a unique character to the nature of OD interventions: the intent that the client system becomes proficient in solving its own problems – present and future – by itself. The ancient Chinese proverb seems to describe the underlying rationale: “Give a man a fish, and you have given him a meal; teach a man to fish, and you have given him a livelihood.”

**System improvement:** The emphasis of OD is on the system, rather than the individual, as the target of change. In this respect the approach differs from “sensitivity training” and “management development.” “System” may mean either an entire organization or a subsystem such as an academic department or team of teachers. The emphasis however is always on improving both the ability of a system to cope and the relationships of the system with subsystems and with the environment. Individuals, of course, often gain insights and new attitudes during such improvement processes, but the primary concern of OD is with such matters as adequate organizational communication, the integration of individual and organizational goals, the development of a climate of trust in decision making, and the effect of the reward system on morale.

**Reflexive, self-analytic methods:** OD involves system members themselves in the assessment, diagnosis, and transformation of their own organization. Rather than simply accepting diagnosis and prescription from an outside “technocratic” expert, organization members themselves, with the aid of outside consultants, examine current difficulties and their causes and participate actively in the

reformulation of goals, the development of new group process skills, the redesign of structures and procedures for achieving the goals, the alteration of the working climate of the system, and the assessment of results.

**The targets of OD interventions differentiate OD from other improvement strategies:**

The OD prescription calls for certain configurations of people as targets of OD interventions – intact work groups, two or more work-related groups, subsystems of organizations, and total organizations. Katz and Kahn speak of “role sets,” the offices (positions) and people an individual interacts with while performing role-relevant behavior in an organization. They state:

Each member of an organization is directly associated with a relatively small number of others, usually the occupants of offices adjacent to his in the work-flow structure or in the hierarchy of authority. They constitute his role set and typically include his immediate supervisor (and perhaps his supervisor’s immediate supervisor), his subordinates, and certain members of his own or other virtue of the work-flow, technology, and authority structure of the organization.

Many of an individual’s values, norms, and perceptions of organizational reality are derived from contact with role-set members. Role enactment problems derive from interaction with role-set members. A person’s immediate work group, immediate supervisor, and immediate subordinates are immensely important factors for an individual’s effectiveness in an organization. OD interventions concentrate on work-relevant constellations of people in the belief that these groups have inherent in them considerable power to determine individual and group behavior and also contain many of the sources of organizational problems.

What goes on between units is also of vital importance in organizational effectiveness. OD goes beyond intact work teams and also focuses on enhancing key interdependences across units and levels. For example, data are typically collected about the degree of cooperation versus dysfunctional competition between the various units, and identified problems are then worked on with members of the relevant groups present. Thus, intergroup configurations are a second major target of OD interventions.

A third target of OD interventions is the organization’s processes and culture. In a sense, OD is comprehensive long-term effort to collaboratively manage the culture of an organization (since processes can be considered part of organization culture). As shown in Figure 1, some of the authors mention culture and some of the authors mention human and social processes as the targets of OD interventions. Problem-solving, planning, self-renewal, decision-making, and communications processes are identified as important processes. This focus on culture and processes is simply a part of the bet/hypothesis/belief system that OD consultants have: culture and processes are important strategic leverage points in an organization for bringing about organization improvement and change. Other consultants and practitioners make different bets on the best strategic leverage points – the technology of the organization, the structure of the organization, its design, and so forth. OD consultants, because they are working with a behavioral science knowledge base, focus on culture and processes. And the OD prescription suggests that these two targets are important ingredients in the process of planned organizational change.

**OD consultants utilize a behavioral science base:**

This is a characteristic of the practice of OD, but it is shared by many different improvement strategies. The behavioral science knowledge base of the practice of OD contributes to its distinctive gestalt. OD is an applied field in which theories, concepts, and practices from sociology, psychology, social psychology, education, economics, psychiatry, and management are brought to bear on real organizational problems.

**The desired outcomes of OD are distinctive in nature:**

The desired outcomes of OD efforts are both similar to other improvement strategies, and different from other improvement strategies. OD programs and efforts are designed to produce organizational effectiveness and health, better system functioning, greater ability to achieve objectives, and so forth,

as shown in some of the definitions in Figure 1. But some of the definitions point additional desired outcomes: outcomes relating to a changed organizational culture, to changed processes (especially renewal and adaptation processes) and to the establishing of norms of continual self-study and pro-action.

Michael Beer lists the aims of OD as: “(1) enhancing congruence between organizational structure, processes, strategy, people, and culture; (2) developing new and creative organizational solutions, and (3) developing the organization’s self-renewing capacity.’ It is these self-renewal outcomes that seem particularly distinctive in the OD process.