iesOpinion
www.employment-studies.co.uk

Is HRM evidence-based and does it matter?

Rob Briner

From fortune-tellers to football managers and from homeopaths to home secretaries, all practitioners tend to believe quite strongly that what they do is based on evidence. To challenge this belief is likely to provoke a reaction somewhere between mild puzzlement and deep offence in most practitioners.

In these respects, HR practitioners are probably no different. Of course what is done is based firmly on evidence, isn't it? And, there's plenty of firm evidence around, isn't there? What about all that CIPD research, the countless books, Dave Ulrich's stuff, all those journal articles, and, of course, all the research conducted here at IES? To even speculate about whether the work of HR is evidence-based can just seem plain silly, a little stupid, and even somewhat insulting.

While HR has made great progress in starting to engage with evidence it still has some way to go, as a profession and practice, before it can truly claim to be evidence-based or even strongly evidence-informed.

To view it as a stupid question is, however, to misunderstand some fundamental issues around how practitioners actually practice, what evidence-based practice is, and the nature of the evidence for HRM. I want to explore these issues here in order to make the case that while HR has made great progress in starting to engage with evidence it still has some way to go, as a profession and practice, before it can truly claim to be evidence-based or even strongly evidence-informed.

What do HR practitioners actually do?

There is little systematic evidence about what HR practitioners actually do. It is also difficult, given the wide range of contexts in which HR practitioners work, to generalise across the profession. In spite of this, it is still possible to identify some of the ways in which both personal and contextual factors shape both the process and content of HR work.

What determines what any practitioner in any field does when faced with a decision about what to do about a particular problem? The more palatable answer goes like this:

- Drawing on their extensive training and experience, the practitioner evaluates or diagnoses the problem through collecting valid data; they identify a range of possible solutions or interventions; carefully consider the merits and drawbacks of each; implement one or more of these solutions; and then evaluates what happens.

The less palatable but perhaps more realistic answer is something like:

- Drawing on very limited resources, using the little time available to them, and working with restricted knowledge about the nature of the problem, the practitioner identifies the small number of options open to them that might help solve the problem and then implements one in the hope that the problem might be solved or at least go away for long enough for them to deal with all the other things they have to do.

Which sounds more like your job?

The problem of the quick fix

Another way of thinking about what practitioners actually do is through the idea of 'The Quick Fix'. So what is a quick fix? And what's the alternative?

What is A Quick Fix?

A quick fix is the rapid implementation of a practice or technique with the aim of resolving a presenting problem which is likely to:

- not be based on initial assessment
- be strongly influenced by fad and fashion
- provide an answer to a political problem rather than a deeper or even presenting problem
- be driven by the need to be seen to be doing something
- be championed by an issue-seller or individual who stands to gain or avoid harm by its implementation
- focus on style and presentation not content or process
- not be evaluated
- not be as quick as had been hoped
- be followed by another quick fix
- become subject to organisational amnesia.

Quick fixes are usually not based on initial assessment and the content is often determined by whatever HR practice or technique happens to be in fashion. As has been observed many times, HR management, like management more generally, is full of fad and fashion – just look in any bookshop, at HR consultants' websites, or some of the presentations and exhibitors at the annual CIPD conference. The pressures on practitioners to adopt some of these apparently 'new', 'cutting-edge', and 'best practice' techniques can be overwhelming.

There are also pressures coming from inside the organisation which push practitioners into the quick fix. Perhaps most important is the pressure to solve political rather than HR problems. Trying to retain power or prevent political damage results in the implementation of all sorts of initiatives, practices, and policies which are unlikely to achieve any meaningful HR objectives. Another pressure, facing all practitioners, is the need to be seen to be 'doing something' even if the best solution is to do nothing: budgets must be spent and practitioners need to justify their existence – the quick fix solves these problems perfectly. Does this sound familiar?

