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DIAGNOSIS, PRESCRIPTION AND ACTION: THE
BEHAVIOURAL SCIENTIST IN ORGANISATION

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SCIENTIST IN ORGANISATION

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A B S T R A C T

The present paper deals with a critical appreciation of the role of the behavioural scientist in analysing organisational problems. A three-step model is elaborately discussed. It includes <u>diagnosis</u>, <u>prescription</u> and <u>action</u>. The various types of data gathering devices, the types of data etc. are included under diagnosis. Under the second step, different methods of bringing about desired change are outlined. <u>Action</u> stage includes the various strategies and possible pitfalls which one may face while implementing change. The paper is meant to provide a general frame for application of behavioural sciences know-how to organisational problems.

A systematic study of organizations essentially involves an understanding of the processes of stability, equilibrium and growth. The organizational structure is usually designed with an eye for possibilities of future growth and growth related contingencies. However, it is not uncommon to encounter situations which relate to growth related stresses and strains. This is observable in the structural properties of the organizations and also in the behaviour of the individual members of these organizations. It is rarely that we come across cases where the stresses are so pronounced that the organization loses all touch with the external environmental reality and there is a situation of 'organizational psychosis'. This state is usually referred to as organizational pathology or sickness of the organizations. The parallel is drawn from the individual being's physiological or mental state.

As management becomes a maturer profession there is an increasing demand on the part of administrators to see the 'whole' process in its totality. This facilitates understanding about the total process of administration and allows for greater freedom to create more effective means of production, distribution, and invention of new products etc. It entails an understanding of organizations as a 'whole', as well as an understanding of their parts separately.

According to Argyris (1957) an organization consists of three main parts, namely, formal organizational structures, individuals, and groups formed by these individuals. Each of these subsystems has

its own principles -- the principles for understanding an individual
are different from those implied in understanding the behaviour of
groups. Both these differ from those which are required for the
formal organizational structure -- and the 'correct' principles of
one (i.e. individual analysis) may be quite distinct from the 'correct'
principles of the other (i.e. organization). However, even when the
formal organizational structures are more static atleast in gross
details than the other two, the administrator and the scientist are
both confronted with the same question -- "Why people behave the way
they do in organizations?".

Once the answer is obtained it is easy to <u>predict</u> and <u>control</u>
behaviours. Control and prediction are the outcomes of such an under-
standing. Still the question remains, "How to understand human
behaviour in organizations?" To achieve this end the administrator
and the behavioural scientist, must be able to <u>diagnose</u> human problems
in organizations. The sharper and more systematic their diagnostic
procedures, the more accurate their predictions will be.

Let us see what we mean by the term diagnosis itself.

"Diagnosis", to quote Kwasniewski (1976), in its typical
medical usage "is generally an element of purposeful procedure geared
to combating or eliminating undesirable states of medical norms".
In this case, the diagnostician's task is to see as to how the system
(human) can be stabilized and not to answer, what could be strengthened
or improved in the organism -- or which organ to change so that the

organism may function better or differently than is indicated by
medical norms. However, this is the question behavioural scientists
are faced with, specially when they act within or in relation to a
"system of progress". To add further, in contrast with a medical
practitioner who is comfortable enough to have well defined norms
and pathological symptoms, there are no such norms available to the
behavioural scientists.

A valid diagnosis of human situations not only requires
knowledge of the best principles available but also self-awareness
by the practitioner (Argyris, 1957) and this requirement of self-
awareness is needed as a matter of respect for the human beings who
are to be their subordinates (Coughlin, 1953).

An effective diagnosis of a system, in addition to assessing
the unique aspects of the system, then should also take into account
the characteristics of that particular system which are common to
other systems. This provides to the clients an opportunity to
compare their performance with that of other executive groups. In
addition, he (diagnostician) should be able to relate the particular
diagnosis to a more general theory (Argyris, 1970). Using a theory
to guide a diagnosis is important because being able to define ahead
of time specific relations among the variables permits us to have
greater confidence in the results -- of course, only if they are
confirmed (Rapaport, 1960). However, this theory requirement has
three dangers inherent in it. Firstly, the theoretical constructs

are not unambiguously tied up with theoretical reality. Secondly, they may be wrong ones. That is, they may lead the diagnostician in the wrong direction. Thirdly, it is also possible that the practitioner has only focused on describing systems and is committed to understand a specific case. The former two of these pitfalls, however, can be minimized by providing an unambiguous operational definition to these constructs. That is, by making an explicit statement of the way one defines and measures a particular construct in real life.

