Chapter 52
Limitations and Optimizing Applications of Evidence in Evidence-Based Practices in Organizational Change and Development

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ABSTRACT

The purpose of this chapter is to offer an overview of evidence-based practice's (EBP) limitations and applications in identifying evidence in OCD. While the concept of EBP is growing rapidly in many fields, there are problems with such an approach. Best practice is a widely used term in business that does not take into account questions like, Best for whom? Where? When? In what organization? In what context? Such questions may be more applicable to some modes of research than others, though business people and OCD professionals may be even less convinced by some modes than others. This chapter explores the limitations of identifying evidence while at the same time identifying ways to apply evidence in spite of its limitations. Accepting the resulting ambiguity will enable practitioners to find value in evidence-based practice.

INTRODUCTION

The authors of the fundamental chapters and the case studies in Sections 1 and 2 and the reflective case histories in Section 3 have made the case for applying evidence-based practices in organizational change and development (OCD). This is consistent with such efforts in other fields, such as evidence-based

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medicine and evidence-based management. Yet, we do not believe the authors of these chapters and case studies have given sufficient attention to the limitations of evidence-based OCD (EBOCD).

We are not alone in OCD in facing problems in attempting to apply evidence-based practices. All fields, including physicians and nursing, face similar problems. For almost a decade, McLean was an OD consultant with the Mayo Clinic in Rochester, Minnesota, USA. Among other initiatives, he facilitated meetings of physicians who were attempting to establish standard protocols based on best available evidence. As a non-physician, he was amazed at the diversity of the perspectives that existed around the state of knowledge in medicine, including pharmaceuticals and medical procedures. Outstanding physician researchers took very different positions, often resulting in a decision that standardization was not possible and that individual decisions should be allowed. This experience echoes critical health professionals who have identified limitations in evidence-based practice (Kemm, 2006; Lewontin, 2000; Parse, 2007).

In medicine, from a critical perspective, people's biological variations hamper including evidence for use with individual patients (Straus & McAlister, 2000). Parse (2007) argued that focusing on evidence-based practice is a paradox between attempts to generalize practices and the illimitability of reality. In OCD, we deal with individuals, teams, organizations, processes, communities, and even nations (McLean, 2006). These are all far more variable than are the physical conditions of individuals (though they also vary considerably). If we still have difficulty in identifying evidence in less dynamic and varying fields, how do we identify evidence for OCD when we are dealing with so much greater variability? Although the goal of evidence-based practices is to make effective decisions through best evidence (Barends, Rousseau, & Briner, 2014), criticism points out that it is still too ideal and likely to fail due to the approach to evidence that is too limited and convenient (Morrell & Learnmonth, 2015). We agree that EBOCD has potential to reduce the research-practice gap and enhance successful interventions in organizations, but, at the same time, it requires a comprehensive perspective and systematic but cautious use of evidence (Gill, 2018; Stouten, Rousseau, & De Cremer, 2018).

Our objectives in this chapter are twofold. First, we will identify the many limitations that exist in identifying evidence-based practices. We then move to identifying how evidence, such as it is, might be applied in an OCD intervention.

LIMITATIONS OF EVIDENCE-BASED PRACTICES

At this point in the book, many authors have provided definitions, research modes, applications, case studies, and reflective case histories from around the globe related to EBOCD. However, in our minds, there are many limitations to EBOCD that we believe have not been addressed adequately. In this section, we provide several ways in which EBOCD is limited in all modes and forms of research, but especially in Mode 1 research.

Only Academics Care about Evidence

Chapter authors in this book operate on the assumption that someone cares about evidence, either based on theory or on research outcomes. This seems to be an untested assumption. Businesspeople and practitioners often do not know about the extensive relevant scientific evidence (e.g., theories and research results) that we presume are essential to good practice, or they do not use them properly. The same is

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