

Tried and attested

Some would say HR is prone to chasing fads – but what's the alternative? *Jane Pickard* talks to psychologist Rob Briner about his belief in evidence-based management

Jane Pickard (JP): What is evidence-based management?

Rob Briner (pictured, right) (RB): It's about using the best systematically reviewed evidence available from published research to make decisions about how to manage people and organisations. But evidence is only one of many factors, such as past experience and organisational data, that should also shape decisions.

There's nothing special about using evidence to make decisions. We do it in our personal life, from choosing our children's schools to our next job move. The difference is that evidence-based management (EBM) entails much more systematic, explicit and mindful decision-making.

In some cases, making personal choices can also be quite systematic. As consumers, we do sometimes develop selection criteria, look at all the options, seek out consumer reviews and weigh up costs and benefits. But we may go on gut feel or copy our friends.

And this is the central challenge of EBM: to what extent are we prepared to find relevant evidence, review it systematically, evaluate it and use it with other factors to help us make decisions? Managers do, of

course, already use various kinds of evidence, but how important is it in relation to other decision-making influences?

So EBM is about making evidence part of the way we take decisions in organisations. It is also a more mindful method of thinking about problems and how and in what ways the possible solutions on offer may or may not be effective.

JP: Where did the idea come from?

RB: Evidence-based practice has been around for some time in areas such as social work, government policy-making and clinical psychology. However, its widespread adoption in medicine has triggered interest in management circles.

My own interest dates back more than a decade. At that time I wrote several articles and made dozens of presentations – all to no apparent effect.

There appeared to be little interest in the idea until the arrival last year of Jeffrey Pfeffer's and Robert Sutton's book *Hard Facts, Dangerous Half-Truths, and Total Nonsense*, and their EBM website. The book shows how the principles of evidence-based medicine can be applied to management. It also criticises practices such



as casual benchmarking, which get in the way of using evidence.

JP: Can you give an example of the use of evidence-based management in HR?

RB: Yes. Organisations have often asked me for advice about high absence levels caused by stress. The first questions I always ask are: what exactly is the absence rate? And how does your absence rate compare to norms for your sector? I find it surprising, if not shocking, that only a minority seem to know the answer to the first question and almost no one knows the answer to the second. I am not claiming that this is common among HR practitioners – I do not know – but it is a



EVIDENCE-BASED MANAGEMENT FOR ABSENCE

- Do I know exactly what the absence level is?
- Has the absence level changed?
- What is likely to happen to the absence level over time?
- How does the absence level compare with norms for my sector?
- Do I know the positions and locations of those who are absent?
- What is the problem with the level of absence? Does it matter and in what ways?
- What internal, organisational evidence do I have for the causes of absence?
- How good do I think this evidence is?
- What does external evidence from research suggest are the causes of absence?
- How good is this evidence and can I apply it?
- What other causes of absence might there be here?
- If the absence level is high, what is the external evidence from research about the effectiveness of interventions to reduce or manage absence?
- Is the absence level so high that it requires an intervention?
- Will the benefits of interventions outweigh the costs?
- How well do I think these interventions might work in my situation?
- Might they have any unintended negative consequences?
- How will I evaluate the effects of interventions?

good example of how not to be an evidence-based practitioner.

If you work through the types of questions listed in the panel on the left; engage with internal and external evidence; and apply critical thinking to that evidence and the problem at hand, you are likely to get a better decision and more effective action.

JP: Isn't all this expecting rather a lot of busy managers? After all, many decisions have to be made very quickly and people don't always have time to get internal evidence, let alone keep up to date with research.

RB: No, it's not expecting too much because managers have an ethical and professional responsibility to make decisions based on the



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best available evidence. Most practitioners have busy and demanding jobs. But many others have, through their professional bodies and in negotiation with their employers, made evidence a key part of the way they do their jobs.

Saying you're too busy can be a cop-out – an excuse for why decisions weren't made in a systematic and responsible way. Unless it's a matter of life or death, I would rather see managers make slower, more thoughtful and more evidence-based decisions.

On the other hand, yes, I agree that it's a real problem for busy managers to carry out EBM without professional development, support and other resources. Many managers have told me that they would like to engage more with evidence but don't have such resources. As for keeping up-to-date with research, it is nigh on impossible for any individual to do this for themselves.

Neither a profession nor an individual manager can become evidence-based overnight. It requires a long-term shift in thinking about how we work, our professional values and our priorities in decision-making.

JP: What is the evidence that HR professionals don't already use evidence?

RB: They do. But this isn't the same as

“Saying you're too busy can be a cop-out – an excuse for why decisions weren't made in a systematic and responsible way”

being an evidence-based practitioner. I've spoken to hundreds of HR practitioners about EBM and I've yet to meet one. Clearly this doesn't constitute particularly reliable evidence and I'm currently seeking funding for a project exploring how HR practitioners do use evidence in their decision-making.