There are two basic aspects of diagnosis in organizational problems. The first is concerned with the question of what data are gathered. The second deals with the manner in which these data are interpreted and presented to the management. Most often than not this data collection ritual is done with the help of interviews with a few significant managers at various levels of the organization (Lorsch and Lawrence, 1969) and less frequent attempts have been made to collect data through the use of surveys (Seashore and Bowers, 1963). However, the use of standardized psychometric questionnaires and projective techniques is not unwarranted depending on the nature and function of the diagnosis. Regardless of the data collection techniques the diagnostic strategy should include some instruments which are relatively free from executive distortion (inconsistencies in the statements made in the course of investigation) and others which can identify distortion if it exists within the system (Argyris, 1970).

Despite all the inherent potentialities of success, such diagnostic attempts have met with only limited success since they tend to be somewhat facile and cursory and often tend to be conducted in spite of the fact that the action program has already been well planned by the practitioner in advance.

As to the second aspect of diagnosis - the manner in which data are interpreted to the members of the organization - it is generally accomplished through either of the following two ways:

(1) The raw data are discussed with the top management, who are asked to make the diagnosis in their own framework. This type of approach has its own merits and demerits. For example, the management has an edge over the practitioner due to their previous involvement with the situation in question. However, the management is limited by its own framework and it tends to see each problem separately, failing at times to see the interrelationship between the problem and what may lies behind it.

(2) The consultant may present his own diagnosis without making his model for analysis of organization behaviour explicit. However, the success of this approach is also limited due to the difficulties in getting management to understand his diagnosis and the necessity for making his conceptual scheme more explicit (Rice, 1958).

Another very general and yet very common difficulty may arise from the nature of engagement and function allotted to the expert. This is nicely illustrated by Professor Cherns (1976). Most often, in his approach the practitioner, the client may begin with the solution and not even refer to the 'problem' at all. For example,

such demands as 'we need human relations training for our supervisors' are not very uncommon to be heard. Further, the client may already have decided on his choice of method -- 'we want an attitude survey'. If one accepts such assignments, he has to accept a problem defined by the client himself and is left with no opportunity to satisfy himself that the definition provided by the client is the best formulation for his purposes. This leads him to accept a role which denies the use and application of the diagnostic skill of the practitioner. As a matter of fact, formulation of a problem is not possible until it is perceived. Indeed it is fair to argue that a problem has no existence outside somebody's perceptions' (Cherns, 1976). If we are compelled to accept problems formulated by the clients it means, we are bound to 'see the world with their own eyes'. Under such a circumstance we are required to act as subordinates rather than consultants.

It is the essence of science that a diagnosis which has not been fully tested is not acceptable and by diagnosing the problem we win only half the battle. Diagnosis in the above sense does provide an insight into the critical factors and their interconnections with the problem. But it is just not enough. We may understand that a set of factors isolated in the process of analysis seem to cause the trouble. Then what is to be done?

Although in its narrow sense the task of the behavioural scientist has been over and it is to the management to take actions

to alter the situations in the desired direction; however, as a matter of fact, the action which is taken can not be separated from the diagnosis (Lorsch and Lawrence, 1969). Diagnosis in its broader sense should consist not so much in explaining the totality of causes of an existing state of affairs as in accurately establishing the social, psycho-social and institutional mechanisms which produce in the given social system phenomena or processes particularly desirable in respect of the axiology of planned change (Kwasniewski, 1976). The term axiology is used here to denote a system of social aims and values as criteria for selection of desirable social phenomena and processes and the proper manner of their stimulation, i.e., something analogous to the medical norm for differentiating the 'desired' from 'not desired'.