Individual practitioners who are very keen on career advancement may also push the quick fix in order to gain status, to get a reputation for being 'dynamic', and to position themselves as deserving of rapid promotion and other rewards. Such individuals have been called 'issue sellers' (Dutton and Ashford, 1993) as they first sell an issue to senior management – convincing them that there is a big, big problem or issue that they really need to deal with. Next, once senior management has bought this idea and start panicking about finding a solution, the issue seller is then, of course, also able to offer an apparently brilliant solution which is likely also to be the worst kind of quick fix. The issue seller will then be seen as a champion of the apparent solution, a 'star' performer, be rapidly promoted, moved on to other projects and areas, and in many cases leave a trail of destruction, caused by their quick fixes, in their wake. Does that remind you of anyone?

Quick fixes, by their very nature, do not bear too much analysis and so, like any fashion or fad, tend to focus on style and presentation rather than content or process. They are usually not evaluated, are unlikely to actually fix the problem and so are followed by another (usually quick) fix. Not surprisingly, organisational members prefer not to dwell on these failed quick fixes, and, like embarrassing fashion disasters, soon become forgotten or even denied. Have you observed the collective forgetting of embarrassing and failed quick fixes?

What is evidence-based practice?

One response to the problem of the quick fix is evidence-based practice (EBP) which makes the obvious and even mundane plea that what practitioners do is based on evidence about the nature of the problem being tackled and the efficacy of possible interventions.

What surprises most people is that EBP originated most recently in medicine: the one area in which most of us assume that, because of the life and death decisions it involves, practitioners are bound to base the decisions they make on the best evidence.

However, medical practitioners are subject to the same sorts of pressures as practitioners in any field. A surgeon may perform a procedure because she or he is very good at doing it, not because it's more effective or less harmful than other procedures. A general practitioner may prescribe antibiotics without knowing much about the patient's condition because the patient expects to get some sort of medication. A consultant may recommend a set of diagnostic tests because that's what has always been done, not because those tests are necessarily the most valid or relevant.

EBP has become a major, if not revolutionary, movement within medicine influencing the training of practitioners, what and how medical research is conducted, how research results are disseminated, and most importantly how practitioners do their work.

Defining Evidence-Based Practice (adapted from Sackett et al., 1997)

EBP is about integrating individual practitioner expertise with the best available external evidence from systematic research in making decisions about how to deal with problems and issues:

- information needs are converted into answerable questions
- the evidence most able to answer the questions is efficiently gathered
- that evidence is critically appraised for its validity and usefulness
- the results of the appraisal are used to help make the decision
- performance is evaluated.

One of the major challenges of EBP is to find ways of making evidence from systematic research available to practitioners along with the skills and support required to make judgements about its validity and usefulness. Most practitioners in any field, even those who have recently finished training will have difficulty doing this. We will return to this issue later.

What do evidence-based practitioners do?

As is clear from the definition of EBP, the role of external evidence from systematic research becomes highly significant for EBP but absolutely not to the extent that it dismisses the importance of practitioner experience. Indeed, one of the major challenges for the practitioner is to find ways of integrating what they already know from experience with what the research is telling them.

While it is difficult to say exactly what it is evidence-based practitioners do it is possible, in general, to think about the approach taken by such practitioners and the sorts of questions they might ask.

Evidence-based practitioners: examples of their approach and questions they ask

- Problem-focused: What exactly is the problem or issue that needs fixing?
- Analytic: What is really going on here?
- Questioning and critical: How do I know what's going on here? Are my perceptions valid and reliable?
- Solution-generating: What are the possible responses to this problem? Which might work and why? Is it better to do nothing?
- Evidence-oriented: How good is the evidence for the apparent problem? What organisational data do I have? How good is the external evidence from research about the nature of this problem? What is the evidence for the proposed solutions?
- Integrating: How does the evidence from research fit with my previous experience of this kind of problem and what I know about this organisation?

A good example is the problem of high absence. Because of my interest in stress and absence I have been contacted several times by organisations who believe they have a problem with high absence caused specifically by stress. The first thing I do is ask the HR practitioner two simple questions: what exactly is the absence rate? 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 this is common amongst HR practitioners – I do not know – but it is a good example of how not to be an evidence-based practitioner. In this case most of the practitioners concerned did not know where there really was a problem; for example, absence rates could actually have been declining, or they may have been well below the norms for that sector.

So, how would an evidence-based practitioner approach a similar problem of high absence?