Practitioners don't become evidence-based without access to appropriate resources. In the case of HRM, these do not yet exist. This alone makes it unlikely there are many,

or indeed any, evidence-based HR practitioners – although I would be delighted to be proved wrong. Another sign that evidence isn't used a great deal is the dominance of HR fads and fashions – the exact opposite of EBM.

JP: How can the evidence base be made more accessible? How did the medical profession tackle the problem of access?

RB: This is a major issue. The medical world has done this by producing what are called systematic reviews. These often take a question from practice, seek out evidence, evaluate its reliability and validity, and establish its relevance. Such reviews provide clear summaries of not only the latest evidence but also the balance of evidence.

There are, to my knowledge, at least two new initiatives attempting to find ways of bringing the evidence base to managers, but this will take time. The more the demand for evidence, the more academics,

i FURTHER INFO

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CONTRADICTIONARY ADVICE ON THE BOOKSHELF

- *In Search of Excellence: Lessons from America's Best Run Companies* v *The Myth of Excellence: Why Great Companies Never Try to be the Best at Everything*
 - *Charisma: Seven Keys to Developing the Magnetism That Leads to Success* v *Leading Quietly: An Unorthodox Guide to Doing the Right Thing*
 - *The Quest for Authentic Power: Getting Past Manipulation, Control and Self-Limiting Beliefs* v *What Would Machiavelli Do? The Ends Justify the Meanness*
- (Adapted from Pfeffer & Sutton, 2006)

professional institutes and publishers will take notice.

JP: So how good is the evidence base for HR management? Assuming that people could wrinkle it out, is there enough evidence for them to work on?

RB: There certainly is an evidence base in HR, although it's not huge. But the common fear that there won't be "enough" evidence is based on a misunderstanding. EBM is not something we choose to do depending on how much evidence might be around.

Even looking at a small amount of evidence is likely to be more useful than ignoring it. And, even where there is virtually no evidence, knowing this is a vital piece of information in itself. Being clear about what might constitute evidence, conducting thought experiments and using theory can also provide excellent guides when the evidence is not available.

JP: But when you've found some evidence, aren't a lot of research findings contradictory? How can such evidence be useful?

RB: This is another common fear. Yes, it would be nice if our research results were neat and tidy, providing The Answer to our problems. But they aren't. The point is to consider how that body of research applies to the particular problem we are facing in the context in which we work. This requires a good understanding of the research, its strengths and limitations, and the nature of the problem we are trying to tackle.

Also, the way in which research findings are reported in the media can make them seem more contradictory than they actually are. Results that contradict previous research make a better story.

Most importantly, the results of single studies almost never matter. You need to

look instead at the picture emerging from the cumulative body of research.

JP: You deride quick fixes, fads and fashions. But surely a lot of these are based on research? Approaches such as total quality management (TQM) and the empowerment craze of the 1990s spring to mind.

RB: I am certainly not impressed by quick fixes, fads and fashions. In retrospect, nobody is, because they don't work – at least not in any sustainable way. HRM's occasional love affair with The Next Big Thing can do damage to the profession and a disservice to the people and organisations it serves.

Management fads are attractive, as they promise to deliver a lot and do it fast. The alternative approach of a careful, sober, systematic consideration of the problem, potential solutions and the evidence can seem, in contrast, both boring and too slow. From the snake-oil salesman or quack to sub-prime loans and fad diets, we show a strong preference for the quick fix. On the other hand, if it seems too good to be true, then it probably is.

Empowerment, TQM, excellence, downsizing, emotional intelligence, business process re-engineering and, my current personal favourite, talent management, are just some of the fads that have been rapidly adopted and, as many observers have argued, probably done more harm than good. Fads and fashions are also confusing to managers because they offer completely contradictory advice – as the selection of book titles shows (*see panel, above*).

Of course, not all managers are taken in by fads. But, even in my limited experience, a surprising number are – including some very senior people.

JP: You obviously feel strongly about all this. Can you sum up why you believe organisations need to practice evidence-based management?

RB: As HR practitioners we are also consumers of a wide array of practices, techniques, services and products, which consultants and others who sell them claim have positive effects. What kind of consumer do we want to be? The cautious and careful type who thinks through the problem, the possible range of solutions, systematically reviewing the logic behind each and deciding which, if any, is likely to be the best? Or do we want to go on gut feel? As professional purchasers of HR products, it seems clear to me which kind of consumer we must be.

There are other reasons for adopting EBM. As the idea continues to spread, organisations will very likely have to become more accountable for the way they spend budgets and show how evidence was used to help make these decisions.

The decisions we make can have profound effects on the lives of employees. We need, for ethical reasons, to be as sure as we reasonably can that our actions will be beneficial and not have unintended negative consequences. Should we not therefore make our decisions as informed, as mindful and as evidence-based as we can?

There are many reasons for adopting EBM or at least for moving evidence a little way up the list of decision-making influences. The bottom line is this: how can HRM do what works without paying serious and systematic attention to evidence? ■

i FURTHER INFO

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- D Tranfield, D Denyer, P Smart, "Towards a methodology for developing evidence-informed management knowledge by means of systematic review", *British Journal of Management*, vol 14, September 2003.
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