The role of an organizational consultant, irrespective of the fact that he is engaged either in improving or preventing and eliminating the organizational behaviours and processes, is basically to help the client maintain his organization healthy. That is, helping the client such that his organization becomes one in which its component parts - group and individual - somehow manage to achieve an optimal resolution of their tendencies toward equilibrium (maintenance, homeostasis, status quo) and optimal utilisation of their capacities for growth i.e., elaboration, complication, differentiation, negative entropy, etc. (Clark, 1969). In doing so, they are essentially playing the role of a change agent. A role in which attempts to bring about change are conscious, deliberate, and

intended, at least on the part of one or more agents related to the change attempt (Chin & Benne, 1969).

Although the behavioural scientists can be seen working with all the four variables mentioned as important by Leavitt (1965) — task, people, technology, and structure — their major contribution certainly lies in the area of 'people' (Barnes, 1967), 'power equalization' (Leavitt, 1965) and in what is currently known among behavioural scientists, as "planned change". This involves "a <u>change</u> <u>agent</u> who is typically a behavioural scientist brought in to help a <u>client system,</u> which refers to the target of change. The change agent, in collaboration with the client system attempts to apply valid knowledge to their client's problems" (Bennis, 1966).

The following methods are commonly used **to** bring about change:

(a) <u>The decree approach:</u> In the <u>decree approach</u> a 'one way' announcement is made by some higher authority and this is to be followed by those in lower positions.

(b) <u>The replacement approach:</u> The replacement approach involves the replacement of persons in charge of one or more key positions by other individuals on the assumption that organizational changes are a function of personnel changes.

(c) <u>The structural approach:</u> In the structural approach the management does not decree or introduce new personnel rather it changes the requisite relationships between subordinates operating within a given situation. By changing the structure of organisational relationships, the behaviour changes are likely to follow.

(d) The group decision approach: The group decision approach
     involves less emphasis on problem identification and problem
     solving; it focusses on obtaining group agreement on a
     predetermined course of action.

(e) The data discussion approach: In the case of data discussion
     approach, the data are presented and discussed with the
     client system. The clients are also encouraged to present
     their analysis of the findings.

(f) Problem Solving and T-group approaches: Problem solving and
     T-group approaches are more common and oft quoted terms in
     modern management and we need not elaborate them here.

Bennis (1965) believes that planned change is concerned with
such problems as (1) the identification of mission and values,
(2) collaboration and conflict, (3) control and leadership,
(4) resistance and adaptation to change, (5) utilization of human
resources, (6) communication, and (7) management development.
He has identified eight types of change programs, viz., exposition
and propagation, elite corps, human relations training, staff,
scholarly consultation, circulation of ideas, developmental
research, and action research. The idea of exposition and
propagation are based on the assumption that knowledge is power;
it follows that the men who possess "Truth" will lead the world.
The concept of elite corps is based on the realization that ideas
by themselves do not constitute action; rather, a strategic role
is almost a fundamental requirement to see them implemented.
Human relations training has now become implicit to the concept of

management training itself. The strategy of the _staff_ idea is to observe, analyse, and to plan rationally (Myrdal, 1958). The concept of _scholarly consultation_ includes such things as exploratory inquiry scholarly understanding, confrontation, discovery of solutions, and scientific advice to the client, etc. (Zetterberg, 1962). The terms like _developmental research_ and _action research_ are more familiar and self explanatory. In addition to his notions of 'planned change' (Bennis, 1966) has constructed a typology of seven such change styles as (1) indoctrination change; (2) coercive change; (3) technocratic change; (4) interactional change; (5) socialization change; (6) emulative change; and finally, (7) natural change.

Until now, without question, the decree approach (Cf. Taylor, 1911; Gouldner, 1954) has been more prevalent in our industries than compared to anyone listed above. However, the emphasis has started now shifting in favour of Greiner's (1965) group problem solving and T-Group approaches and, as suggested by McGregor (1960) and Likert they are even supplanting the earlier (and more manipulative) group decision approaches.

In their attempts at providing a systematic approach to thos strategies which are uased for effecting changes in the human sys Chin and Benne (1969) have classified them in three broad catego: (1) empirical-rational, (2) normative-re-educative, and (3) Powe coercive. The above three families of change strategies includ wide variety of change strategies to which most of us are quite

familiar. These are:

1. Empirico-Rational Strategies

    (a) Basic research and dissemination of knowledge
        through general education.

    (b) Personnel selection and replacement.

    (c) System analysts as staff and consultants.