As this example shows, evidence-based practitioners have to be prepared to identify and answer sometimes difficult questions and keep reflecting about the quality and relevance of the possible answers they find. One way of thinking about what evidence-based practitioners do is that they apply critical thinking skills to the problems they face, and to the experience and evidence they may be able use to help them make decisions.

An evidence-based approach to the presenting problem of high absence

- Do I know exactly what the absence level is?
- Has the absence level changed?
- Do I know what type of absence is it?
- How does the absence level compare to norms for my sector?
- Do I know who is absent and their positions and locations?
- What exactly 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 is does external evidence from research suggest are the causes of absence?
- How good is this evidence and can I apply it here?
- 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 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 unintended negative consequences?

Are HR practitioners evidence-based practitioners?

As discussed above, we do not how HR practitioners actually do their jobs. This means it is difficult to know whether or not HR practitioners are evidence-based practitioners. However, also as discussed above, HR practitioners are subject to exactly the same pressures as any practitioner. Such pressures make it difficult, if not impossible, for practitioners to engage with evidence-based practice even if they want to do so. It seems likely, therefore, that HR practitioners are not evidence-based practitioners – though I would be happy if not delighted to stand corrected on this presumption (so please let me know if you are). A further indication is that, with perhaps one exception (Briner, 2000), there are no publications about evidence-based practice in HRM as there are for many, many other professions.

Staying with the example of how HR practitioners respond to absence problems, the following news item from a professional psychology journal published some years ago leapt out at me:

> *'Stress at work has increased over the last few years, according to a survey by The Industrial Society. 53 per cent of respondents [responding on behalf of their organisation] said that stress levels had increased in the last three years. 68 per cent said that permanent fatigue was the main symptom of stress, and 76 per cent said that stress had never been measured in their organisation. Only 7 per cent of organisations said they measured the amount of absence caused by stress and 76 per cent said that increased absenteeism was the most damaging effect of stress.'*

The respondents to this survey, who are most likely HR practitioners, say some interesting things. First, 53 per cent say that stress has increased in their organisation but 76 per cent say stress has never been measured in their organisation. Let's assume that each of the 24 per cent of respondents who have actually measured stress (however you do that) found that it has increased: this still leaves 28 per cent of respondents who believe that stress has increased in their organisation while at the same time also admitting that stress has never been measured in their organisation. How is this possible? A second striking feature of these results is that 76 per cent believe that increased absence is the most damaging effect of stress and 7 per cent say they measure the amount of absence caused by stress. This means 69 per cent of respondents believe that absence is the most damaging effect of stress, while at the same time admitting that they have never measured the amount of absence caused by stress. Again, how is this possible?

This is just one, probably small, undoubtedly unrepresentative survey, about one issue, but I still believe it illustrates two important points:

- HR practitioners, like many others, are prepared to make judgements about what's going on without, apparently, any systematic evidence.
- HR practitioners, again like many others, have beliefs about the causes of the problems they observe without having any clear or specific evidence to support these beliefs.

If you think about just one practice you have been involved with or are aware of and run through these questions, it should give you some idea about the extent to which you and your colleagues adopt an evidence-based or evidence-informed approach to doing HRM. But, so what if you do take an evidence-based approach?

And so what if you don't? Does it really matter? We will address these important questions later.

How evidence-based or evidence-informed are you?

Think about just one of the initiatives, practices and policies you have been involved with over the past few years. For example, flexible working, competency frameworks, performance management, management development, coaching, assessment centres, and so on. Ask yourself these questions:

1. What was the problem the practice was introduced to deal with?
2. What was the internal evidence from the organisation that there was a problem?
3. Were data collected to help clarify the nature of the problem?
4. What was the external evidence from research that the problem identified was a serious or important one? In other words, what, in general, was known from research about how important the problem is for organisations?
5. What was the external evidence about the causes of the observed problem? In other words, what in general, was known about the causes of the problem?
6. Did you identify a range of practices and possible solutions to the problem?
7. Was there evidence for the relative effectiveness of each of these practices? Was the evidence evaluated for relevance and validity?
8. Was a systematic process used to choose between alternative solutions or practices?
9. Were both the costs and the benefits considered?

Is there an evidence base for HRM?