    (d) Applied research and linkage system for diffusion
        of research results.

    (e) Utopian thinking as a strategy of change.

    (f) Perceptual and conceptual reorganization through
        the clarification of language.

2. Normative Re-Educative Strategies

    (a) Improving the problem solving capacities of a system.

    (b) Releasing and fostering growth in the persons who
        make up the system to be changed.

3. Power-Coercive Strategies

    (a) Strategies of non-violence.

    (b) Use of political institution to achieve change.

    (c) Changing through the recomposition and manipulation
        of power elites.

The empirical-rational strategies are based on the assumptions
hat human beings are rational and that they will follow their ration
elf-interest once this is revealed to them. In the case of normative
e-educative strategies it is assumed that the patterns of men's acti

and practices are supported by socio-cultural norms and by commit-
ments on the part of individuals to these norms. Any change in the
pattern of practice or action will occur only as the persons involved
are brought to change their normative orientations to old patterns
and develop commitments to new ones. The change in normative
orientations involve changes in attitudes, values, skills, and signi-
ficant relationships, not just changes in knowledge, information, or
intellectual relations for action and practice. In the case of
power-coercive strategies 'power' is not used in the sense of
influence by one person or group upon another person or group; rather,
emphasis is laid upon political and economic sanctions, utilization
of moral power, and playing upon sentiments of guilt and shame
(Chin and Benne, 1969).

The above discussed strategies include a broad range of change
settings and anyone of these can be applied, to the change problem in
hand, depending upon the circumstances. There might be situations
where a host of them would appear irrelevant or not applicable. It
is dangerous to generalize about the selection of change methods,
but the general guideline holds that one matches the method to the
amount of behaviour change that is needed to close the gap. As the
amount of desired behaviour change increases, one can add additional
change methods to secure the desired and results (Lawrence and
Lorsch, 1969). It is important to be reminded that the effective
organizational change is apt to occur only when the top managers of
the organization are involved in and they indicate their commitment

to the change effort, i.e., the top brass must have their confidence
in the specialists and must be willing to share their concerns about
the organization with them.

Above all, the most important and equally delicate but least
attended is the way the actions are implemented. Implementation is
a process which includes the creation of understanding and commitment
toward a particular change and devices whereby it can become integral
to the client's operations (Bennis, 1965). A hasty effort or even
minor errors in implementation and assessment of the action plan can
be fatal to the whole effort. This is well illustrated in the case
of a supervisory training programme. We have given some details of
this case below (Sykes, 1962).

Case: A medium-sized contracting firm hired a consultant to
increase the general efficiency of the company. It was decided to
introduce a training programme on business practices, human relations
and training in effective group participation. Very soon a general
climate of critically looking at the company policies and practices
emerged. The grievances were compiled in the form of a report which
was submitted to the M.D. Using the report as a 'source document'
it was decided to run a programme for higher levels of management.
Soon it was felt that the consultant as also the supervisors were
not aware of the difficulties which the management faced in dealing
with day to day problems. The senior management felt that it was
the junior management which was mainly at fault; the junior management,

in turn, thought that the senior management was just not doing enough.
The M.D. was left with the happy feeling of being 'above blame'. On
the basis of the recommendations, he introduced a number of remedial action:
regarding adjustment of pay, communication systems with supervisors,
shorter work week, greater avenues of promotion from within etc.

The supervisors who were to be the main beneficiaries of the
proposed change decided to follow the policy of 'wait-and-watch'.
They were on the whole suspicious of the professed good intentions.
Their suspicions were 'confirmed' by the slowness with which the
changes came to be introduced. As a result, the foremen started to
leave the company in good numbers. About 20% of the supervisors
left and another 25% started for looking jobs elsewhere within a
year of the programme. Among those who left, a large number included
the group which had an opportunity to closely interact with the
higher management.

The programme resulted in high turnover, serious conflicts
between supervisors and management and no change in management
attitudes. The consultant as also the management had failed to
comprehend the complex relationships between the various subsystems
of the organisation, namely, the foreman group, the junior management,
the senior management and the M.D.