To do evidence-based practice you need evidence: how can you do evidence-based practice if there isn't any? Actually, there is *always* evidence. It may be scant, poor quality, not very relevant, indirect, anecdotal, old, sketchy, but it will be there. A common misunderstanding of evidence-based practice is that it means acting *only* on the basis of 'good' evidence. However, as indicated earlier, this is just not the case. Rather, it is about combining the best available evidence with practitioner expertise in order to make decisions about what to do. In some situations it may be the case that the best external evidence is so scant or of such poor quality that it adds little to the decision-making process. However, even simply reflecting on the evidence available and considering its usefulness and validity can often help clarify the nature of the problem.

But what about HRM? What sort of evidence-base do we have to work on? Is it scant and sketchy, or plentiful and comprehensive? Well, in my view, it's somewhere in between but definitely over towards the scant and sketchy end of the spectrum. While some reviews of the evidence are available (REFS) here I will just attempt to characterise some aspects of the nature of this evidence base.

In the continuing attempt for HRM to 'prove' itself and its worth, and to not feel like the poor relation at the boardroom table, much research has focused on the important – but not always helpful question – of whether HRM 'works'. It is in some ways an important question because if HR doesn't 'work' we may as well all pack up and go home. It's an unhelpful question because it's driven by an anxious concern to justify HRM's existence rather than by a more open attitude of healthy, and relaxed, scepticism. Such a motive means that the more important and relevant questions can get overlooked. HRM describes, if it describes anything, a huge range of policies, practices, procedures, initiatives and techniques. So how can we even ask, let alone answer the question, 'does HRM work?' Which bits are we talking about? And 'work' compared to what? Doing nothing? Is it even possible to do no HRM? Doing some bits rather than other bits?

What about the other part of the question? What does 'work' mean? What criteria can we use to judge the effectiveness of HRM? Performance? Productivity? Return on investment? Motivation? Job satisfaction? Turnover? Sustainability? Customer satisfaction? All these and more? So when we ask 'does HRM work?' how are we going to choose our criteria for making this judgement?

For me, asking if HRM works is rather like asking if medicine works. It's just the wrong sort of question. Rather, like in medicine, we should be asking whether, and the extent to which, certain practices solve particular sorts of problems and in which contexts. We should also be asking whether our practices might be doing more harm than good and whether the benefits they may accrue outweigh the costs.

There are, however, definite signs that the somewhat narrow focus on the question 'does it work?' has started to broaden in the following sorts of ways. First, is the issue of what particular kinds of practices and in what combinations of practices affect what sort of outcomes

(eg, Cappelli and Neumark, 2001). Second, better-designed longitudinal studies which are more able to explore cause and effect can help address and unpack whether it is HRM that drives outcomes such as financial performance or whether, in fact, it is financial performance that drives HR practices (eg, Wright et al., 2005). Third, are the relatively recent attempts to alert practitioners to the dangers of fads and fashions in management, and advocate the importance of evidence-based practice (Pfeffer and Sutton, 2006). Fourth, are the more comprehensive and rigorous attempts to address the question of whether HR works, by conducting semi-systematic reviews. One such review (Wall and Wood, 2005) reinforces the point that asking simply whether in general HR works is the wrong sort of question. In addition, it concludes:

> *'… although consultants are acting in good faith, and their views are seemingly reinforced by the presumption on the part of academics that HRM systems actually do promote organisational performance, the empirical evidence is as yet not strong enough to justify that conclusion.'*
>
> (Wall and Wood, 2005, p. 454)

Yes, sure, HR probably 'works' in some ways, even though the evidence is less clear than is generally presumed. But this is just the starting point of our analysis – not the end.

So, while there certainly is an evidence-base in HRM this has tended to focus on one perhaps not-so-useful question, though this has now started to change. However, a problem which faces all evidence-based practitioners is that the best available evidence is rarely as neat, accessible and unequivocal as they would like. Having an evidence-base does not mean having all the answers: rather, it means having evidence to draw on which is likely to improve the quality of decision-making about how to deal with a particular problem.

Why should HRM become more evidence-based?

It does matter that HR practitioners are not more evidence-based. If HRM is serious about one of its main objectives, to improve the effectiveness of organisations, then it also needs to get serious about the way in which it goes about doing its work. This does not mean rolling out yet more massive initiatives, models, and frameworks. It does not mean embracing each and every new and exciting idea or practice that sweeps through the HR community. Nor does it mean worshiping yet more HR champions, heroes and gurus.

Rather it means something different: something quieter, something more modest, something less exciting, something harder, but something ultimately more effective. To put it in a nutshell, it means doing what works and operating in new ways that makes that happen. Adopting an evidence-based approach is an example of one such way.

Of course, there are many objections to evidence-based practice. One of the most obvious is that it's just too difficult. The sorts of pressures on practitioners discussed earlier present a major challenge. Getting hold of relevant evidence is also very difficult as it is rarely, if ever, found in books but, rather, in academic journals. Even if you can get hold of journal articles they are pretty impenetrable to anyone except other researchers. However, there are ways around this and many of the techniques already used to get evidence to evidence-based medical practitioners may be equally useful for HR practitioners. Likewise the recently-emerged interest in Evidence Based Management (EBM) (see web resources below) is also likely to lead to mechanisms through which technical research papers relevant to HR practice can be translated into usable evidence for practitioners.

Evidence-based practice is not easy – nor is it the only way to improve the quality of decision-making and hence the effectiveness of practice. However, it seems that at least for now adopting an evidence-based approach is the most promising means of both challenging and developing HR practitioners and HR practice.

References

Briner R B (2000), 'Evidence-based human resource management', in Trinder L, Reynolds S (eds), *Evidence-Based Practice: A Critical Appraisal*. London: Blackwell Science

Cappelli P, Neumark D (2001), 'Do "high-performance" work practices improve establishment-level outcomes?' *Industrial and Labor Relations Review*, 54, 737-775

Dutton J, Ashford S (1993), 'Selling issues to top management', *Academy of Management Review*, 18, 397-428

Pfeffer J, Sutton R I (2006), *Hard Facts, Dangerous Half-Truths, and Total Nonsense: Profiting from Evidence-Based Management.* Harvard Business School Press

Sackett D L, Richardson W S, Rosenburg W, Haynes R B (1997), *Evidence-based medicine: How to practice and teach EBM*. London: Churchill Livingstone

Wall T D, Wood S J (2005), 'The romance of human resource management and business performance, and the case for big science', *Human Relations*, 58, 429-462

Wright P M, Gardner T M, Moynihan L M, Allen M R (2005), 'The relationship between HR practices and firm performance: Examining causal order', *Personnel Psychology*, 58, 409–446

Web resources

www.evidence-basedmanagement.com
Website created by Pfeffer and Sutton who wrote the first book on evidence-based management. Many links to other evidence-based sites including evidence-based policing, and evidence-based government and public policies.

www.cochrane.org
A database of systematic reviews related to healthcare. Also much useful information about how to set up and conduct systematic reviews.

www.nice.org.uk
If you are particularly interested in the use of systematic reviews in relation to developing medical policy in the UK the check out the National Institute for Clinical Excellence site. Recent guidance covers a range of topics including guidelines for the prevention and treatment of obesity, an evaluation of inhaled insulin for the management of diabetes. ■

Rob Briner is IES Visiting Fellow and Professor of Organizational Psychology at Birkbeck College, University of London:
www.bbk.ac.uk/manop/orgpsychology/staff/briner/briner.shtml

He has interests in a number of research areas including work and well-being, the psychological contract, ethnicity at work, and work-nonwork boundaries. Currently, he is Associate Editor of Human Relations and on the editorial board of *Journal of Organizational Behavior*. He also has active interests in evidence-based practice.

About IES

IES is an independent, apolitical, international centre of research and consultancy in human resource issues.

IES aims to help bring about sustainable improvements in employment policy and human resource management. We achieve this by increasing the understanding and improving the practice of key decision makers in policy bodies and employing organisations.

We believe that HR can make a significant impact on the success of organisations of all types. In order to help bring this about, we help organisations:

- decide what they want HR to achieve
- identify what high performing HR people are like
- design and deliver bespoke development programmes for HR people
- evaluate how they are progressing against their goals