The above mentioned instance highlights the need to adequately
plan the implementation stage of a change. The power it may unleash

may cause more damage than good to the organisation. From diagnosis to prescription and then to action is an arduous journey. Each step needs to be taken with utmost caution. The success of the behavioural scientist depends on his scientific analysis of the problem which calls for adequate utilisation of the know-how at his command and also his application of social skills to the situations in which he is called upon to operate.

R E F E R E N C E S

Argyris, C. (1957)   : *Personality and Organization*. New York:
                            Harper and Row.

Argyris, C. (1970)   : *Intervention Theory and Method: A Behaviora*
                            Science View. Menlo Park, California:
                            Addison-Wesley.

Barnes, L.B. (1967)   : Organizational Change and Field Experiment
                            Methods. In V.A. Vroom's (Ed.) *Methods of*
                            Organizational Research. Pittsburgh, Pa.:
                            University of Pittsburg Press.

Bennis, W.G. (1965)   : Theory and Methods in Applying Behavioral
                            Science to Planned Organizational Change.
                            The Journal of Applied Behavioral Science,
                            1, 337-359.

Bennis, W.G. (1966)   : *Changing Organizations*. New York:
                            McGraw-Hill.

Cherns, A.B. (1976)   : Behavioral Science Engagements: Taxonomy and
                            Dynamics. *Human Relations*, 29, 905-910.

Chin, R. and   : General Strategies for Effecting Changes in
Benne, K.D. (1969)   Human Systems. In W.G. Bennis, K.D. Benne
                            and R. Chin's (Eds.), *The Planning of Change*
                            (IInd Ed.). New York: Holt, Rinehart, and
                            Winston.

Clark, J.V. (1969)   : A Healthy Organization. In W.G. Bennis,
                            K.D. Benne, and R. Chin's (Eds.) *The Planning*
                            of Change (IInd Ed.). New York: Halt,
                            Rinehart, and Winston.

Coughlin, R. (1953)   : The Ugliest Man Since Abe Lincoln. *Life*,
                            August 10, pp. 86-100.

Gouldner, A. (1954)   : *Patterns of Industrial Bureaucracy*.
                            New York: The Free Press.

Greiner, L.E. (1965)   : Organizational Change and Development.
                            Unpublished Ph.D. Thesis, Harvard University.

Kwasniewski, J. (1976)   : On the New Style of Research, Theory and
                            Action. In A.B. Cherns (Ed.) *Sociotechnics*.
                            London: Malaby Press.

Lawrence, P.R. and Lorsch, J.W. : Developing Organizations: <u>Diagnosis and Action</u>. Menlo Park, California: Addison – Wesley.

Leavitt, H.J. : Applied Organizational Change in Industry: Structural, Technological, and Humanistic Approaches. In J.G. March (Ed.). <u>Handbook of Organizations</u>. Skokie, Illinois: Rand McNally & Company.

Likert, R.L. (1961) : <u>New Patterns of Management</u>. New York: McGraw-Hill.

Lorsch, J.W. and Lawrence, P.R. (1969) : The Diagnosis of Organizational Problems. In W.G. Bennis, K.D. Benne, and R. Chin (Eds) <u>The Planning of Change</u> (IInd Edn.). New York: Holt, Rinehart and Winston.

McGregor, D. (1960) : <u>The Human Side of Enterprise</u>, New York: McGraw-Hill.

Myrdal, G. (1958) : <u>Value in Social Theory</u>. New York: Harper and Row.

Rapoport, A. (1960) : Psychoanalysis as a Science, <u>Bulletin of the Menninger Clinic</u>, 32, 1-20.

Rice, A. (1958) : <u>Productivity and Social Organization</u>. London: Tavistock Publications.

Seashore, S. and Bowers, D. (1963) : Changing the Structure and Functioning of an Organization. Report of a Field Experiment, Ann Arbor; Monograph No.33, Survey Research Center, Institute for Social Research.

Sykes, A.J.M. (1962) : The Effect of Supervisory Training Course in Changing Supervisor's Perceptions and Expectations of the Role of Management. <u>Human Relations</u>, 15, 227-243.

Taylor, F.W. (1911) : <u>The Principles and Methods of Scientific Management</u>. New York: Harper and Row.

Zetterberg, H.L. (1962) : <u>Social Theory and Social Practice</u>, Totowa, N.J.: Bedminister.

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